PROFILE OF FIRM FORM

(This Form must be fully completed and placed under specified TAB of the proposal submittal.)

(1) ☐ Prime ☐ Subcontractor

(2) ☐ Firm's Legal Name: _____

(3) ☐ Mailing Address: _____

(4) ☐ Check appropriate box:
☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership
☐ Limited Liability Company (LLC). Enter tax classification ____
(D=Disregarded Entity, C=Corporation, P=Partnership)
☐ Other: (Indicate)

(5) ☐ Street Address (if different): _____

(6) ☐ City, State, Zip: _____

(7) ☐ Primary Contact AND Title: _____ , _____

(8) ☐ E-mail Address: _____ @ _____

(9) ☐ Telephone #: ( ) - Fax #: ( ) -

(10) ☐ Federal Tax ID #: _____

(11) ☐ UBI #: _____ DUNS #: _____

(12) ☐ City of Brem License #: _____ WA ST License Type & #: _____

(13) ☐ Year Firm Established: _____ Year Firm Established in Bremerton: _____

(14) ☐ Former Name & Year Established, if applicable: Name: _____ Year: _____

(15) ☐ Name of Parent Co & Date Acquired, if applicable: Parent Co Name: _____ Year: _____

(16) Identify the Principals/Partners in Firm (submit under the specified **TAB** a brief professional resume for each).

NAME	TITLE	% of OWNERSHIP

(17) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project (submit under the specified **TAB** a brief professional resume for each).

NAME	TITLE

(18) **Proposer Diversity Statement**: You must circle all of the following that apply to the ownership of this firm and enter where provided 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 No. _____
Certified By (print): _____

Note: A certification/number is not required to propose – Enter if available.
Questions? MWBE Office (360) 753-9693.

_____ / / _____

Signature Date (mm/dd/yr) Printed Name Company

SUBCONTRACTOR(S) MUST COMPLETE SEPARATE ATTACHMENT: PLACE UNDER DESIGNATED TAB.

(19) Worker's Compensation Insurance Carrier: _____
Policy #: _____ Expiration Date: / /

(20) General Liability Insurance Carrier: _____
Policy #: _____ Expiration Date: / /

(21) Professional Liability Insurance Carrier: _____
Policy #: _____ Expiration Date: / /

(22) **Debarred Statement:** Has this firm or any principal(s) ever been debarred from providing any services by the federal government, state government, the State of Washington, or any local government agency within or out of the State of Washington? ☐ Yes ☐ **No** If YES, attach a full detailed explanation, including dates, circumstances, and current status.

(23) **Disclosure Statement:** Does this firm or any principals thereof have any current, past personal or professional relationships with any commissioner of officer of BHA? ☐ Yes ☐ **No** If YES, attach a full detailed explanation, including dates, circumstances, and current status.

(24) **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 BHA or any person interested in the proposed contract; and that all statements in said proposal are true.

(25) **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 if BHA discovers any information entered herein is false, that shall entitle BHA to not consider or make an award or to cancel any award with the undersigned party.

☞ _____ / /
Signature Date (mm/dd/yr)

_____ _____
Printed Name Title

SUBCONTRACTOR(S) MUST COMPLETE SEPARATE ATTACHMENT: PLACE UNDER DESIGNATED TAB.