

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"/> Caucasian
American (Male)
_____% | <input type="checkbox"/> Public-Held
Corporation
_____% | <input type="checkbox"/> Government
Agency
_____% | <input type="checkbox"/> 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):

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

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

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