

**REQUEST FOR PROPOSALS (RFP)  
Energy Audit (EA) / Physical Needs Assessment (PNA)**

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

(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 Alabama; (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]

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. 5 a brief resume for each. (Do not duplicate any resumes required above):

[Table No. 2]

Name	Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Company

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**(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:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Caucasian American (Male)<br>_____% | <input type="checkbox"/> Public-Held Corporation<br>_____% | <input type="checkbox"/> Government Agency<br>_____% | <input type="checkbox"/> Non-Profit Organization<br>_____% |
|--|--|--|--|

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

**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 Alabama License Type and No.:**

**(11) Federal License Type and No.:**

**(12) Worker's Compensation Insurance Carrier:**

**Policy No.:**

**Expiration Date:**

**(13) General Liability Insurance Carrier:**

**Policy No.**

**Expiration Date:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Company

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**(14) Professional Liability Insurance Carrier:**  
Policy No.  
Expiration Date:

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**Signature**

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**Date**

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**Printed Name**

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**Company**

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Twin Falls and Jerome Housing Authorities