

**Request for Proposals (RFP) No. P17007, General Contractor/Construction Manager (GC/CM) Pool
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:

- | | | | |
|--|--|--|--|
| <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
_____% | <input type="checkbox"/> Disabled Veteran
_____% | <input type="checkbox"/> 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
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