**ATTACHMENT B2: MINIMUM QUALIFICATIONS**

**To be submitted with the Response Form**

**Using the chart below, describe in detail how the Proposer meets the Minimum Qualifications to propose** (on what projects/systems/software/etc.) and **where, when and how long the Proposer worked on the particular project** using the specified software/technology. Please provide **clear and accurate descriptions of the Proposer’s experience for each Minimum Qualification.** The State will not interpret omissions and vagueness in the Proposer’s favor.

|  |
| --- |
| **Minimum Qualification: The contractor has performed at least five migrations of ESP MVS environments to ESP dSeries environments in an enterprise environment consisting of at least 50,000 jobs for each migration.** |
| **Migration 1:** |
| **Dates (month/year) of Experience:** |  |
| **Company Name(s):** |  |
| **Contact Name(s) and Title(s):** |  |
| **Contact Phone Number(s):** |  |
| **Project(s) Name and Description:****Description of Consultant’s roles and responsibilities on the project(s) related to this requirement:** |  |
| **Migration 2:** |
| **Dates (month/year) of Experience:** |  |
| **Company Name(s):** |  |
| **Contact Name(s) and Title(s):** |  |
| **Contact Phone Number(s):** |  |
| **Project(s) Name and Description:****Description of Consultant’s roles and responsibilities on the project(s) related to this requirement:** |  |
| **Migration 3:** |
| **Dates (month/year) of Experience:** |  |
| **Company Name(s):** |  |
| **Contact Name(s) and Title(s):** |  |
| **Contact Phone Number(s):** |  |
| **Project(s) Name and Description:****Description of Consultant’s roles and responsibilities on the project(s) related to this requirement:** |  |
| **Migration 4:** |
| **Dates (month/year) of Experience:** |  |
| **Company Name(s):** |  |
| **Contact Name(s) and Title(s):** |  |
| **Contact Phone Number(s):** |  |
| **Project(s) Name and Description:****Description of Consultant’s roles and responsibilities on the project(s) related to this requirement:** |  |
| **Migration 5:** |
| **Dates (month/year) of Experience:** |  |
| **Company Name(s):** |  |
| **Contact Name(s) and Title(s):** |  |
| **Contact Phone Number(s):** |  |
| **Project(s) Name and Description:****Description of Consultant’s roles and responsibilities on the project(s) related to this requirement:** |  |
| CERTIFICATION: I hereby certify that: (i) all statements made on this form are true and complete, to the best of my knowledge, including the verification of any experience.Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:      Typed or Printed Name:       Date: Click here to enter a date. |

Type to expand response areas on the form. Proposers may copy and paste the data entry rows in order to document additional projects to fully demonstrate the qualifications.