

REQUEST FOR PROPOSALS (RFP) No. P24003
Grant Writing, Planning, and Consulting Services
PROFILE OF FIRM FORM
(RFP 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 Ohio; (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):

[Table No. 1]

(1) Name	(2) Title	(3) % 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):

[Table No. 2]

(1) Name	(2) Title

Signature Date Printed Name Company

LORAIN METROPOLITAN HOUSING AUTHORITY, OH

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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:

- | | | | |
|---|---|---|---|
| <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 or 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"/> Hasidic Jew
_____% | <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 (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 Ohio License Type and No. (if applicable):

(11) Federal License Type and No. (if applicable):

(12) Worker's Compensation Insurance Carrier:

Policy No.:

Expiration Date:

(13) General Liability Insurance Carrier:

Policy No.

Expiration Date:

Signature	Date	Printed Name	Company
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(14) Professional Liability Insurance Carrier:
Policy No.
Expiration Date:

Signature **Date** **Printed Name** **Company**

LORAIN METROPOLITAN HOUSING AUTHORITY, OH