

Contractor Profile Form

Each subcontractor and supplier on this project must complete this form.
Please return the completed form to the General Contractor as soon as possible. ALL questions must be directed to the General Contractor.

Company and Project Information

Project Name:

Company Name:

Company Address:

Contact Person, Phone & E-mail:

Scope of Work:

Contract Amount:

_____ w _____ dat _____
(Company Name) MM/DD/YYYY

The date employees will begin work on-site is estimated to be from:

until

If Company is a supplier write "N/A"

_____ MM/DD/YYYY

_____ MM/DD/YYYY

Is Company subbing out any work or purchasing supplies from another company? Yes

No

If you placed an (X) next to Yes, that Company must also fill out the Contractor Profile Form.

To who?

For what?

Subcontract Amount:

_____ (Company Name #1)(Scope of Work)

To who?

For what?

Subcontract Amount:

_____ (Company Name #2)

_____ (Scope of Work)

Inclusion Goals

Small and Underutilized Business Program (SUBP)

Is Company certified through the Minnesota Unified Certification Program (MNUCP) and located in the 16-county metro area?

If yes, (X) the appropriate certification below:

If no, (X) here:

_____ MNUCP Minority-Owned (MBE)/Woman-Owned Business (WBE)

_____ N/A

Workforce Utilization (Goals: 6% female hours, 32% minority hours)

Instructions for completing Workforce Hours table:

- Only on-site trade workers and laborers count towards the workforce utilization goals . • The hours for office, administrative, managerial, supervisory, and professional employees **do not count** towards meeting these goals. • In the table below, record the anticipated number of labor hours for each item.

	Hours	Percent	List first & last names of minority & female workers employed on project:	
Total Project Hours			1) _____	4) _____
Total Female Hours			_____	5) _____
Total Minority Hours			2) _____ 3) _____	6) _____

Workforce used on Project: Union _____ Non-Union _____

Payroll and Wage Information

A wage decision was provided to my company for this project: _____ Yes No

General Decision Number (found on the wage decision) : MN _____

Instructions for completing Work Classification + Wage table:

- List the work classifications that will be used on this project as listed within the wage decision. Include any apprentices.
- If apprentices will be used, additional documentation is required. Review the *Instructions for Contractors* tab for more information. • If a trade is missing from the wage decision, make sure to include that trade in the table below and (X) the last column. Review the *Instructions for Contractors* tab for further information.

Work Classification	Base Wage Rate (\$)	Fringes (\$)	(base + fringes)	Classification is Needed
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	

Total Wage Payment

(X) If Additional

The fringe benefit will be paid to _____ employees:directly (included in the paycheck)
_____ through a funded fringe benefit plan (trustee or
_____ third party) through an unfunded (company-
paid) fringe benefit plan

Name of person authorized to certify payroll reports:

Title of authorized person: _____
_____ E- _____

Name of Owner/Principal Officer

Title

Signature

Date

*Must be signed in ink. E-
signatures are not accepted.*