

SRDP Appendix BB SC Housing 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 e-mail 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. 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.
5. **Project List:** A listing of multi-family rental housing projects on which the 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:

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.

OR

Certifies that there have been no changes to a previously submitted Qualifications Package or to company structure within the last 6 months. The associated project number/name is as follows:

Company Name: _____

Name of Authorized Representative: _____ Phone: _____

Title of Authorized Representative: _____

Signature: _____ Date: _____