



PROFILE OF FIRM
(Attachment C)

**1407 Wheaton Street
Savannah, Georgia 31404**

(This Form must be fully completed and placed in the submittal.)

PRIME _____ SUB-CONTRACTOR _____

(Proposer must also identify his sub-contractors (if any) by providing Profile of Firm form for each)

(1) Name of

Vendor: _____

(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 vendor and enter where provided the correct percentage (%) of ownership of each:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Caucasian
American (Male)
_____ % | <input type="checkbox"/> Public-Held
Corporation
_____ % | <input type="checkbox"/> Government
Agency
_____ % | <input type="checkbox"/> 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 of more of the following:

- | | | | | | |
|--|--|---|--|---|--|
| <input type="checkbox"/> Resident-
Owned
_____ % | <input type="checkbox"/> African
American
_____ % | <input type="checkbox"/> Native
American
_____ % | <input type="checkbox"/> Hispanic
American
_____ % | <input type="checkbox"/> Asian/Pacific
American
_____ % | <input type="checkbox"/> Asian/Indian
American
_____ % |
| <input type="checkbox"/> Woman-Owned
(MBE)
_____ % | <input type="checkbox"/> Woman-Owned
(Caucasian)
_____ % | <input type="checkbox"/> Disabled
Veteran
_____ % | <input type="checkbox"/> Other
(Specify)
_____ % | | |

WMBE Certification Number: _____

Certified by: _____

(NOTE: A CERTIFICATION / 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: _____



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Policy No. _____ Expiration Date _____

(9) Professional Liability Insurance Carrier: _____

Policy No. _____ Expiration Date _____

(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 Georgia, or any local government agency within or without the State of Georgia? 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 HAS? 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 or bid hereby certifies that such proposal or bid is genuine and not collusive and that said proposer entity has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person to put in a sham proposal or bid or to refrain from proposing or bidding, 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 or bid price of affiant or of any other proposer or bidder, to fix overhead, profit or cost elements of said proposal or bid price, or that any other proposer or bidder or to secure any advantage against the Housing Authority or any person interested in the proposed contract; and that all statements in said proposal or bids are true.

(13) **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 HAS discovers that any information entered herein if false, that shall entitle HAS to not consider nor make or to cancel any award with the undersigned party.

Signature

Date

Printed Name

Title



PROFILE OF FIRM

(Attachment B)

Client Reference Form

The past performance of the respondent on prior work of the same or similar nature, in the past (3) years, based on the letters of reference and/or client lists submitted, and based upon the results of any consultation that the HAS chooses to conduct with such. The past performance shall also include quality of work, and compliance with performance schedules.

Respondent shall submit a listing of former or current clients, including any other Public Housing Authority for whom the respondent has performed similar or like services to those being proposed in the IFB. The listing shall at a minimum include:

- Client’s name
- Client’s contact name
- Client’s telephone number
- A brief description and scope of the service(s) and the dates the services were provided

Client Information

Organization Name (Client):	Organization Address:
Contact Name:	Title:
Phone Number:	Email address:

Brief Description of Services	Dates Provided

Client Information

Organization Name (Client):	Organization Address:
Contact Name:	Title:
Phone Number:	Email address:

Brief Description of Services	Dates Provided