

ATTACHMENT F: ATTESTATION THAT APPLICANT MEETS MINIMUM QUALIFICATIONS

I attest that my organization meets the following attributes discussed in Section 3.2.1. of this Crisis 2.0 RFP, “Threshold Requirements”:

- ➔ Agency/institution with a minimum of 10 years of experience in providing evaluation services to city government.
- ➔ Evaluator/Research staff that has a record of peer-review publications based on results from program and system evaluation work
- ➔ Analytic staff that has experience working with Medicaid claims and other administrative data
- ➔ Administrative staff to address administrative processes such as coordination of effort within the agency, coordination of meetings with CBH and City staff responsible for different service components to be evaluated, delivery of outputs or evaluation products to CBH, and detailed timekeeping/bookkeeping of staff’s effort on the evaluation project
- ➔ Agency/institution with an information technology infrastructure to securely transfer, safely store, and manage data received from CBH and the City

Authorized Signature: _____ Date: _____

Print Name and Title: _____