

**INVITATION FOR BIDS (IFB) No. 2022-016, Snow Removal Services**

<b>PROFILE OF FIRM FORM (IFB Attachment C)</b>
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(This Form must be fully completed with the proposal submittal.)

(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 Minnesota; (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. 1):

[Table No. 1]

(1) Name	(2) Title	(3) % 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. 2 a brief resume for each. (Do not duplicate any resumes required above):

[Table No. 2]

(1) Name	(2) Title

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(7) Bidder 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 BID - ENTER IF AVAILABLE)

(8) Federal Tax ID No.:

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

(10) State of Montana 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