PROFILE OF FIRM FORM
(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 Georgia; (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. 4 a brief professional resume for each):

[Table No. 1]

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/bio for each. (Do not duplicate any resumes required above):

[Table No. 2]

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:

☐Caucasian American (Male) _____%

☐Public-Held Corporation _____%

☐Government Agency _____%

☐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):

☐Resident-Owned* _____%

☐African American _____%

☐Native American _____%

☐Hispanic American _____%

☐Asian/Pacific American _____%

☐Hasidic Jew _____%

☐Asian/Indian American _____%

☐Woman-Owned (MBE) _____%

☐Woman-Owned (Caucasian) _____%

☐Disabled Veteran _____%

☐Other (Specify): _____%

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 Georgia 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**