

CONTRACTOR PROFILE FORM

(If additional space is needed, please attach a separate sheet.)

Project Name: _____ Project No. _____

Contractor/Business Name: _____

Business Address: _____

Telephone: (____) ____-____ Fax: (____) ____-____

Federal Tax ID #: _____ State Tax ID #: _____

Our contract is with _____ in the amount of \$ _____
 for _____
 (identify specific work to be performed)

Will any work be subcontracted out? Yes _____ No _____

If yes, to whom? _____

Person(s) authorized to sign (certify) Payroll reports: 1) _____
 2) _____

Identify work classification(s), base wage payment and total wage for each individual performing work on the project site. Attach additional sheets if necessary.

Work Classification from wage decision (include group number, if applicable)	Base Rate of Pay	Total Wage (including Fringe)

The fringe benefit payment will be (check A, B or C below):

(A) _____ paid to an approved plan, fund or program in the amounts indicated below:

Complete chart below or attach schedule of fringe benefits.

Benefit	Amount
Vacation and Holiday	
Union Dues	
Health and Welfare Benefits	
Pension	
Annuity	
Other (Identify)	

Benefit funds are deposited into accounts maintained by: _____

Address: _____

Telephone: (____) ____-____ Acct. #: _____

(B) _____ paid directly (with the pay check) to each worker

(C) _____ paid to an unfunded benefit plan (or plans) in the amounts indicated below:

*****If requested, copies of benefit plans to be submitted for review/approval.*****

Benefit	Amount
Pension	
Medical	
Dental	
Other (Identify)	

Benefit funds are deposited into accounts maintained by: _____

Address: _____

Telephone: (____) _____ - _____ Acct. #: _____

Contractor is a (circle one) corporation, sole proprietorship or partnership business?

Check appropriate box for federal tax classification:

Individual/sole proprietor, C Corporation, S Corporation, Partnership, Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

Minority Owned Business? Yes or No. If yes, Racial or Ethnic Classification _____

Women Owned Business? Yes or No.

Is your firm considered a Section 3 business as described in 24 CFR Part 135? Yes or No.

Contractor/Business Owner/Principal Officer Name and Title (Please Print)

Signature (Original sent to TMHA)

Date

General(Prime) Contractor Signature of Owner/Officer

Date

Both Prime and Subcontractor herein certify to comply with all contract terms, bid specifications and all labor enforcement regulations applied to the construction contract above. By signing above, the Prime and Subcontractor acknowledge that all provisions of the contract and labor standards have been explained by the Prime and certify compliance to regulations.

The subcontractor shall complete all forms required by TMHA as indicated in bid specification. The Prime and Subcontractor certify that this proposed subcontractor is not ineligible to receive awards of contracts from the United States as evidenced by the list or lists of such contractors as maintained by DHUD and System for Award Management (www.sam.gov).