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| **ATTACHMENT D - AFFIDAVIT OF BIDDER QUALIFICATIONS** |

Solicitation No.: **FIA/WLS-15-001-S**

In accordance with Section 4 of the Small Procurement Solicitation, I, TYPE AUTHORIZED INDIVIDUAL'S NAME AND TITLE HERE hereby certify that TYPE COMPANY NAME OR IF INDIVIDUAL, TYPE "I":

1. Possess a minimum of two (2) years experience in evaluating administrative data:

PROVIDE THE DATES AND DESCRIBE IN DETAIL YOUR EXPERIENCE IN EVALUATING ADMINSTRATIVE DATA

1. Possess a minimum of two (2) years experience forecasting public assistance caseload or workload:

PROVIDE THE DATES AND DESCRIBE IN DETAIL YOUR EXPERIENCE FORECASTING PUBLIC ASSISTANCE CASELOAD OR WORKLOAD

1. Possess a minimum of two (2) years experience working with the State and local government public assistance programs such as TCA, the Supplemental Nutrition Assistance Program and MA:

PROVIDE THE DATES AND DESCRIBE IN DETAIL YOUR EXPERIENCE WORKING WITH THE STATE AND LOCAL GOVERNMENT PUBLIC ASSISTANCE PROGRAMS

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Signature of Person Authorized to Bind all Statements, Services and Bid Date