

Template T-4
Staff Experience
Response Template

IFB No: SSD-CCWIS-24-07A

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1.0 Staff Experience

The FODQA bidder must provide a completed Staff Experience reference form (see III.E.2 Table 5 of the IFB) for each indicated Key Personnel as indicated in the IFB (includes both the FODQA bidder and any subcontractor staff).

Instructions: For each project experience listed, indicate the client name and client contact information, whether the project was for a public sector agency, project name, start and end dates the team member performed the role, and duration of the experience. This Table is repeated, one per Key Personnel. Do not change any of the completed cells. Any changes to the completed cells could lead to the disqualification of the Proposal.

Note that Experience must clearly indicate that key staff meets/exceeds minimum qualifications noted in the IFB.

Team Member Name:					
Description of Skill Sets and Experience					
Proposed Project Role for IFB #SSD-CCWIS-24-07A: [Engagement Director/ Executive]				Subcontractor (Y/N)?	
Years' Experience in Role:					
EXPERIENCE THAT INDICATES MINIMUM QUALIFICATIONS ARE MET/EXCEEDED					
REFERENCE 1					
Client Name					
Client Point of Contact					
Client Address					
Client Phone					
Client Email					
# of Employees		Public Sector (Y/N)?		Project Name and Description	
Date/Duration of Staff Involvement		Start (MM/YYYY)		End (MM/YYYY)	
Staff Role on the Project					
REFERENCE 2					
Client Name					
Client Point of Contact					

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Client Address					
Client Phone					
Client Email					
# of Employees		Public Sector (Y/N)?		Project Name and Description	
Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)	
Staff Role on the Project					
REFERENCE 3					
Client Name					
Client Point of Contact					
Client Address					
Client Phone					
Client Email					
# of Employees		Public Sector (Y/N)?		Project Name and Description	
Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)	
Staff Role on the Project					
INDIVIDUAL QUALIFICATIONS					
Certifications (if applicable)					
PMI/PMP/MSW	Member ID#:				
	Earned Date:		Expiration Date:		
Other	Member ID#:				
	Earned Date:		Expiration Date:		

Team Member Name:			
Description of Skill Sets and Experience			
Proposed Project Role for IFB #SSD-CCWIS-24-07A: [FODQA Project Manager]			Subcontractor (Y/N)?
Years' Experience in Role:			

EXPERIENCE THAT INDICATES MINIMUM QUALIFICATIONS ARE MET/EXCEEDED					
REFERENCE 1					
Client Name					
Client Point of Contact					
Client Address					
Client Phone					
Client Email					
# of Employees		Public Sector (Y/N)?		Project Name and Description	
Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)	
Staff Role on the Project					
REFERENCE 2					
Client Name					
Client Point of Contact					
Client Address					
Client Phone					
Client Email					
# of Employees		Public Sector (Y/N)?		Project Name and Description	
Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)	
Staff Role on the Project					
REFERENCE 3					
Client Name					
Client Point of Contact					
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# of Employees		Public Sector (Y/N)?		Project Name and Description	
Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)	
Staff Role on the Project					
INDIVIDUAL QUALIFICATIONS					
Certifications (if applicable)					
PMI/PMP/MSW	Member ID#:				
	Earned Date:		Expiration Date:		
Other	Member ID#:				
	Earned Date:		Expiration Date:		

Team Member Name:			
Description of Skill Sets and Experience			
Proposed Project Role for IFB #SSD-CCWIS-24-07A: [FODQA CCWIS Program Functional Lead]		Subcontractor (Y/N)?	
Years' Experience in Role:			

EXPERIENCE THAT INDICATES MINIMUM QUALIFICATIONS ARE MET/EXCEEDED

REFERENCE 1

Client Name					
Client Point of Contact					
Client Address					
Client Phone					
Client Email					
# of Employees		Public Sector (Y/N)?		Project Name and Description	
Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)	
Staff Role on the Project					

REFERENCE 2

Client Name					
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Client Phone					
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Staff Role on the Project					
REFERENCE 3					
Client Name					
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Client Address					
Client Phone					
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# of Employees		Public Sector (Y/N)?		Project Name and Description	
Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)	
Staff Role on the Project					
INDIVIDUAL QUALIFICATIONS					
Certifications (if applicable)					
PMI/PMP/MSW	Member ID#:				
	Earned Date:		Expiration Date:		
Other	Member ID#:				
	Earned Date:		Expiration Date:		

Team Member Name:			
Description of Skill Sets and Experience			
Proposed Project Role for IFB #SSD-CCWIS-24-07A:		Subcontractor (Y/N)?	

[FODQA CCWIS Program Functional Analyst]				
Years' Experience in Role:				
EXPERIENCE THAT INDICATES MINIMUM QUALIFICATIONS ARE MET/EXCEEDED				
REFERENCE 1				
Client Name				
Client Point of Contact				
Client Address				
Client Phone				
Client Email				
# of Employees		Public Sector (Y/N)?		Project Name and Description
Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)
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Client Phone				
Client Email				
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Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)
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Staff Role on the Project					
INDIVIDUAL QUALIFICATIONS					
Certifications (if applicable)					
PMI/PMP/MSW	Member ID#:				
	Earned Date:		Expiration Date:		
Other	Member ID#:				
	Earned Date:		Expiration Date:		

Team Member Name:			
Description of Skill Sets and Experience			
Proposed Project Role for IFB #SSD-CCWIS-24-07A: [FODQA Data Analyst]		Subcontractor (Y/N)?	
Years' Experience in Role:			

EXPERIENCE THAT INDICATES MINIMUM QUALIFICATIONS ARE MET/EXCEEDED

REFERENCE 1

Client Name					
Client Point of Contact					
Client Address					
Client Phone					
Client Email					
# of Employees		Public Sector (Y/N)?		Project Name and Description	
Date/Duration of Staff Involvement	Start (MM/YYYY)			End (MM/YYYY)	
Staff Role on the Project					

REFERENCE 2

Client Name					
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Certifications (if applicable)					
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	Earned Date:		Expiration Date:		
Other	Member ID#:				
	Earned Date:		Expiration Date:		