

## SC Housing Community Development

### Appendix BB

#### Accessibility Consultant Qualifications Package Checklist

The Qualification Package must contain the following information in the order shown and numbered as follows (please scan each document separately):

1. **Cover Letter:** A cover letter which provides the company name, mailing address; contact name, telephone number, and email address of the individual to whom SC Housing may communicate regarding the Qualifications Package.
2. **References:** Three current customer references for accessibility reviews must be included. Of special interest to SC Housing are any customer references from multi-family housing developers, state or local housing agencies and/or financial institutions. Please provide the customer reference contact person's name and telephone number.
3. **Resumes:** Copies of resumes for all proposed individuals who will be working directly on the inspections if the Consultant is qualified (Resumes should include any and all trainings and certifications related to accessibility).
4. **Report Samples:** At least two samples of accessibility reports (one for new construction, one for substantial rehabilitation) that your firm recently completed for a multi-family housing development. (Consultants currently qualified by SC Housing to perform accessibility inspections and in good standing need not submit sample reports).
5. **Project List:** A listing of multi-family rental housing projects on which Consultant has performed accessibility reviews. This listing should indicate the project name, number of units, proposed tenancy (senior, family or 'other'), source of financing and whether the project was assisted with government funding.
6. **Qualifications Statement:** Executed Copy of **Appendix AA** SC Housing Accessibility Consultant Qualifications Statement.
7. **Scope and Reporting Standards:** Executed Copy of **Appendix CC** SC Housing Certification of Minimum Scope and Reporting Standards.

**Certification Statement:** Consultant certifies that all items listed above are included in the Qualifications Package and are deemed to comply with the stated requirements listed above and in the SC Housing Accessibility Consultant Qualifications Statement.

Company Name: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_