

Company Profile

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

(2) Name of Firm: _____

(3) Tel: _____ Cell: _____ Fax: _____

(4) Email: _____

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

(6) Please attached a brief biography/resume of the company, including the following information:

(a) Year Firm Established; (b) Year Firm Established in Alachua County; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(b) Identify Principals/Partners in Firm and a brief professional resume for each:

NAME	TITLE	% OF OWNERSHIP

(7) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project; please submit under a brief resume for each. (No need to duplicate any resumes required above):

NAME	TITLE

(8) 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 for Profit American
_____ %

☐ Public Held Corporation
_____ %

☐ Government Agency
_____ %

☐ Non-Profit Organization
_____ %

Alachua County Housing Authority – RFB: Parking Lot Sealing and Striping 2023

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"/> Resident Owned Business | <input type="checkbox"/> African American Owned Business |
| <input type="checkbox"/> Native American Owned Business | <input type="checkbox"/> Hispanic American Owned Business |
| <input type="checkbox"/> Asian/Pacific Owned Business | <input type="checkbox"/> Hasidic Owned Business |
| <input type="checkbox"/> Asian/Indian Owned Business | <input type="checkbox"/> Jewish Owned Business |
| <input type="checkbox"/> Disabled Owned Business | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Women Owned Business | Certification Number: _____ |

WMBE Certified by: _____
(NOTE: A CERTIFICATION/NUMBER NOT REQUIRED TO PROPOSE – ENTER IF AVAILABLE)

(9) Licensure

Federal Tax ID No.: _____

Alachua County Business License No.: _____

State of Florida License Type and No.: _____

(10) Insurance

Worker's Compensation Insurance Carrier: _____

Policy No.: _____ Expiration Date: _____

General Liability Insurance Carrier: _____

Policy No.: _____ Expiration Date: _____

Professional Liability Insurance Carrier: _____

Policy No.: _____ Expiration Date: _____

- (11) 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 Florida, or any local government agency within or without the State of Florida? Yes ☐ No ☐ If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

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- (12) Disclosure Statement: Does this firm or any principals thereof have any current, past personal or professional relationship with any Employee, Commissioner or Officer of the ACHA?

Yes ☐ No ☐

If "Yes," please attach a full detailed explanation, including dates, circumstances and status.

- (13) Non-Collusive Affidavit: The undersigned party submitting this proposal or bid hereby certifies that such proposal or bid 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 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 proposer or bidder, to fix overhead, profit or cost element of said proposal or bid price, or that of any other proposer 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.

- (14) 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 ACHA discovers that any information entered herein is false, that shall entitle the ACHA to not consider nor make award or to cancel any award with the undersigned party.

Signature

Date

Printed Name

Title

State of _____
County of _____ } Venue

This instrument was signed or acknowledged before me on _____ } S. o. P.
by _____
Print name of signer(s)

{ Seal/Stamp }

Notary Signature

} Notary's
Signature