

Profile of Firm

This Form must be fully completed and placed in the appropriate portion of the firm's submission. This form is required for each Prime and potential sub-contractors.

Solicitation Number:

Solicitation Name:

1. Prime Sub-contractor
2. Name of Firm:
3. Telephone: _____ Fax: _____
4. Street Address, City, State, Zip:
5. Please **attach a brief statement** describing the company, including the following information:
 - a. Year Firm Established
 - b. Year Firm Established (in which state)
 - c. Former Name and Year Established (if applicable)
 - d. Name of Parent Company and Date Acquired (if applicable)

6. Identify Principals/Partners in Firm (*attach an additional form if required*):

NAME	TITLE	% OF OWNERSHIP

7. Identify the individual(s) that will act as project managers and/or supervisory personnel that will work on project.

NAME	TITLE

8. Proposer Diversity Statement: You must check all of the following that apply to the ownership of this firm and enter where provided 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 Jewish _____% | <input type="checkbox"/> Asian/Indian American _____% |
| <input type="checkbox"/> Woman-Owned (WBE) _____% | <input type="checkbox"/> Woman-Owned (Caucasian) _____% | <input type="checkbox"/> Disabled Veteran _____% | <input type="checkbox"/> Other (Specify): _____% | | | |

WMBE Certification Number: _____

Certified by (Agency): _____

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

9. Federal Tax ID No.: _____

10. Business License No.: _____

11. State of _____ 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: _____

15. Automobile Liability Insurance Carrier: _____

Policy No.: _____ Expiration Date: _____

16. Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Illinois, or any local government agency within or without the State of Illinois? Yes No

If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

17. Disclosure Statement: Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the HA? Yes No

If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

18. Non-Collusive Affidavit: The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said proposer entity has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or of any other proposer, to fix overhead, profit or cost element of said proposal price, or that of any other proposer or to secure any advantage against the HA or any person interested in the proposed contract; and that all statements in said proposal are true.

19. Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the HA discovers that any information entered herein is false, that shall entitle the HA to not consider nor make award or to cancel any award with the undersigned party.

Signature

Date

Printed Name

Company