

PROFILE OF FIRM FORM

(This form must be completed by and for each contractor)

1. Prime contractor _____ Sub-contractor _____ (check one)
2. Name of Firm: _____ Telephone: _____
3. Street Address, City, State, Zip: _____

4. Please attached a brief biography/resume of the company, including the following information:
- Year Firm Established;
 - Year Firm Established in Maryland;
 - Former Name and Year Established (if applicable);
 - Name of the Parent Company and Date Acquired (if applicable).

5. Identify Principals/Partners in Firm (submit 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

7. 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:

Caucasian Public-Held Government Non-Profit
 American (Male) Corporation Agency 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 African Native Hispanic Asian/Pacific Hasidic Asian/Indian
 Owned* American American American American Jew American
 _____% _____% _____% _____% _____% _____% _____%

PROFILE OF FIRM FORM

Woman-Owned (MBE) _____%
 Woman-Owned (Caucasian) _____%
 Disabled Veteran _____%
 Other (Specify): _____%

WMBE Certification Number: _____

Certified by (Agency): _____
 (NOTE: A certification/number is not required to submit proposal-Enter if available)

8. Federal Tax ID No.: _____
9. Local Business License No. (if applicable): _____
10. State of Maryland License Type and No.: _____
11. Worker's Compensation Insurance Carrier: _____
 Policy No.: _____ Expiration Date: _____
12. General Liability Insurance Carrier: _____
 Policy No. _____ Expiration Date: _____
13. Professional Liability Insurance Carrier: _____
 Policy No. _____ Expiration Date: _____
14. 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 Maryland, or any local government agency within or without the State of Maryland? **Yes** **No** If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
15. Disclosure Statement. Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the Agency? **Yes** **No** If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
16. 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

PROFILE OF FIRM FORM

proposal price, or that of any other proposer or to secure any advantage against the Agency or any person interested in the proposed contract; and that all statements in said proposal are true.

17. 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 Agency discovers that any information entered herein is false, that shall entitle the Agency to not consider nor make award or to cancel any award with the undersigned party.

Firm Name:

Authorized Signature:

Name & Title Printed:

Telephone No.:

Date:
