

Contractor Information Form

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

2) Name of Firm:

Telephone:

Fax:

3) Street Address, City, State, Zip:

4) E-mail Address:

Note: E-mail is our preferred method of contact; please correspond by same.

5) Identify Principals/Partners in Firm

Name	Title	% of Ownership

6) Identify the individual(s) who will act as project manager, along with other supervisory personnel on the engagement team working the HHA contract.. (Do not duplicate any resumes required above):

Name	Title

7) Diversity Statement: Check all of the following that apply to the ownership of your firm, entering the percentage (%) of ownership of each:

• Caucasian American (Male) _____%
 • Public-Held Corporation _____%
 • Government Agency _____%
 • Non-Profit Organization _____%

8) 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):

• African American _____%
 • Native American _____%
 • Hispanic American _____%
 • Asian/Pacific American _____%
 • Hasidic Jew _____%

• Asian/Indian American (MBE) (Caucasian) Veteran _____%

• Woman-Owned _____%
 • Woman-Owned _____%
 • Disabled _____%
 • Other (Specify): _____%

WMBE Certification Number:
