- (1) Prime Sub-contractor (This form must be completed by and for each).
- (2) Name of Firm: Telephone: Street Address, City, State, Zip: E-mail:
- (3) Attach a brief biography/résumé of the firm, including (a) year the firm was established; (b) year firm was established in Minnesota; (c) a brief description of the firm's services; (d) firm's former name and year established (if applicable); (e) name of parent company and date acquired (if applicable).
- (4) Identify Principals/Partners of the firm; submit a brief résumé for each under Tab No. 4:

NAME	TITLE	% OF OWNERSHIP

(5) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work with MPHA; submit a brief résumé for each under Tab No. 4.:

NAME	TITLE

(6) **Proposer Diversity Statement.** Mark all the following that apply to the ownership of the firm and enter the percentage (%) of ownership of each. If none apply, mark "N/A".

🗆 Caucasian	Public-Held	🗆 Government	🗆 Non-Profit
American (Male)	Corporation	Agency	Organization
%	%	%	%

Section 3- (RBE), Minority- (MBE), or Woman-Owned (WBE) Business Enterprise (Qualifies by 51% or more ownership and active management by one or more of the following):

□ Section 3-	🗆 African	Native	🗆 Hispanic	□ Asian/Pacific	□ Hasidic	🗆 Asian/Indian
				American		American
%	%	%	%	%	%	%

□ Woman-Owned □ Other (Specify):

____% ____%

- (7) Federal Tax ID No.:
- (8) Local Business License No. (if applicable):
- (9) State of Minnesota License Type and No. (if applicable):
- (10) Federal License Type and No. (if applicable):

Signature

Date Printed Name