

**PROFILE OF FIRM FORM**

**(This Form must be fully completed and placed under specified TAB of the proposal submittal.)**

- (1)  Prime  Subcontractor
- (2)  Firm's Legal Name: \_\_\_\_\_
- (3)  Mailing Address: \_\_\_\_\_
- Individual/Sole Proprietor  Corporation  Partnership  
 Limited Liability Company (LLC). Enter tax classification \_\_\_\_\_  
 (D=Disregarded Entity, C=Corporation, P=Partnership)  
 Other: (Indicate) \_\_\_\_\_
- (4)  Check appropriate box:
- (5)  Street Address (if different): \_\_\_\_\_
- (6)  City, State, Zip: \_\_\_\_\_
- (7)  Primary Contact AND Title: \_\_\_\_\_
- (8)  E-mail Address: \_\_\_\_\_
- (9)  Telephone #: ( ) - Fax #: ( ) -
- (10)  Federal Tax ID #: \_\_\_\_\_
- (11)  UBI #: \_\_\_\_\_ DUNS #: \_\_\_\_\_
- (12)  City of Brem License #: \_\_\_\_\_ WA ST License Type & #: \_\_\_\_\_
- (13)  Year Firm Established: \_\_\_\_\_ Year Firm Established in Bremerton: \_\_\_\_\_  
 Former Name & Year \_\_\_\_\_
- (14)  Established, if applicable: Name: \_\_\_\_\_ Year: \_\_\_\_\_  
 Name of Parent Co & Date Parent Co \_\_\_\_\_
- (15)  Acquired, if applicable: Name: \_\_\_\_\_ Year: \_\_\_\_\_

(16) Identify the Principals/Partners in Firm (submit under the specified TAB a brief professional resume for each).

NAME	TITLE	% of OWNERSHIP

(17) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project (submit under the specified TAB a brief professional resume for each).

NAME	TITLE

(18) **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 American (Male) \_\_\_\_\_%     
 Public-Held Corporation \_\_\_\_\_%     
 Government Agency \_\_\_\_\_%     
 Non-Profit 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 Owned\* \_\_\_\_\_%     
 African American \_\_\_\_\_%     
 Native American\*\* \_\_\_\_\_%     
 Hispanic American \_\_\_\_\_%     
 Asian/Pacific American \_\_\_\_\_%     
 Hasidic Jew \_\_\_\_\_%     
 Asian/Indian American \_\_\_\_\_%
- Woman-owned (MBE) \_\_\_\_\_%     
 Woman-owned (Caucasian) \_\_\_\_\_%     
 Disabled Veteran \_\_\_\_\_%     
 Other (Specify) \_\_\_\_\_%

WMBE Certification No. \_\_\_\_\_  
 Certified By (print): \_\_\_\_\_

**Note:** A certification/number is not required to propose – Enter if available.  
 Questions? MWBE Office (360) 753-9693.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date (mm/dd/yr) Printed Name Company

**SUBCONTRACTOR(S) MUST COMPLETE SEPARATE ATTACHMENT: PLACE UNDER DESIGNATED TAB.**

HOUSING AUTHORITY OF THE CITY OF BREMERTON (BHA)

PROFILE OF FIRM FORM

(19) Worker's Compensation Insurance Carrier: Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(20) General Liability Insurance Carrier: Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_


(21) Professional Liability Insurance Carrier: Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(22) Debarred Statement: Has this firm or any principal(s) ever been debarred from providing any services by the federal government, state government, the State of Washington, or any local government agency within or out of the State of Washington?  Yes  No If YES, attach a full detailed explanation, including dates, circumstances, and current status.

(23) Disclosure Statement: Does this firm or any principals thereof have any current, past personal or professional relationships with any commissioner of officer of BHA?  Yes  No If YES, attach a full detailed explanation, including dates, circumstances, and current status.

(24) Non-collusive Affidavit: The undersigned party submitting this proposal hereby certifies that such proposal 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 to refrain from proposing, 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 price of affiant or of any other proposer, to fix overhead, profit or cost element of said proposal price, or that of any other proposer or to secure any advantage against BHA or any person interested in the proposed contract; and that all statements in said proposal are true.

(25) 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 if BHA discovers any information entered herein is false, that shall entitle BHA to not consider or make an award or to cancel any award with the undersigned party.

 \_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yr)

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

\_\_\_\_\_  
Title

SUBCONTRACTOR(S) MUST COMPLETE SEPARATE ATTACHMENT: PLACE UNDER DESIGNATED TAB.

**CONFLICT OF INTEREST CERTIFICATION**

The applicant certifies that to the best of their knowledge and belief and except as otherwise disclosed, he or she does not have any organizational conflict of interest which is defined as a situation in which the nature of work to be performed under this proposed contract and the bidder's organizational, financial, contractual, or other interests may, without some restriction on future activities:

- (a) Result in an unfair competitive advantage to the bidder -OR-
- (b) Impair the bidder's objectivity in performing the contract work

**CERTIFICATION:** The undersigned proposer hereby states in the absence of any actual or apparent conflict, he/she hereby certifies that to the best of their knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement and agrees if BHA discovers any information entered herein is false, that shall entitle BHA and/or HUD to not consider or make an award or to cancel any award with the undersigned party.



	/ /	
Signature	Date (mm/dd/yr)	Company
Printed Name	Title	

**CERTIFICATE OF GOVERNMENT ASSISTANCE**

The applicant, \_\_\_\_\_ certifies to the best of his/her knowledge and belief, that the project/property: \_\_\_\_\_

**Choose:**

- Has no government rental or operational assistance related to this project
- OR**
- Has the following government rental or operational assistance related to this project: *(Describe below)*

\_\_\_\_\_

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	/ /	
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# RESUMES

**UNDER THIS COVER, PROVIDE RESUMES FOR:**

① **All key staff that will be involved in the project**

**AND**

② **The firm's principals.**

**PROJECT INFORMATION: PROPERTY PROFILE**

1. Project Name: \_\_\_\_\_

2. Project Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

3. Assessor's Parcel #(s): a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

4. Type of Project:  Existing Housing  New Construction  Rehabilitated Housing  
 Elderly Housing  Disabled Housing

5. Census Tract #: \_\_\_\_\_

6. What is the poverty rate of families in the census tract? \_\_\_\_\_ %

7. (To find, use [www.factfinder.census.gov](http://www.factfinder.census.gov); input the address under address search, select "GO"; select census tract and click "GO"; scroll down to find and select "Profile of Selected Economic Characteristics"; Go to "Poverty Status (below poverty level)" for "Families")

8. Building Type:  
 apartments  duplex  other, specify type: \_\_\_\_\_

9. Number of units with bedroom size requested in this application:

Total Number of Units Requested:	
# Bedrooms	Unit Breakdown
1	
2	
3	
4 or more	
Total	

10. Population Served:  
 elderly/disabled  family  other, specify type: \_\_\_\_\_

11. Number of units to be restricted to low income occupancy:  
(See Income Limits provided in application packet). \_\_\_\_\_

12. Number of units to be restricted to very low-income occupancy:  
(See Income Limits provided in application packet). \_\_\_\_\_

13. How many people occupy the property on the date of the submission of the application? \_\_\_\_\_

14. Will off-site relocation of current occupants be required?  
(Refers to occupants as of date of submission of application)  Yes  No

16. Estimated start date of rehabilitation or new construction? \_\_\_\_\_

17. Estimated completion date of rehabilitation or new construction? \_\_\_\_\_

18. Describe the following resources found in the area of the project and the exact distance of each from the project, if applicable. (table below)

Resources	Brief Description & Proximity to Site
Public Transit	
Public Schools	
Parks and Recreational Facilities	
Job Center	
Shopping	
Health/ Medical Services	

20. List the utilities/services and indicate which are provided by owner and included in the rent:

Utilities/Services				
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other_____	<input type="checkbox"/> Provided by owner
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other_____	<input type="checkbox"/> Provided by owner
Other Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other_____	<input type="checkbox"/> Provided by owner
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other_____	<input type="checkbox"/> Provided by owner
Water				<input type="checkbox"/> Provided by owner
Sewer				<input type="checkbox"/> Provided by owner
Trash Collection				<input type="checkbox"/> Provided by owner

a. For those utilities/services which are *not* included in the rent, estimate the average monthly cost for each unit type for the first year of occupancy:


Utilities/Services	1 bedroom	2 bedroom	3 bedroom	4 bedroom	5 bedroom
<input type="checkbox"/> Heating	\$	\$	\$	\$	\$
<input type="checkbox"/> Cooking	\$	\$	\$	\$	\$
<input type="checkbox"/> Other Electric	\$	\$	\$	\$	\$
<input type="checkbox"/> Water Heating	\$	\$	\$	\$	\$
<input type="checkbox"/> Water	\$	\$	\$	\$	\$
<input type="checkbox"/> Sewer	\$	\$	\$	\$	\$
<input type="checkbox"/> Trash Collection	\$	\$	\$	\$	\$

b. List every building and unit in the project. Use the chart below or create a chart that presents the same information.

Building #	Unit #	Square Footage	# of Bedrooms	# of Bathrooms	Handicapped Accessible Y/N	Currently Occupied Y/N	Tenant Eligible for Project Based	To be Project-Based Y/N	Proposed Rent if Project-Based
TOTALS ↓									

*(Add additional pages if necessary)*

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/ /  
 \_\_\_\_\_  
 Signature Date (mm/dd/yr) Company

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

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# PROPERTY INFORMATION

**UNDER THIS COVER, PROVIDE ANY:**

① **ADDITIONAL SHEETS**

② **PICTURES**

③ **PROPERTY INFORMATION, ETC.**