ATTACHMENT 5A – MINIMUM QUALIFICATIONS SUMMARY

CATS+ TORFP # R00B7400067

*All content on this form must also be on the Personnel Resume Form.
ONLY include information on this summary that supports meeting a minimum qualification.*

|  |  |
| --- | --- |
| Proposed Individual’s Name and Company/Sub-Contractor: | List how the proposed individual meets each requirement by including a reference to relevant entries in Form 5B  |
| LABOR CATEGORY TITLE – (INSERT CATS+ LABOR CATEGORY NAME) |
| Education: Insert the education description from the CATS+ Master Contract RFP from Section 2.10 for the applicable labor category | (Identify school or institution Name; Address; Degree obtained and dates attended.) |
| Generalized Experience:Insert the generalized experience description from the CATS+ Master Contract RFP from Section 2.10 for the applicable labor categoryProvide dates in the format of MM/YY to MM/YY | (Identify specific work experiences from the resume that illustrate compliance with the Master Contract RFP Labor Category requirements for Generalized Experience.)

|  |  |  |
| --- | --- | --- |
| FROM | TO | Job Title and Company |
|  |  |  |
| Match to Form 5B: | <insert cross-reference(s) to the full description on Form 5B> |

 |
| Specialized Experience: Insert the specialized experience description from the CATS+ Master Contract RFP from Section 2.10 for the applicable labor categoryProvide dates in the format of MM/YY to MM/YY | (Identify specific work experiences from the resume that illustrate compliance with the Master Contract RFP Labor Category requirements for Specialized Experience.)

|  |  |  |
| --- | --- | --- |
| FROM | TO | Job Title and Company |
|  |  |  |
| Match to Form 5B: | <insert cross-reference to the full description on Form 5B> |

 |
| TORFP TO Personnel Experience and Certifications:Insert the TO Personnel xperience and Certifications from Section 2.2 of this TORFP.Provide dates in the format of MM/YY to MM/YY |  |

The information provided on this form for this labor class is true and correct to the best of my knowledge (Signatures must be included):

**Master Contractor Representative:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Proposed Individual:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

ATTACHMENT 5B – PERSONNEL RESUME FORM

CATS+ TORFP # R00B7400067

|  |
| --- |
| Instructions: Submit one resume form for each resource proposed. Do not submit other resume formats. Fill out each box as instructed. Failure to follow the instructions on the instructions page and in TORFP may result in the TO Proposal being considered not susceptible for award.  |
| Resource Name: |  |
| Master Contractor:  | <insert Master Contractor name> Sub-Contractor (if applicable): |
| Proposed CATS+ Labor Category: | <as described in this TORFP> |
| Job Title (As listed in TORFP): | <as described in this TORFP>  |

**Education / Training (start with most recent degree / certificate)**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Name / City / State | Degree / Certification | Year Completed | Field Of Study |
|  |  |  |  |
| <add lines as needed> |  |  |  |

**Relevant Work Experience\***

Describe work experience relevant to the Duties / Responsibilities and Minimum Qualifications described in Section 3 of the TORFP. Start with the most recent experience first; do not include experience not relevant to the scope of this TORFP; use Employment History below for full employment history. Enter dates as MM/YY – MM/YY. Add lines as needed.

|  |  |
| --- | --- |
| [Organization][Title / Role][Period of Employment / Work (MM/YY – MM/YY)][Location][Contact Person (Optional if current employer)][Technologies Used] | Description of Work (recommended: organize work descriptions to address minimum qualifications and other requirements) |
| [Organization][Title / Role][Period of Employment / Work MM/YY – MM/YY][Location][Contact Person][Technologies Used] | Description of Work (recommended: organize work descriptions to address minimum qualifications and other requirements) |

\*Fill out each box. Do not enter “see resume” as a response.

1. **References for Proposed Resource (if requested in the TORFP)**

List persons the State may contact as employment references. Add lines as needed.

|  |  |
| --- | --- |
| Reference Number: | 1 |
| Date From: | <mm/yy> |
| Date To: | <mm/yy> |
| Organization Name:  | <insert organization name> |
| Contact Name: | <insert contact> |
| Contact Phone: | <insert phone> |
| Contact e-mail: | <insert e-mail> |
| Details: | <insert details> |

The information provided on this form for this labor class is true and correct to the best of my knowledge (Signatures must be included):

**Master Contractor Representative:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Proposed Individual:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

*Instruction: Sign each form.*