

**QUALIFICATIONS DATA FORM**

**PROJECT #FSS0406-01**

**Request For Qualifications**

**Scott County  
Disaster Recovery/Business Continuity Study**

Please answer all questions as completely as possible

- 1. Firm Name \_\_\_\_\_
- 2. Address #1 \_\_\_\_\_
- 3. Address #2 \_\_\_\_\_
- 4. City, State \_\_\_\_\_
- 5. Zip + 4 \_\_\_\_\_
- 6. Voice Telephone \_\_\_\_\_
- 7. Fax Number \_\_\_\_\_
- 8. E-mail \_\_\_\_\_
- 9. Website \_\_\_\_\_
- 10. Contact Name \_\_\_\_\_
- 11. Title \_\_\_\_\_
- 12. Firm Owners/Officers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 13. Firm Established (Year) \_\_\_\_\_

14. Date firm began DR/BC consulting work \_\_\_\_\_

15. Staff    Education    /    Credentials    /    Professional    Registrations \_\_\_\_\_

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16. DR/BC Consulting Projects (last 3 years) \_\_\_\_\_

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17. References/Contacts for above Projects (provide URL's for web sites):

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18. Other Government / Business Strategic Projects (last 3 years) \_\_\_\_\_

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19. References/Contacts for above Projects:\_\_\_\_\_

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20. Other pertinent information\_\_\_\_\_

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