

**Request for Proposals (RFP) No. P17012(REV-1), Production of Section 8 Videos
Attachment C – Profile of Firm Form**

(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 a brief résumé for each under Tab No. 5:

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.:

NAME	TITLE

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(7) Proposer Diversity Statement. Mark all the following that apply to the ownership of your firm and 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