

## PROFILE OF FIRM FORM

(This Form must be fully completed and placed under Tab No. 3 of the "hard copy" tabbed 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 Alabama; (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):

NAME	TITLE	% 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):

NAME	TITLE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Company

MONTGOMERY HOUSING AUTHORITY, AL

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**(7) Proposer 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:

- |                                                                  |                                                                |                                                          |                                                                |
|------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Caucasian<br>American (Male)<br>_____ % | <input type="checkbox"/> Public-Held<br>Corporation<br>_____ % | <input type="checkbox"/> Government<br>Agency<br>_____ % | <input type="checkbox"/> Non-Profit<br>Organization<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"/> Resident-<br>Owned*<br>_____ %  | <input type="checkbox"/> African<br>American<br>_____ %        | <input type="checkbox"/> Native<br>American<br>_____ %  | <input type="checkbox"/> Hispanic<br>American<br>_____ % | <input type="checkbox"/> Asian/Pacific<br>American<br>_____ % | <input type="checkbox"/> Hasidic<br>Jew<br>_____ % | <input type="checkbox"/> Asian/Indian<br>American<br>_____ % |
| <input type="checkbox"/> Woman-Owned<br>(MBE)<br>_____ % | <input type="checkbox"/> Woman-Owned<br>(Caucasian)<br>_____ % | <input type="checkbox"/> Disabled<br>Veteran<br>_____ % | <input type="checkbox"/> Other (Specify):<br>_____ %     |                                                               |                                                    |                                                              |

WMBE Certification Number:

Certified by (Agency):

(NOTE: A CERTIFICATION/NUMBER IS NOT REQUIRED TO PROPOSE - ENTER IF AVAILABLE)

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

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

**(10) State of Alabama License Type and No.:**

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

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

Policy No.:

Expiration Date:

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

Policy No.

Expiration Date:

**(14) Professional Liability Insurance Carrier:**

Policy No.

Expiration Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Company

MONTGOMERY HOUSING AUTHORITY, AL