



CRHA
CHESAPEAKE, VIRGINIA

CHESAPEAKE REDEVELOPMENT & HOUSING AUTHORITY

CRHA VENDOR PROFILE

1. Prime ____ Subcontractor ____
2. Name of Firm: _____
3. Street Address: _____
4. City, State, Zip: _____ Tel: _____ Fax: _____
5. Year Firm Established: _____ In Chesapeake: _____
6. Type of Ownership: _____
7. Former Name and Year Established (if applicable):
 _____ Year: _____
8. Name of Parent Company and Date Acquired (if applicable):
 _____ Date: _____
9. Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project; please submit under Attachment E a brief resume for each. (Do not duplicate any resumes required above):

NAME	TITLE

9. Federal Tax ID No.: _____
10. City of _____ Business License No.: _____
11. State Contractors License Type and No.: _____
12. General Liability Insurance Policy No. and Carrier: _____
 _____ Deductible Amount: \$ _____



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13. Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, the State of Virginia, or any Local Government Agency within

The State of Virginia? Yes _____ No _____

If yes, please attach a full detailed explanation, including dates, circumstances and current status.

14. Disclosure Statement: Does this firm or any principals of this firm have any current, past personal, or professional relationship with any Commissioner or Officer of the CRHA? Yes _____ No _____

_____ Name (s) of such Commissioner or Officers:

If Yes, please attach a full detailed explanation, including names, circumstances and current status.

Please provide minimum of three (3) professional references for which you are currently providing for tile or carpet installation Service , or have done so in the past.

	Firm Name	Address	Contact Name	Phone No.
1				
2				
3				
4				

