

**Quotations for Small Purchases (QSP) No. S22006, Appliances**

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

(This Form will be fully completed and submitted by the apparent successful quoter(s) when directed by the Agency.)

- (1) Prime \_\_\_\_ Sub-contractor \_\_\_\_ (This form must be completed by and for each).
- (2) Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- (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 Illinois; (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):

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):

NAME	TITLE

- (7) Bidder Diversity Statement: You must circle all of the following that apply to the ownership of this firm and enter where provided 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 (Agency): \_\_\_\_\_

(NOTE: A CERTIFICATION/NUMBER NOT REQUIRED TO BID - ENTER IF AVAILABLE)

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

**KNOX COUNTY HOUSING AUTHORITY**

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(8) Federal Tax ID No.: \_\_\_\_\_

(9) Local Business License No. (if applicable): \_\_\_\_\_

(10) State of Illinois License Type and No.: \_\_\_\_\_

(11) Worker's Compensation Insurance Carrier: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(12) General Liability Insurance Carrier: \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(13) Professional Liability Insurance Carrier: \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(14) Debarred Statement. Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Illinois, or any local government agency within or without the State of Illinois? Yes ☐ No ☐ If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

(15) Disclosure Statement. Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the Agency? Yes ☐ No ☐ If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

(16) Felony Disclosure. Has any principal(s) or any person(s) proposed to perform the work ever been convicted of a felony? Yes ☐ No ☐ If "Yes," please attach a full detailed explanation, including dates, circumstances and current status. PLEASE NOTE: The Agency reserves the right to not make award to any quoter that has staff who has been convicted of a felony if the Agency feels that doing such is in its best interests.

(17) Non-Collusive Affidavit. The undersigned party submitting this quote hereby certifies that such quote is genuine and not collusive and that said quoter entity has not colluded, conspired, connived or agreed, directly or indirectly, with any quoter or person, to put in a sham quote or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the quote price of affiant or of any other quoter, to fix overhead, profit or cost element of said quote price, or that of any other quoter or to secure any advantage against the Agency or any person interested in the proposed contract; and that all statements in said quote are true.

(18) Verification Statement. The undersigned quoter hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the Agency discovers that any information entered herein is false, such shall entitle the Agency to not consider nor make award or to cancel any award with the undersigned party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company

KNOX COUNTY HOUSING AUTHORITY