EMERGENCY CARE SERVICES ITQ CONTRACT # 4400030450
ITQ QUALIFICATION FORM

Instructions: Contractors wanting to qualify on this ITQ Contract must complete each section of this form in its entirety following the instructions provided. The completed form must be submitted with your application through the JAGGAER portal.

Section 1 Company Information. Complete this section providing your company name, and the name and contact information for the primary point of contact (POC) that will be responsible for responding to questions or inquiries relative to your ITQ qualification proposal.

Section 2 ITQ Commodity Code Selection. Place an "X" in the field next to the ITQ Commodity Codes you are attempting to qualify for on this Contract.

Section 3 Capabilities Statement and Experience. Complete this section providing a detailed explanation of your company's capabilities and experience, as it relates to each of the topics identified. The information provided must clearly show your capabilities for all Commodity Codes selected in Section 2 and the information must be entered on this form as instructed. Failure to provide adequate detail and proof of qualifications and experience may result in the application being rejected.

Section 1: Company Information	
Company Name:	
First and Last Name of POC:	
Phone Number of POC:	
Email Address of POC:	

Section 2: ITQ Commodity Code Selection. Place an "X" in the box to the left of each Commodity Code in which your company is attempting to qualify for on this Contract.	
	93131800-ITQ-496, All-inclusive Turnkey Congregate Sheltering Services
	93131800-ITQ-497, Large-Scale Feeding Operations

Section 3: Capabilities Statement and Experience. Complete the table below providing a detailed description of your company's capabilities and experience for each of the five (5) topics.		
#	**Topics**	**Experience/Capabilities Statement**
1	Describe your company's policies or practices that provide for the accountability of the services performed and the actions of those performing the services, ensuring your customers receive the quality of services required for each service category selected.	

2	Identify any parent corporation or subsidiaries, if applicable, and describe your company's size and type as it relates to the Commonwealth of Pennsylvania's, Bureau of Diversity, Inclusion, and Small Business Opportunities, requirements for Small/Small Diverse Business, or Veteran Business Enterprises.	
3	Provide a brief overview of your company including number of years in business, number of employees, nature of business, and description of clients.	
4	Provide a summary of existing subcontractors or partners that would be used to support the requirements of this Contract. Be sure to include company names, principals, addresses, primary functions, and the benefits these partners will bring to those receiving your services.	
5	Include a capability statement showing your company's ability to: • manage multiple events in different states, counties, etc., at the same time; • organize the personnel, equipment, and venues quickly, efficiently, and effectively, which are needed to support this emergency Contract; • partner or subcontract with other entities for supplies and services, which are outside the scope of what your company can currently provide; • manage customer satisfaction and service legal agreements.	