

**ATTACHMENT C**  
**APPLICANT ELIGIBILITY QUESTIONNAIRE**

**INSTRUCTIONS:** Applicants must respond to each of the questions below. Failure to submit a response or meet the minimum eligibility requirements will disqualify the Applicant from further consideration.

Part I:

MANDATORY MINIMUM REQUIREMENTS OF RFP		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Does your organization have a minimum of five (5) years' experience in project management?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Does your organization have experience applying for and administering large (at least \$5 million annually) government grants?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Does your organization have experience working with city, county, or state agencies on public health initiatives?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Does your organization have information systems in place to carry out collaborative work (e.g., MS Teams, Zoom, etc.)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Does your organization have systems in place to record time and effort toward contract scope and deliverables?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Is your organization, or your fiscal sponsor, registered as a City of New York approved vendor in both PIP and Passport?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Does your organization, or your fiscal sponsor, have proof of required insurance coverage?

Part II:

APPLICANT'S CERTIFICATION	
By my signature below, I certify that I am an authorized representative of the applicant named below, and that all information provided above is true and complete to the best of my knowledge.	
_____	_____
Signature of Authorizing Official	Date
_____	
Organization Name	