# ATTACHMENT 1 CONTRACTOR STATUS FORM RFQ-23-701

This document provides the Energy Commission with basic information about the Firm and its key subcontractors. Each Firm must complete, sign and include this attachment in its SOQ.

## 1. Firm Information

Full Legal Name of Firm	
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	Business Address					
	(street number and name)					
	(city)	(county)	(state)	(zip code)		
	Contact Person		Title			
	Telephone E-mail					
2.	Type of Entity or Business O					
	Organization Tax ID Number	How long under current ownership				
Nature of Business Activity						
	Number of employees	oyees Year established				
	Legal form of organization (check one):					
	Sole Proprietorship		ation			
	General Partnership	Sub-Chapter S Corporation				
	Limited Partnership	🗌 Other (	describe)			
3.	Small Business Preference C	RFQ***				
	Is your organization certified as a small business by the State of California, or have you applied certification?					
	Yes If yes, list your OSDS Number Date certified					
<ul> <li>Application submitted to Office of Small Business Certification and Resources on:</li> <li> (date)</li> </ul>						

### 4. Disabled Veteran Business Participation Acknowledgement

I certify that I have read and understand the requirements of DVBE participation and understand my obligations in regard to DVBE. I also understand that failure to meet the requirements of the DVBE will cause my SOQ to be rejected before evaluation.

DVBE ParticipationYESNODVBE Incentive ParticipationYESNO

DVBE Participation Amount must be documented on Attachment 3.4 Bidder Declaration.

### 5. Statement of Qualifications Contents

Check to indicate the SOQ material you are submitting

Section #1 - Administrative Response

Section #2 - Minimum Qualifications

Section #3 - Technical Response

#### 6. Authorization and Certification

I hereby authorize the California Energy Commission to make any inquiries necessary to verify the information I have presented in my Application.

I hereby authorize the California Energy Commission to obtain business credit reports and make any inquiries necessary to verify and evaluate the financial condition of the applicant.

I hereby certify that this application does not contain any confidential or proprietary information.

I hereby certify to the best of my knowledge and belief that I have read, understand, and do hereby accept the terms and conditions contained in this solicitation, including the provisions of the Agreement Terms and Conditions and, further, I am willing to enter into an agreement with the Commission to conduct the proposed project according to the terms and conditions without negotiation.

I hereby certify to the best of my knowledge, and under penalty of perjury, that the information contained in this Application is correct and complete.

I hereby certify that I am authorized to complete and sign this form on behalf of the applicant.

Signature of Authorized Representative

Typed Name

Title

Date