

# Annual Statement of Qualifications (SOQ)

This Annual Statement of Qualifications (SOQ) demonstrates potential subrecipients are qualified to receive federal funds. All sections of this form must be filled out entirely. In addition to this completed form, please be sure to include all supporting documents. Rename your attachments as referenced in the list below.

For your guidance, the checklist below details the *additional* supporting organizational documents required:

1. ☐ A Copy of Articles of Incorporation

*Save document as SOQ 01. Articles of Incorporation*

1. ☐ A copy of IRS Determination Letter

*Save documents as SOQ 02. IRS Determination Letter*

1. ☐ A copy of current Certificate of Status from California Secretary of State

*Save document as SOQ 03. Certificate of Status from California Secretary of State*

1. ☐ A copy of current certificate of insurance certificate

*Naming San Diego Workforce Partnership, the City of San Diego, and the County of San Diego as additional insured, protecting against any and all claims for injury to persons or property, protecting against assumed or contractual liability under this Agreement, and covering negligent acts and omissions of Contractor and Contractor Parties, with such policy to be in the minimum amount of One Million Dollars ($1,000,000.00) per occurrence, and with an aggregate limit of at least Two Million Dollars ($2,000,000.00). Contractor shall provide SDWP a certificate evidencing such insurance. See attached exhibit*

*Save document as SOQ 04. Current Insurance Certificate*

1. ☐ A copy of current budget

*Save document as SOQ 05. Current Budget*

1. ☐ A copy of current fiscal and compliance audits, as required by law

*Save document as SOQ 06. Current Fiscal and Compliance Audits*

1. ☐ A statement in a letterhead providing the organization’s Unique Entity ID

*Save document as SOQ 07. Unique Entity ID (UEI)*

1. ☐ A copy of organization chart

*Save document as SOQ 08. Organization Chart*

1. ☐ Attachment A – Signature Certification

*Save document as Attachment A – Signature Certification*

# Annual Statement of Qualifications (SOQ)

Date of Submittal:

## Section 1. General Information

1. Name of Organization:
2. Primary Address:
3. Name of Contact:
4. Email Address:
5. Authorized Signatory\*:

\*See Attachment A for additional requirements and certification

1. If applicable, Organization Classification Status (Check the one that is most appropriate):
	* Emerging Business Organization

*A small business whose size is no greater than 50 percent (50%) of the numerical size standard applicable to the North American Industry Classification System (NAICS) code assigned to a contracting opportunity.*

* + Disabled Veteran Business Enterprises

*A business who’s not less than 51 percent (51%) of the stock of which is owned by one or more service- disabled veterans; and the management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.*

* + Disadvantaged Business Enterprise

*A small business whose size is no greater than 50 percent (50%) of the numerical size standard applicable to the North American Industry Classification System (NAICS) code assigned to a contracting opportunity of which is no less than 51 percent (51%) unconditionally owned by one or more socially and economically disadvantaged individuals, Except for tribes, ANCs, NHOs, and CDCs, whose management and daily business operations are controlled by one or more socially and economically disadvantaged individuals.*

* + Minority Business Enterprise

*A business which is certified as being at least fifty-one percent (51%) controlled by one or more ethnic*

*minority persons of either sex. An ethnic minority person shall be described as follows: Black Americans- Hispanic Americans - Native American - Asian and Pacific Islander American.*

* + Business Organization

*A small business which is certified as being at least fifty-on percent (51%) controlled by one or more non- minority males who are resident citizens of the United States and has forty-nine (49) or fewer full time, part- time or seasonal employees and no more than the equivalent of two-million dollars ($2,000,000) in annual gross revenues.*

* + Women Business Enterprise

*A business whose size is at least 51 percent (51%) owned by one or more women; or in the case of any publicly owned business, at least 51 percent (51%) of its stock is owned by one or more women; and whose management and daily business operations are controlled by one or more women.*

## Section 2. Governance and History

1. Governing Body, Board of Directors or Principles (Attach a separate sheet, if needed)

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| --- | --- |
| Title: | Organization: |
|  |  |
| First Name: | Last Name: |
|  |  |
| Title: | Organization: |
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| First Name: | Last Name: |
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| First Name: | Last Name: |
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| Title: | Organization: |
|  |  |
| First Name: | Last Name: |
|  |  |

1. In the past five (5) years, has your firm or any of its owners, partners or officers ever been investigated, cited, assessed any penalties, or have been found to have violated any laws, rules or regulations enforced or administered by any governmental entity? For this question, “owners” does not include owners of stock in your firm if the firm is a publicly traded firm.

Yes ☐ No ☐

If **“Yes”**, please complete the below chart. Attach additional sheet(s) of paper if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Why was this person arrested, cited, detained, or****charged?** | **Date arrested, cited, detained, or charged?**(mm/dd/yyyy) | **Location** (City, State, Country) | **Outcome or disposition of the charge**(no charges filed, charges dismissed, probation, citation, etc.) |
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## Section 3. Financial History of Resources and Responsibilities

1. Is your organization now, or has been at any time in the past five (5) years, the debtor in a bankruptcy case? If yes, please explain.

Yes ☐ No ☐

1. Is your organization in the process of, or in negotiations of being sold?

*If yes, please explain.*

Yes ☐ No ☐

1. In the past five (5) years, has any governmental, private entity, or individuals terminated your organization’s contract prior to completion? *If yes, please explain.*

Yes ☐ No ☐

1. In the past five (5) years, has your organization used any subcontractor to perform work on a government contract when you knew that the subcontractor had been debarred by a governmental entity? *If yes, please explain.*

Yes ☐ No ☐

1. In the past five (5) years, has your firm been debarred or determined to be a non- responsible bidder or contractor? *If yes, please explain.*

Yes ☐ No ☐

1. Disallowed Costs

Identify any expenditure(s) that have been disallowed under any government contract during the past five (5) years. Include disallowances still under review and describe status. Use additional sheets if necessary. **If none, please indicate.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grantor** | **Date of Disallowance**(mm/dd/yyyy) | **Amount** | **Date Repaid**(mm/dd/yyyy) |
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|  |  |  |  |
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## Section 4. Financial Management Structure

1. Provide an outline of your financial management structure, including the expertise of your staff to manage and account for governmentally funded programs.
2. Briefly describe the method by which your accounting system segregates the funding received by your organization.
3. Does your organization’s time sheet system allow for your employees to record their hours worked by funded activities, including recording time in and out for meals? Briefly describe your organization’s time sheet system (personnel activity report)?
4. Does your organization have written fiscal policies and procedures in place?
5. Briefly describe how your organization ensures that the duties of authorizing, recording, and maintaining custody of assets are segregated in practice.

## Section 5. Complaints Structure

1. Provide an outline of your Complaints structure, including who is your designated Point of Contact (POC) per the guidelines on Workforce Partnership’s Operations Manual Chapter 9. Please include POC contact information such as name, position title, business address, email address, and telephone number (including TTY/TDD). *The Workforce Partnership requires that Subrecipients notify the Workforce Partnership Equal Opportunity (EO) Officer/Grievance Officer whenever the designation of the Subrecipient’s POC changes.*
2. Does your organization have written Equal Opportunity and Nondiscrimination policies and procedures in place?
3. Briefly describe how your organization handles the following types of complaints: Equal Opportunity and Non-Discrimination, Program Grievances, and Fraud/Waste/Abuse?