**Attachment 3- Proposer’s Minimum Qualifications Certification**

By executing this Certification, the Proposer Agency acknowledges they meet all minimum qualifications specified in RFP 2024-15 section **4.1.1 Administrative Requirements - Proposer Agency Minimum Qualifications** and as set forth below. Proposers that fail to meet any minimum qualification will be disqualified from this solicitation.

The Proposer has reviewed, agrees to, and certifies the following by placing an “X” in the appropriate box next to each item listed below:

|  |  |  |
| --- | --- | --- |
| Place a check mark or “X” next to each item in the appropriate box. | Yes | No |
| 1 | The Proposer Agency has a full-service, California-based office that has been in business since January 1, 2019. The Proposer’s California office shall provide services to Covered California and be maintained throughout the term of the contract. |  |  |
| 2 | The Proposer Agency had minimum annual gross billings of $2.5 million in at least three of the past four years, including 2024. Provide billings for each year:2024 to date: $\_\_\_\_\_\_\_ Fiscal or Calendar 2023: $\_\_\_\_\_\_\_\_\_\_ Fiscal or Calendar 2022: $\_\_\_\_\_\_\_\_\_\_ Fiscal or Calendar 2021: $\_\_\_\_\_\_\_\_\_\_ Fiscal or Calendar  |  |  |
| 3 | The Proposer’s California office has a minimum of 20 employees in the California-based office and a minimum of 10 employees in the California-based office that will service the Covered California Account.  |  |  |
| 4 | The Proposer Agency has no conflicts of interest under Covered California’s Conflict of Interest Code, California Code of Regulations, the Political Reform Act, and any other applicable state or federal statutes. |  |  |

The Proposer has not collaborated on this Request for Proposals with a competing Proposer, including other agencies that share the same parent company affiliation or holding company. There is no day-to-day shared management, staff or supervisory relationship with any other Proposer Agency owned by the same parent company affiliation or holding company or between other proposing advertising agencies.

Covered California reserves the right to request documentation to support the above claims.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am authorized to sign, and certify the above requirements are met.

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

Signature of Authorized Representative Date

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Company Name (Exact legal name) California Corporation No.