PROFILE OF FIRM FORM
(RFP Attachment D)

(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 Missouri; (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

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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	☐ Public-Held	☐ Government	☐ Non-Profit
American (Male)	Corporation	Agency	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 Missouri 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:

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Policy No.
Expiration Date:

(14) Professional Liability Insurance Carrier:
Policy No.
Expiration Date:

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