

ATTACHMENT 13



Department of Civil Service

**Biographical Sketch Form  
RFP entitled: "Patient Protection and  
Affordable Care Act Compliance Services"**

Prepare this form for each key staff individual, including subcontractor-provided key staff, if any, of the Offeror's proposed Account Team (RFP Section 5.2). Where individuals are not named, please include qualifications that will be sought to fill the positions. If additional space is needed you may add additional sheets.

**Offeror Name:** \_\_\_\_\_

**Individual's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Relationship to Project:** \_\_\_\_\_

**EDUCATION**

<u>Institution &amp; Location</u>	<u>Degree</u>	<u>Year Conferred</u>	<u>Discipline</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PROFESSIONAL EMPLOYMENT** (Start with most recent.)

<u>Dates From - To</u>	<u>Employer</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**PROFESSIONAL EXPERIENCE** (Significant experience/education relevant to program)

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