

EXHIBIT B

QUALIFICATION AFFIRMATIONS

CONSULTANT INFORMATION	
Bidder:	_____

MINIMUM QUALIFICATIONS
<p><i>Please check all boxes that apply.</i></p> <p>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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Experience with survey design, distribution, scoring and analysis.</p> <p><input type="checkbox"/> Experience with the dissemination of surveys across multiple modalities.</p> <p><input type="checkbox"/> Experience with examining representativeness and non-response bias.</p> <p><input type="checkbox"/> Demonstrated ability to communicate clearly and accurately verbally and in writing, and manage multiple projects, while ensuring timelines are met and goals are achieved.</p>

ADDITIONAL DESIRED QUALIFICATIONS
<p><i>Please check all boxes that apply.</i></p> <p><input type="checkbox"/> Experience working with other states in the implementation of Indicator B-8 data collection processes.</p> <p><input type="checkbox"/> Knowledge of strategies for improving representativeness and non-response bias.</p> <p><input type="checkbox"/> Knowledge of the Individuals with Disabilities Education Act (IDEA), Washington Administrative Code (WAC) 392-172A.</p>

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