



Statement of Qualifications (SOQ)

This Statement of Qualifications (SOQ) allows potential subrecipients to demonstrate their ability to receive federal funds. All sections of this form must be filled out entirely. Along with this completed form, please be sure to include all supporting document.

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

- Proof of good standing from the Kansas Secretary of State
- A copy of your agency's most up-to-date insurance certificate
- A copy of your organization's current financial statements (maybe marked confidential) or other documents showing financial ability to perform for this lease
- Attachment A- Signature Certification
- Attachment B- Certification Regarding Debarment

WA 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. Date of Founding/Incorporation
6. FEIN: 7. DUN:
8. Authorized Signatory*:
*See Attachment A for additional requirements and certification.
9. Legal Status:
10. If applicable, Organization Classification Status (Check the one that is most appropriate):

<input type="checkbox"/> Small Business Organization	<input type="checkbox"/> Emerging Business Organization
<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Disabled Veteran Business Enterprises
<input type="checkbox"/> Women Business Enterprise	<input type="checkbox"/> Disadvantaged Business Enterprise
<input type="checkbox"/> Other: _____	

Certifying Agency: _____

Section 2. Governance and History

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

Title: Organization:

First Name: Last Name:

Title: Organization:

First Name: Last Name:

Title: Organization:

First Name: Last Name:

Title: Organization:

First Name: Last Name:

Title: Organization:

First Name: Last Name:

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 list contracts your organization had with them in the last five (5) years. 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.)

Section 3. Financial History of Resources and Responsibilities

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

Yes No

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

Yes No

3. In the past five (5) years, has any governmental, private entity, or individuals terminated your organization's contract prior to completion?

Yes No

4. 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?

Yes No

5. In the past five (5) years, has your firm been debarred or determined to be non-responsible bidder or contractor?

Yes No

If you answered "Yes" to any of the last item **Numbers 1 – 5**, explain on a separate sheet the circumstances surrounding each instance.

6. Disallowed Costs

Identify any expenditure(s) that have been disallowed under any government contract during the past five (5) years. Include disallowances still in resolution 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)

Attachment A- Signature Certification

This is to certify that the officials listed below are authorized to sign contracts and other legally binding documents on behalf of the organization, (company name, hereinafter “Respondent”). Respondent certifies that documents submitted to Workforce Alliance of South Central Kansas (WA) are true and accurate to the best knowledge of the signatory.

Respondent also certifies that the WA is authorized to examine administrative and fiscal systems for compliance. The WA reserves the right to request additional information regarding administrative, financial, and legal status, and/or to visit the facilities during normal operating hours.

I certify that I am authorized to submit this Certification on behalf of the organization named above. If any information changes significantly, the WA will be notified. I certify that the contents of the documents submitted are true and correct.

Signature	Date
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Printed Name	Title
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Phone / Fax	Email
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The following are additional authorized signatories:

Printed Name	Title
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Phone / Fax	Email
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Printed Name	Title
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Phone / Fax	Email
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Provide a formal documentation of delegation of signatory authority by organization’s governing body.

Attachment B- Certification Regarding Debarment

Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction

The certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 180.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTION FOR
CERTIFICATION)**

- (1) The recipient of Federal assistance funds certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such participation shall attach an explanation to this proposal.

Name of Organization

Name and Title of Authorized Representative

Signature

Date