**(1) 🖵 Prime 🖵 Sub-contractor (This form must be completed by and for each).**

1. **Name of Firm:**

**Telephone:**

**Fax:**

**Email:**

1. **Street Address, City, State, Zip:**

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

**(5) Identify Principals/Partners in Firm (submit under Tab No. 3 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. 3 a brief resume for each. (Do not duplicate any resumes required above):**

|  |  |
| --- | --- |
| NAME | TITLE |
|  |  |
|  |  |
|  |  |
|  |  |
|  |

**(7) Proposer 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 🖵 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**

 **\_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_%**

 **🖵Woman-Owned 🖵Woman-Owned 🖵Disabled 🖵Other (Specify):**

 **(MBE) (Caucasian) Veteran**

 **\_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_\_%**

**WMBE Certification Number:**

 **Certified by (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) 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:**