



## REQUEST FOR INFORMATION: Due 1/5/2024 at 5 PM

**Central** Financial Services: Fractional CFO, Audit, and Technology Hosting Services

Primary Contact Name:

Title:

Organization Name:

Address:

Phone:

Email:

Website:

- 
1. Describe the organization's background, capacity and expertise to provide these services.
  
  
  
  
  
  
  
  
  
  
  2. Please attach any documentation or certifications of organization status as Minority-Owned (MBE), Service-Disabled Veteran Owned (DVB), Lesbian, Gay, Bisexual, or Transgender-Owned (LGBTBE), Woman-Owned (WBE), small or locally-owned businesses, B Corps, or LEED-certified businesses. Status defined as vendors that are at least 51% owned, managed, and controlled by a member or members of selected population. [See definitions on criteria here.](#)

Documentation attached?  Yes  No

3. Please list any real or apparent potential conflicts of interest.



4. Provide references (name, email, and phone number) for at least 3 non-profit clients (Health Center, FQHC, health care preferred) who have contracted for services from your organization.

Name:	Title:	
Organization:	Phone:	Email:
Name:	Title:	
Organization:	Phone:	Email:
Name:	Title:	
Organization:	Phone:	Email:

5. Please check the services Consultant provides. Include rates and total fees for the services.

Fractional CFO Services  
Rate/Pricing Information:

Audit Services  
Rate/Pricing Information:

Technology Hosting Services  
Rate/Pricing Information:

Describe the costs associated with technical support.



6. Include any other information that may be helpful in evaluating your qualifications, including peer reviews within the past three years and any disciplinary action received within the past three years. Also, describe any regulatory action taken by any oversight body against the proposing organization.