Profile of Firm Form

1. Prime Sub-contractor
2. Name of Firm: Telephone:

 Fax: Cell:

Email:

1. Address:
2. Please attached a brief biography/resume of the company, including the following information: (a) Year Firm Established; (b) Former Business Name and Year Established (if applicable).
3. Identify Principals/Partners in Firm:

|  |  |  |
| --- | --- | --- |
| Name | Title | % ownership |
|  |  |  |
|  |  |  |

1. Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on the project:

|  |  |
| --- | --- |
| Name | Title |
|  |  |
|  |  |
|  |  |

1. Proposer Diversity Statement: You must circle all of the following that apply to the ownership of this firm and enter, where provided, the correct percentage(%) of ownership of each:

Caucasian

(Male)

Caucasian

(Female)

Public-Held

Corporation

Government

Agency

Non-Profit

Organization

 \_% % %

 % %

Resident- (RBE), Minority- (MBE), or Woman-owned (WBE) Business Enterprise Qualifies by virtue of

51% or more ownership and active management by one or more of the following:

Resident- African Native Hispanic Asian/Pacific

Owned American American Islander

 % % \_\_\_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_\_\_% %

Disabled Other (Specify): Veteran

 % %

Woman-Owned

(MBE)

 %

1. Federal Tax ID No:
2. Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of MN or any local government agency within or out of the State of MN?

Yes No \_

If "Yes," please attach a full detailed explanation, including dates, circumstances and current status

 Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the CDA discovers that any information entered herein is false, that shall entitle the CDA to not consider nor make award or to cancel any award with the undersigned party.

Signature

Date

Printed Name

Company