

**REQUEST FOR PROPOSALS (RFP) NO. 2025-26.01
TEMPORARY DISPLACEMENT CONSULTANT SERVICES**

PROFILE OF FIRM FORM – Attachment B

(This Form must be fully completed.)

(1) Prime _____ (This form must be completed by the Prime Contractor and for each subcontractor).

(2) Name of Firm: _____ Phone: _____ Fax: _____

(3) Street Address, City, State, Zip: _____

(4) Please attach a brief biography/resume of the company, including the following information:

(a) Year Firm Established; (b) Year Firm Established; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm:

Name	Title	% OF Ownership

(6) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on the project and submit a brief resume for each. (Do not duplicate any resumes required above):

NAME	TITLE

(7) 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 Business Enterprise (RBE), Minority Business Enterprise (MBE), or Woman-Owned Business Enterprise (WBE). 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

_____ %



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☐ Woman-Owned (WBE) ☐ Woman-Owned (Caucasian) ☐ Disabled Veteran ☐ Other (Specify):
_____ % _____ % _____ % _____ %

WMBE Certification Number: _____

Certified by: _____

(NOTE: A CERTIFICATION NUMBER IS NOT REQUIRED TO PROPOSE – ENTER IF AVAILABLE)

(This Form must be fully completed.)

(8) Federal Tax ID No.: _____

(9) County of San Joaquin Business License No.: _____

(10) State of California License Type and No.: _____

(11) Worker's Compensation Insurance Carrier: _____

Policy No.: _____ Expiration Date: _____

(12) General Liability Insurance Carrier: _____

Policy No. _____ Expiration Date: _____

(13) Professional Liability Insurance Carrier: _____

Policy No. _____ Expiration Date: _____

(14) 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 California, or any local government agency? Yes ☐ No ☐ If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

(15) Disclosure Statement: Does this firm or any principal(s) have any current, past personal or professional relationship with any Commissioner or Officer of Delta Community Developers Corp.? Yes ☐ No ☐ If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

(16) Non-Collusive Affidavit: The undersigned party submitting this proposal or bid hereby certifies that such proposal or bid 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 bid or to refrain from proposing or 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 proposal or bid price



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of affiant or of any other proposer or bidder, to fix overhead, profit or cost element of said proposal or bid price, or that of any other proposer or bidder or to secure any advantage against the Owner/Agent or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

- (17) 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 Owner/Agent discovers that any information entered herein is false, that shall entitle the Owner/Agent to not consider nor make award or to cancel any award with the undersigned party.

Signature

Date

Printed Name

Company

