# PROFILE AND CERTIFICATION FORM *(Page 1 of 2)*

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

1. Name of Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_
2. Street Address, City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### (4) Primary Contact for this Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(5) Identify Principals/Partners in Firm (Attach ***professional resumes*** 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 attach ***professional resumes*** for each. (Do not duplicate any resumes required above):

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

(7) Bidder 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 🖵 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 🖵Small Business 🖵Other (Specify):

 (MBE) (Caucasian) Veteran

 \_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_% \_\_\_\_\_\_\_%

If applicable, WMBE Certification Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Certified by (Agency):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(8) Federal Tax ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(9) [APPROPRIATE JURISDICTION] Business License No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(10) State of \_\_\_\_\_\_ License Type and No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* The undersigned party submitting this bid hereby certifies that the firm can meet and comply with OHA's "Section 3 Requirements" attached hereto. ***(See ‘Section 3 Requirements Form and Action Plan’)***

# PROFILE AND CERTIFICATION FORM *(Page 2 of 2)*

(11) Insurance Certification: The undersigned party submitting this bid hereby certifies that the

firm can meet and comply with OHA's "Insurance Requirements" attached hereto. ***(See ‘OHA Insurance Requirements’ attached)***  Copies of insurance certificates may be submitted with the proposal or the information completed below. The insurance policies must name OHA as an additional insured and maintained throughout the term of the contract. The firm(s) must provide OHA with Certificates of Insurance for the preceding coverage. The insurance policies must provide a 30-day notice of cancellation and be primary to any other insurance carried by OHA.

##### 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(12) 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 \_\_\_\_\_\_\_, or any local government agency within or without the State of \_\_\_\_\_\_\_\_\_? Yes 🖵 No 🖵

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

##### (13) Disclosure Statement: Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the HA? Yes 🖵 No 🖵

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

(14) Non-Collusive Affidavit: The undersigned party submitting this bid hereby certifies that such bid is genuine and not collusive and that said bidder entity has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the bid price of affiant or of any other bidder, to fix overhead, profit or cost element of said bid price, or that of any other bidder or to secure any advantage against the OHA or any person interested in the proposed contract; and that all statements in said bid are true.

(15) Indemnification Certification: The undersigned party submitting this bid hereby certifies that the firm expressly agrees to indemnify, defend and hold OHA, its commissioners, officers, and employees, free and harmless from and against any and all loss, liability, expense, claims, costs, suits, damages, including attorney’s fees arising out of the consultant’s operation or performance under the resultant contract. The consultant will also indemnify OHA for damages as a result of any act or omission not authorized by OHA on the part of the consultant or any agent or person employed by the consultant.”

(16) Section 3 and Labor Compliance: The undersigned party submitting this bid hereby certifies that

 the firm can meet and comply with OHA's "Section 3 Requirements" and Labor Compliance standards

 including submission of certified payrolls and paying employees the required prevailing wages. *(Section*

 *3 Information, Economic Opportunities Policy, and Labor Compliance standards may be found on our*

 *website at* [*www.oakha.org/*](http://www.oakha.org/) *Procurement.)*

(17) Labor Code Certification: The undersigned party submitting this bid hereby certifies that

party submitting this bid hereby is aware of the provisions of Section 3700 of the Labor Code

which require every employer to be insured against liability for worker’s compensation or to

undertake self insurance in accordance with the provisions of that Code, and will comply with

such provisions before commencing the performance of the work of this Agreement”.

(18) 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 HA discovers that any information entered herein is false, that shall entitle the HA to not consider nor make award or to cancel any award with the undersigned party.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date Printed Name Company**