



1. Please check the applicable box

Prime: _____ Sub-Contractor: _____ (This form must be completed by and for each).

2. Name of Firm: _____

Telephone: _____

Fax: _____ Email: _____

3. Street Address, City, State, Zip: _____

4. Identify Principals/Partners in Firm

Name	Title	% of Ownership

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

Name	Title

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

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

7. 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
 Woman-Owned (MBE)
 Women Owned (Caucasian)
 Disabled Veteran
 Other (Specify)
_____ % _____ % _____ % _____ % _____ %

WMBE Certification Number: _____

Certified by (Agency): _____

(Note: A certification Number is Note Required)



8. Are you a Section 3 Business Concern: _____

For clarification of a Section 3 Business Concern, please refer to TGHA’s Website. www.tgha.net

9. Federal Tax ID Number: _____

10. South Carolina Business License: _____

11. State of _____ License Type and Number: _____

12. Worker’s Compensation Insurance Carrier: _____

Policy Number: _____ Expiration Date: _____

13. General Liability Insurance Carrier: _____

Policy Number: _____ Expiration Date: _____

14. Professional Liability Insurance Carrier: _____

Policy Number: _____ Expiration Date: _____

15. Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any government, the State of _____, or any local government agency within or out of the State of _____? _____ **Yes** _____ **No**

If “Yes”, please attached a full detailed explanation, including dates, circumstances and current status.

16. If your firm currently holds any State of Federal Contracts, please list all contract #s (i.e. CoStar, DGS Contracts, GSA Schedule 70 or 84, US Communities, WSCA, etc.)

17. Would your company be interested in receiving Direct Deposit Payment from the Agency?
_____ Yes _____ No

18. Verification Statement: The undersigned proposer hereby states by completing and submitting this form, he/she verifies that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the Agency discovers any information entered herein is false, that shall entitle the Agency to not consider nor make award or to cancel any award with the undersigned party.

Printed Name

Date

Signature

Company Name