

**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 New York; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm):

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;

Name	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:

<input type="checkbox"/> Caucasian American (Male) _____%	<input type="checkbox"/> Public-Held Corporation _____%	<input type="checkbox"/> Government Agency _____%	<input type="checkbox"/> Non-Profit Organization _____%
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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 _____%
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<input type="checkbox"/> Woman-Owned (MBE) _____%	<input type="checkbox"/> Woman-Owned (Caucasian) _____%	<input type="checkbox"/> Disabled Veteran _____%	<input type="checkbox"/> Other (Specify): _____%
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WMBE Certification Number:

Certified by (What 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 New York 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