PROFILE OF FIRM FORM
(IFB Attachment C)

(This Form must be fully completed and submitted to the Agency when notified to do so by the Agency after the 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 Minnesota
(5) ; (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]

(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. 5 a brief resume for each. (Do not duplicate any resumes required above):

[Table No. 2]

(1) Name	(2) Title

Signature _____ Date _____ Printed Name _____ Company _____

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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