

## Contractor Information Form

Name of Firm _____	
Address _____	
_____	
_____	
Phone Number _____	Fax Number _____
Company Contract Administrator Information:	Name: _____
	Email Address _____
Indicate whether firm is sole proprietorship, partnership, joint venture corporation of other business entity.	
Federal Identification Number	_____
Years Firm has been in Business	_____
EEO Officer and Title	_____
CEO Officer and Title	_____
Company Business Classification - Work Company Performs	
Is your Firm considered to be a small business as determined by the Small Business Administration? Yes _____ No _____	
Is your Firm considered a Section 3 preference business as described as described in 24 CFR Part 135? Yes _____ No _____	
Is your Firm considered to be a Minority owned business? Yes _____ No _____	

Ownership of Firm: Identify those who own 5 percent or more of the firm's ownership.

Ownership Name	Race	Sex	Years of Ownership	Voting %
1				
2				
3				
4				
5				

How many years has the business in the current name been operating?

Please list the projects your business has completed recently. Listing should reference similar work, scope and scale to this request.

Contract Amount	Type of Project	Date Completed	Name, address, contact number-owner/person of project

Firms Organization

Number of current employees on regular payroll.

Do you plan hire additional employees to complete this work?

Yes                      No

Preparer Name:

Preparer Phone:

Submit To: Trumbull Metropolitan Housing Authority

Fax 330.369-6731

Question call (330) 369-1533

Jeff Siwec