|  |
| --- |
| CONSULTANT INFORMATION |
| Bidder:  |        |

|  |
| --- |
| MINIMUM QUALIFICATIONS |
| *Please check all boxes that apply.*[ ]  Licensed to do business in the State of Washington. If not licensed, provide a written intent to become licensed in Washington within thirty (30) calendar days of being selected as the Apparently Successful Contractor.[ ]  A minimum of three (3) years of experience in trauma-informed sexual assault prevention and response, and support of sexual assault survivors. [ ]  Knowledge and expertise in education systems and experiences of student sexual assault survivors.[ ]  Knowledge and expertise conducting research and analysis.[ ]  Experience developing training plans [ ]  Experience conducting listening sessions.[ ]  Effective oral and written communication skills, and experience in report writing.[ ]  Ability to independently manage a multi-faceted project and meet deadlines. [ ]  Ability to maintain a high level of confidentiality. |

Consultants who do not meet the minimum qualifications noted above will be rejected as non-responsive and will not receive further consideration. Any proposal that is rejected as non-responsive will not be evaluated or scored.

|  |
| --- |
| ADDITIONAL DESIRED QUALIFICATIONS |
| *Please check all boxes that apply.*[ ]  Experience in K–12 school systems.[ ]  Comprehensive knowledge of Title IX of the Education Amendments of 1972, including recent changes to Title IX regulations.[ ]  Familiarity with national and state organizations that support the interests of sexual assault survivors.[ ]  Training and experience in trauma-informed sexual assault investigations.[ ]  Training and experience in trauma-informed support for sexual assault survivors.[ ]  Experience and competency in working and collaborating with cross-cultural groups and norms.[ ]  Multilingual or experienced in effective use of language access services. |

*I certify under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.*

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

 Signature of Bidder Date Place Signed (City, State)

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

 Printed Name Title Organization Name