

**Invitation for Bids (IFB) No. B19012, Glass 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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(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):

(11) Worker’s Compensation Insurance Carrier:

Policy No.: Expiration Date:

(12) General Liability Insurance Carrier:

Policy No.: Expiration Date:

(13) Automobile Liability Insurance Carrier:

Policy No.: Expiration Date:

Signature	Date	Printed Name	Company Name
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