



Douglas County Housing Authority

## PROFILE OF FIRM FORM

**NAME OF FIRM:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP

**COMPANY RESUME:** Please complete below and attach a brief biography/resume of the company, including, at a minimum, the following information:

1. Year Firm Established: \_\_\_\_\_
2. Year Firm Established in Nebraska (if applicable): \_\_\_\_\_
3. Former Name and Year Established (if applicable): \_\_\_\_\_
4. Name of Parent Company and Date Acquired (if applicable): \_\_\_\_\_
5. Years conducting work similar to bid proposal: \_\_\_\_\_

**PROJECT MANAGER:** Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on the project:

NAME	TITLE

**SUBCONTRACTORS:** Identify proposed subcontractors and the jobs for this project:

NAME	WORK ASSIGNMENT

**FEDERAL TAX ID NO.:** \_\_\_\_\_

**NEBRASKA OR OTHER – BUSINESS LICENSE NO.:** \_\_\_\_\_



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**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: \_\_\_\_\_

**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 Nebraska, or any local government agency within or without the State of Nebraska?

Yes ☐ No ☐

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

**DISCLOSURE STATEMENT:** Does this firm or any principal(s) thereof have any current and/or past personal or professional relationship with any Commissioner or Officer of the DCHA?

Yes ☐ No ☐

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

**NON-COLLUSIVE AFFIDAVIT:** Complete and attach Non-Collusive Affidavit.

**VERIFICATION STATEMENT:** The undersigned bidder 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 DCHA discovers that any information entered herein is false, that shall entitle the DCHA to not consider or make award or to cancel any award with the undersigned party.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
COMPANY