

**REQUEST FOR PROPOSALS (RFP) COUNTY HOUSING-RFP-26-P-02, ON-CALL AFFORDABLE HOUSING  
DEVELOPEMENT AND LIHTC CONSULTING SERVICES**

**PROFILE OF FIRM FORM  
(RFP Attachment D)**

(This Form must be fully completed and placed under Tab No. 3 of the "hard copy" tabbed proposal submittal.)

(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 Missouri; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm (submit under Tab No. 5 a brief professional resume for each):

[Table No. 1]

(1) Name	(2) Title	(3) % 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):

[Table No. 2]

(1) Name	(2) 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 American (Male) \_\_\_\_\_%      ☐ Public-Held Corporation \_\_\_\_\_%      ☐ Government Agency \_\_\_\_\_%      ☐ Non-Profit Organization \_\_\_\_\_%

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**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* _____ %	<input type="checkbox"/> African American _____ %	<input type="checkbox"/> Native American _____ %	<input type="checkbox"/> Hispanic American _____ %	<input type="checkbox"/> Asian/Pacific American _____ %	<input type="checkbox"/> Hasidic Jew _____ %	<input type="checkbox"/> Asian/Indian American _____ %
<input type="checkbox"/> Woman-Owned (MBE) _____ %	<input type="checkbox"/> Woman-Owned (Caucasian) _____ %	<input type="checkbox"/> Disabled Veteran _____ %	<input type="checkbox"/> Other (Specify): _____ %			

**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 Missouri 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) Professional Liability Insurance Carrier:**

**Policy No.**

**Expiration Date:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Company**