

Omaha Housing Authority

PROFILE OF FIRM FORM  
(Attachment C)

(This Form must be fully completed by the Prime Contractor, each Sub-Contractor and all Joint Venture Partnerships. Include copies of all business Licenses, Articles of Incorporation, WBE, MBE, Section 3 Certifications with this form.)

Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Primary contact: \_\_\_\_\_ Federal Tax ID No.: \_\_\_\_\_

Email address of primary contact: \_\_\_\_\_

NAME AND TITLE OF PRINCIPALS OF YOUR COMPANY

Please list additional principals on a separate sheet of paper.

Name	Title	% Owned

SUPPLIER DIVERSITY STATEMENT: Because OHA receives federal funding, we must report to the government our supplier diversity efforts. This Information is used for coding and reporting purposes only and will not affect the ability of your firm to do business with our agency. If you do not complete this area, we cannot add your firm to our eligible list. Resident (RBE) Minority (MBE), Women-Owned (WBE) Business Enterprises qualify by virtue of 51% or more of the ownership and active management by one or more of the following. CHECK ALL THAT APPLY:

- Caucasian American (Male) \_\_\_\_\_%
- Public-Held Corporation \_\_\_\_\_%
- Government Agency \_\_\_\_\_%
- Non-Profit Organization \_\_\_\_\_%
- OHA 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 Number: \_\_\_\_\_ Certified by (Agency): \_\_\_\_\_

- Section 3 Business Concern.
- Notarized Certification Attached

The undersigned hereby affirms that he/she is empowered to sign this form and affirms that, to the best of his/her knowledge, the above information is current and accurate.

HOUSING AUTHORITY OF THE CITY OF OMAHA (OHA)

Omaha Housing Authority

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Signature	Date	Printed Name	Company
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Business License No. (If Applicable): \_\_\_\_\_

State of Nebraska License Type and No.: \_\_\_\_\_

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, Douglas County, 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 principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the OHA? Yes  No   
If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

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 the OHA or any person interested in the proposed contract; and that all statements in said proposal are true.

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

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Signature	Date	Printed Name	Company
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