

Invitation for Bids (IFB) No. B19011, Asbestos Abatement Services
Attachment E – Profile of Firm Form

(1) Prime ☐ Sub-contractor ☐ (This form must also be completed for any subcontractors.)

(2) Name of Firm:

Telephone:

Fax:

Email:

Street Address, City, State, Zip:

(3) 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).

(4) Identify Owners/Principals of your firm (attach a résumé for each).

NAME	TITLE	% OF OWNERSHIP

(5) Identify individual(s) that will oversee and/or perform services under the ensuing contract (attach a brief résumé for each).

NAME	TITLE

(6) **Proposer Diversity Statement.** Mark all of the following that apply to the ownership of the firm and enter where provided the correct percentage (%) of ownership for each. If none apply, leave this section blank.

☐ **Caucasian American** _____%
 ☐ **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):** _____%

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(8) Local Business License No. (if applicable):

(10) Federal License Type and No. (if applicable):

Policy No.: _____ Expiration Date: _____

Policy No.: _____ Expiration Date: _____

Policy No.: _____ Expiration Date: _____

Company Name