**EXHIBIT C: CERTIFICATION OF MINIMUM QUALIFICATIONS**

The following form should be completed, signed, and included with the proposal.

*(Insert name of firm)*  represents to the Illinois Police Officers’ Pension Investment Fund that:

**Please circle “YES” or “NO” where indicated.**

1. Respondent is an independent certified public accounting firm licensed to practice in the State of Illinois and the United States of America. (Yes/No): \_\_\_\_\_\_\_
2. Respondent and its proposed account team have all authorizations, permits, licenses and certifications required by federal and state laws and regulations to perform the services specified in this RFP at the time respondent submits a response to the RFP.
(Yes/No): \_\_\_\_\_\_
3. Respondent has reviewed ***Exhibit A***, titled Certifications, Disclosures and Acknowledgements, (Yes/No): \_\_\_\_\_\_\_
4. Respondent agrees to provide the services as detailed in the Scope of Services section of this RFP and any other requirements as stated in this RFP. (Yes/No): \_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_