

**VENDOR PROFILE FORM & ANNUAL UPDATE FORM**  
 [Complete this form and the attached W-9 and return to the AHA at  
[s.fontenot@alexhousing.org](mailto:s.fontenot@alexhousing.org)]

(1) Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

(2) Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(3) Website: \_\_\_\_\_

(4) Identify Principals/Partners in Firm:

NAME	TITLE	% OF OWNERSHIP

(5) Identify the individual(s) that act as project manager and any other supervisory personnel that will work on projects with the HA:

NAME	TITLE	E-MAIL ADDRESS

(6) [APPROPRIATE JURISDICTION] Business License No.: \_\_\_\_\_

(7) State of \_\_\_\_\_ License Type and No.: \_\_\_\_\_

(8) Worker's Compensation Insurance Carrier: \_\_\_\_\_  
 Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(9) General Liability Insurance Carrier: \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(10) Professional Liability Insurance Carrier: \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(11) Automobile Liability Insurance Carrier: \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(12) Complete and submit the attached W-9 form.

\_\_\_\_\_  
 Signature                                      Date                                      Printed Name                                      Company

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(13) 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- (RBE), 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):

- Resident-Owned \_\_\_\_\_%     
  African American \_\_\_\_\_%     
  Native American \_\_\_\_\_%     
  Hispanic American \_\_\_\_\_%     
  Asian-Pacific American \_\_\_\_\_%     
  Hasidic Jew \_\_\_\_\_%

- Asian-Indian American \_\_\_\_\_%     
  Woman-Owned (Caucasian) \_\_\_\_\_%     
  Disabled Veteran \_\_\_\_\_%     
  Other (Specify): \_\_\_\_\_%

WMBE Certification Number: \_\_\_\_\_

Certification Agency: \_\_\_\_\_

(NOTE: CERTIFICATION/NUMBER NOT REQUIRED - PLEASE ENTER IF AVAILABLE!)

(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 \_\_\_\_\_, or any local government agency within or without the State of \_\_\_\_\_? Yes  No   
 If "Yes," please attach a full detailed explanation, including dates, circumstances and current status:

(15) Disclosure Statement: Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the HA? Yes  No   
 If "Yes," please attach a full detailed explanation, including dates, circumstances and current status:

(16) IMPORTANT NOTICE: As the HA is now conducting all of its competitive solicitations on an Internet-based system (as our HA is paying all costs for the use of this system, there will not be any additional charges to your firm to use this system to download the documents or submit a response to our HA). To take part in this process, please follow these instructions:

- (a) Access [nahro.economicengine.com](http://nahro.economicengine.com) (no "www" necessary).
- (b) Click on the "Login" button in the upper left side.
- (c) Follow the listed directions to register or access the system.

\_\_\_\_\_  
 Signature                                      Date                                      Printed Name                                      Company

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(d) If you have any problems in accessing or registering, please call notify us at  
[s.fontenot@alexhousing.org](mailto:s.fontenot@alexhousing.org) .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company

HOUSING AUTHORITY OF THE CITY OF ALEXANDRIA (HA)