

**PROFILE OF FIRM FORM  
(QSP Attachment B)**

(This Form must be fully completed and delivered to the Agency as a part of the Step #2 process once directed to do so by the Agency after the quote submittal deadline.)

(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 California; (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]

Name	Title	% 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]

Name	Title

\_\_\_\_\_  
Signature                      Date                      Printed Name                      Company

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(7) Quoter 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 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 (MBE) \_\_\_\_\_%
- Woman-Owned (Caucasian) \_\_\_\_\_%
- Disabled Veteran \_\_\_\_\_%
- Other (Specify): \_\_\_\_\_%

WMBE Certification Number:  
Certified by (What 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 California 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:

Policy No.  
Expiration Date:

(14) Automobile Liability Insurance Carrier:

Policy No.  
Expiration Date:

\_\_\_\_\_  
Signature    Date    Printed Name    Company