

REQUEST FOR QUALIFICATIONS (RFQ) No. R17001, Pool of Abatement Contractors

**PROFILE OF FIRM FORM  
(RFQ Attachment C)**

(This Form must be fully completed and placed under Tab No. 3 of the "hard copy" tabbed proposal submittal.)

(1) Prime ☐ Sub-contractor ☐ (This form must be completed by and for each).

(2) Name of Firm:

Telephone:

Fax:

Email:

(3) Street Address, City, State, Zip:

(4) Please attached a brief biography/resume of the company, including the following information: (a) Year Firm Established; (b) Year Firm Established in Minnesota; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm (submit under Tab No. 5 a brief professional resume for each):

NAME	TITLE	% OF OWNERSHIP

(6) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project; please submit under Tab No. 5 a brief resume for each. (Do not duplicate any resumes required above):

NAME	TITLE

Signature

Date

Printed Name

Company

MINNEAPOLIS PUBLIC HOUSING AUTHORITY

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

☐ Caucasian American (Male) \_\_\_\_\_%  
☐ 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-Owned\* \_\_\_\_\_%  
☐ African American \_\_\_\_\_%  
☐ Native American \_\_\_\_\_%  
☐ Hispanic American \_\_\_\_\_%  
☐ Asian/Pacific American \_\_\_\_\_%  
☐ Hasidic Jew \_\_\_\_\_%  
☐ Asian/Indian American \_\_\_\_\_%

☐ Woman-Owned (MBE) \_\_\_\_\_%  
☐ Woman-Owned (Caucasian) \_\_\_\_\_%  
☐ Disabled Veteran \_\_\_\_\_%  
☐ Other (Specify): \_\_\_\_\_%

**WMBE Certification Number:**

**Certified by (Agency):**

**(NOTE: A CERTIFICATION/NUMBER IS NOT REQUIRED TO PROPOSE - ENTER IF AVAILABLE)**

**(8) Federal Tax ID No.:**

**(9) Local Business License No. (if applicable):**

**(10) State of Minnesota License Type and No.:**

**(11) Federal License Type and No.:**

**(12) Worker's Compensation Insurance Carrier:**

**Policy No.:**

**Expiration Date:**

**(13) General Liability Insurance Carrier:**

**Policy No.**

**Expiration Date:**

**(14) Professional Liability Insurance Carrier:**

**Policy No.**

**Expiration Date:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company

MINNEAPOLIS PUBLIC HOUSING AUTHORITY