

INVITATION FOR BIDS (IFB) No. B26001, Concrete Replacement Services

**PROFILE OF FIRM FORM**  
**(IFB 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 New York; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm):

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;

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 New York 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