

**PROFILE OF FIRM
(ATTACHMENT A)**

(1) Prime Subcontractor (This form must be completed by and for each).

(2) Name of Firm: _____ Tel: _____ Fax: _____

(3) Street Address, City, State, Zip: _____

(4) Please attach a brief biography/resume of the company, including the following information: (a) Year Firm Established; (b) Year Firm Established in Current Location; (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 hereunder a brief professional resume for each):

NAME	TITLE	% OF OWNERSHIP

(6) Identify the individual(s) that will act as project manager(s) and any other supervisory personnel that will work on project; please submit hereunder a brief resume for each. (Do not duplicate any resumes required above):

NAME	TITLE

(7) Bidder Diversity Statement: You must indicate 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"/> African American
Islander-American
_____ % | <input type="checkbox"/> Native-American
_____ % | <input type="checkbox"/> Hispanic-American
_____ % | <input type="checkbox"/> Asian/Pacific
_____ % |
| <input type="checkbox"/> Woman-Owned (MBE)
_____ % | <input type="checkbox"/> Woman-Owned (Caucasian)
_____ % | <input type="checkbox"/> Other (Specify)
_____ % | |

WMBE Certification Number: _____

(NOTE #1: A CERTIFICATION/NUMBER IS NOT REQUIRED TO SUBMIT BID-ENTER IF AVAILABLE)

Certified by: _____

(NOTE #2: THIS IS ONE OF TWO PAGES - BOTH PAGES MUST BE COMPLETED)

**PROFILE OF FIRM
(ATTACHMENT A)**

- (8) Federal Tax ID No.: _____
- (9) State of California License Type and No.: _____
- (10) Worker's Compensation Insurance Carrier: _____
Policy No.: _____ Expiration Date: _____
- (11) General Liability Insurance Carrier: _____
Policy No. _____ Expiration Date: _____
- (12) Professional Liability Insurance Carrier: _____
No. _____ Expiration Date: _____
- (13) Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, , or any local government agency within the State of California? Yes No

If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
- (14) Disclosure Statement: Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the HACSC? Yes No
If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
- (15) Non-Collusion Affidavit: The undersigned party submitting this proposal or bid hereby certifies that such proposal or bid is genuine and not collusive and that said bidder entity has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham proposal or bid or to refrain from proposing or bidding, 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 or bid price of affiant or of any other bidder or bidder, to fix overhead, profit or cost element of said proposal or bid price, or that of any other bidder or bidder or to secure any advantage against the Housing Authority or any person interested in the proposed contract; and that all statements in said proposal or bid are true.
- (16) Verification Statement: The undersigned bidder 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 HACSC discovers that any information entered herein is false, that shall entitle the HACSC to not consider nor make award or to cancel any award with the undersigned party.

Signature

Date

REFERENCES FORM

All persons submitting a bid, proposal or statement of qualifications, must submit 5 references. Please provide name of company, agency or person for whom the service or supplies were provided, the contact person, address and phone number:

1. Company Name:	_____
Contact Person:	_____
Address:	_____
Phone Number:	_____
Service Provided:	_____

# of Units Managed:	_____
Dates Provided:	_____
2. Company Name:	_____
Contact Person:	_____
Address:	_____
Phone Number:	_____
# of Units managed:	_____
Service Provided:	_____

Dates Provided:	_____
3. Company Name:	_____
Contact Person:	_____
Address:	_____
Phone Number:	_____
# of Units managed:	_____
Service Provided:	_____

Dates Provided: _____

4. Company Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

of Units managed: _____

Service Provided: _____

Dates Provided: _____

5. Company Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

of Units managed: _____

Service Provided: _____

Dates Provided: _____