

**Profile of Firm Form**

(1) Prime  Sub-contractor  (This form must be completed by and for each).

(2) Name of Firm:

Telephone:

Fax:

Email:

Street Address, City, State, Zip:

(3) Attach a brief biography or résumé of your firm, including: (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 Principals/Partners in Firm:

NAME	TITLE	% OF OWNERSHIP

(5) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on projects:

NAME	TITLE

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**(6) Proposer Diversity Statement.** Mark all the following that apply to the ownership of your firm and enter the correct percentage (%) of ownership of each:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> <b>Caucasian<br/>American (Male)</b><br>_____% | <input type="checkbox"/> <b>Public-Held<br/>Corporation</b><br>_____% | <input type="checkbox"/> <b>Government<br/>Agency</b><br>_____% | <input type="checkbox"/> <b>Non-Profit<br/>Organization</b><br>_____% |
|---|---|---|---|

**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):**

- |   |  |   |   |  |   |   |
|---|--|---|---|--|---|---|
| <input type="checkbox"/> <b>Resident-<br/>Owned</b><br>_____% | <input type="checkbox"/> <b>African<br/>American</b><br>_____% | <input type="checkbox"/> <b>Native<br/>American</b><br>_____% | <input type="checkbox"/> <b>Hispanic<br/>American</b><br>_____% | <input type="checkbox"/> <b>Asian/Pacific<br/>American</b><br>_____% | <input type="checkbox"/> <b>Hasidic<br/>Jew</b><br>_____% | <input type="checkbox"/> <b>Asian/Indian<br/>American</b><br>_____% |
|---|--|---|---|--|---|---|

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Woman-Owned</b><br>_____% | <input type="checkbox"/> <b>Disabled<br/>Veteran</b><br>_____% | <input type="checkbox"/> <b>Other (Specify):</b><br>_____% |
|---|--|--|

**W/MBE Certification Number (if available):**

**Certified by (Agency):**

**(7) Federal Tax ID No.:**

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

**(9) State of Minnesota License Type and No.:**

**(10) Federal License Type and No.:**

**(11) Worker's Compensation Insurance Carrier:**

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

**(12) General Liability Insurance Carrier:**

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

**(13) Auto Liability Insurance Carrier:**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Company**