## Invitation for Bids (IFB) No. B24013 – Door Hardware and Related Supplies Attachment D – Profile of Firm Form

Established; (b) Year Firm Established in Minnesota; (c) Former Name and Year Established (if applical (d) Name of Parent Company and Date Acquired (if applicable).  (4) Identify Owners/Principals of your firm (attach a résumé for each).  NAME  TITLE  WOF  OWNERSHIP  (5) Identify individual(s) that will oversee and/or perform services under the ensuing contract (attach a brésumé for each).  NAME  TITLE  (6) Proposer Diversity Statement. Mark all of the following that apply to the ownership of the firm and ewhere provided the correct percentage (%) of ownership for each. If none apply, leave this section blank    Caucasian  Public-Held  Government  American  Corporation  Agency  9%  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- African  Native  Hispanic  Asian/Pacific Hasidic  Asian/Ind		Prime  Sub-co	ntractor   (This form n	must also be completed for any	subcontractors.)		
Established; (b) Year Firm Established in Minnesota; (c) Former Name and Year Established (if applicated)  (d) Name of Parent Company and Date Acquired (if applicable).  (4) Identify Owners/Principals of your firm (attach a résumé for each).  NAME  TITLE  **OP OWNERSHIP	(2)	Telephone: Fax: Email:	ty, State, Zip:				
NAME   TITLE   OWNERSHIP	(3)	Established; (b) Yo	ear Firm Established in Mi	nnesota; (c) Former Name and			
(5) Identify individual(s) that will oversee and/or perform services under the ensuing contract (attach a trésumé for each).    NAME	(4)	Identify Owners/P	Identify Owners/Principals of your firm (attach a résumé for each).				
résumé for each).  NAME  TITLE  (6) Proposer Diversity Statement. Mark all of the following that apply to the ownership of the firm and exwhere provided the correct percentage (%) of ownership for each. If none apply, leave this section blanks are corrected as a correct percentage (%) of ownership for each. If none apply, leave this section blanks are corrected as a correct percentage (%) of ownership for each. If none apply, leave this section blanks are corrected as a corrected a		NAME		TITLE			
NAME	(5)	•	l(s) that will oversee and/	or perform services under the	ensuing contract (attach a brief		
where provided the correct percentage (%) of ownership for each. If none apply, leave this section blank  Caucasian Public-Held Government Non-Profit American Corporation Agency 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- African Native Hispanic Asian/Pacific Hasidic Asian/Ind Owned American American American Jew American — % — % — %  Woman-Owned Disabled Other (Specify):  Veteran				TITLE			
where provided the correct percentage (%) of ownership for each. If none apply, leave this section blank  Caucasian Public-Held Government Non-Profit American Corporation Agency 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- African Native Hispanic Asian/Pacific Hasidic Asian/Ind Owned American American American Jew American — % — % — %  Woman-Owned Disabled Other (Specify):  Veteran							
American Corporation Agency Organization % % % % % % % % % % % % % % % % % % %							
virtue of 51% or more ownership and active management by one or more of the following):  Resident- African Native Hispanic Asian/Pacific Hasidic Asian/Ind Owned American American American Jew American		_	☐ Public-Held	☐ Government	□ Non-Profit		
Owned American American American Jew American	(	American	Corporation	Agency	Organization		
Veteran	]	American % Resident- (RBE), M	Corporation%  Innority- (MBE), or Won	Agency% man-Owned (WBE) Business	Organization% Enterprise (Qualifies by		
0/0 0/0 0/0	]	American%  Resident- (RBE), M virtue of 51% or m  □Resident- □Afr Owned Am	Corporation	Agency ————————————————————————————————————	Organization ————————————————————————————————————		
/U/U	]	American%  Resident- (RBE), M virtue of 51% or m  □Resident- □Afr Owned Am%	Corporation ————————————————————————————————————	Agency%  man-Owned (WBE) Business e management by one or mor  □Hispanic □Asian/Pacific American American%	Organization ————————————————————————————————————		

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Signature	Date	Printed Name	Company Name	
Policy No.:	Expi	ration Date:		
(13) Automobile Liability		d B		
(12) General Liability Insu Policy No.:		viration Date:		
(11) Worker's Compensat Policy No.:		er: cation Date:		
(10) Federal License Type	and No. (if applical	ole):		
(9) State of Minnesota Lic	ense Type and No. (	if applicable):		
(8) Local Business License	e No. (if applicable)	:		
(7) Federal Tax ID No.:				