

**Request for Proposal (RFP)**  
**Conditions to Propose – Non-Construction**  
**Solicitation No. 24-002-P**

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**PROFILE OF FIRM**

**CONSULTANT** \_\_\_\_\_ **SUB-CONSULTANT** \_\_\_\_\_

*(Proposer must also identify his/her sub-consultants (if any) by making a copy of Profile of Firm form and providing a completed copy for each sub-consultant)*

(1) Name of Firm: \_\_\_\_\_

(2) Address, City, State, Zip: \_\_\_\_\_

(3) Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Caucasian American (Male)    Public-Held Corporation    Government Agency    Non-Profit  
\_\_\_\_\_ %                      \_\_\_\_\_ %                      \_\_\_\_\_ %                      \_\_\_\_\_ %

Resident – (RBE), Minority- (MBE), or Woman-Owned (WBE) Business Enterprise (Qualifies by virtue of 51% or more ownership and active management by one of more of the following:

Resident-Owned    African American    Native    Hispanic    Asian/Pacific    Asian/Indian  
\_\_\_\_\_ %                      \_\_\_\_\_ %                      \_\_\_\_\_ %                      \_\_\_\_\_ %                      \_\_\_\_\_ %

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

WMBE Certification Number: \_\_\_\_\_

Certified by: \_\_\_\_\_

*(NOTE: A CERTIFICATION OR NUMBER NOT REQUIRED TO PROPOSE – ENTER IF AVAILABLE)*

(5) Federal Tax ID No. \_\_\_\_\_

DUNS No. \_\_\_\_\_

(6) Business License No. \_\_\_\_\_ State \_\_\_\_\_

(7) General Liability Insurance Carrier: \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

(8) Worker's Compensation Insurance Carrier: \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

(9) Professional Liability Insurance Carrier: \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

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- (10) **Debarred Statement:** Has this firm or any principal(s) ever been debarred from provided any services by the Federal Government, any state government, the State of Florida, or any local government agency within or without the State of Florida?     Yes     No

*If “Yes” please attach a full detailed explanation, including dates, circumstances and current status.*

- (11) **Disclosure Statement:** Does this firm or any principals thereof have any current past personal or professional relationship with any Commissioner or Officer of SPHA?     Yes     No

*If “Yes” please attach a full detailed explanation, including dates, circumstances and current status.*

- (12) **Non-Collusive Affidavit:** The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said respondent entity has not colluded, conspired, connived or agreed, directly or indirectly, with any respondent or person to put in a sham proposal or to refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion or communication or conference with any person, to fix the proposal price of affiant or of any other respondent or proposer, to fix overhead, profit or cost elements of said proposal price, or that any other respondent or proposer, or to secure any advantage against the Housing Authority or any person interested in the proposed contract; and that all statements in said proposal are true.

- (13) **Verification Statement:** The undersigned respondent 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 SPHA discovers that any information entered herein if false, that shall entitle SPHA to not consider nor make or to cancel any award with the undersigned party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title