

**Profile of Firm Form
(RFP Attachment C)**

(This Form must be fully completed and placed under Tab No. 3 of the hard-copy 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) Attach a brief biography/résumé 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 of the Firm (submit under Tab No. 5 a brief professional résumé 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 the project; submit a brief résumé for each under Tab No. 5. (Do not duplicate any resumé required above):

NAME	TITLE

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(7) Proposer Diversity Statement. You must mark all of 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 _____%
- Disabled Veteran _____%
- Other (Specify): _____%

W/MBE 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