



Construction Business Development Center Assessment

Name		Email Address	
Company Name		FEIN	
Address		Date Incorporated	
City, State, Zip Code			
Phone			
Fax			

Please answer the following questions to the best of your ability. Email the completed form to Paul Murtagh at PMurtagh@prairiestate.edu.

Type of Organization (check next to type):

LLC <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Sub. S. Corporation <input type="checkbox"/>
Other (please list):				

Check all of the contractor trades that your company performs:

<input type="checkbox"/> Asbestos Abatement	<input type="checkbox"/> Excavation/Site Work/Demo	<input type="checkbox"/> Masonry/Concrete
<input type="checkbox"/> Asphalt	<input type="checkbox"/> Fire Protection Systems	<input type="checkbox"/> Painting
<input type="checkbox"/> Carpentry/Millwork	<input type="checkbox"/> Glass/Windows/Glazing	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Drywall/Carpentry	<input type="checkbox"/> HVAC/Mechanical	<input type="checkbox"/> Roofing
<input type="checkbox"/> Electrical	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Steel/Structural
<input type="checkbox"/> Elevator	<input type="checkbox"/> ITS	Other:

What certifications does your company currently hold and which agency certified you?

<input type="checkbox"/> BEP Certified by:	<input type="checkbox"/> DBE Certified by:	<input type="checkbox"/> MBE Certified by:	<input type="checkbox"/> Hub Zone Certified by:
<input type="checkbox"/> SBA (8a) Certified by:	<input type="checkbox"/> SBSA Certified by:	<input type="checkbox"/> WBE Certified by:	Other:

Race/Ethnicity and Gender

<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific American	<input type="checkbox"/> Hispanic American	
<input type="checkbox"/> Native American	<input type="checkbox"/> Other	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Approximate number of full-time employees:	Annual payroll expenses:	Annual revenue
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You would like to receive technical assistance in which areas?

<input type="checkbox"/> Accounting	<input type="checkbox"/> Drawings/Specifications	<input type="checkbox"/> Project Management	<input type="checkbox"/> Serving as Subcontractor
<input type="checkbox"/> Bonding	<input type="checkbox"/> Financing	<input type="checkbox"/> Project Planning/Estimating	<input type="checkbox"/> Technology Assistance
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Marketing Plan	<input type="checkbox"/> Registration	<input type="checkbox"/> Union Project Labor Agreement (PLA)
<input type="checkbox"/> Certifications	<input type="checkbox"/> Peer Group/Networking	<input type="checkbox"/> Safety and Field Operations	Other
<input type="checkbox"/> Doing Business with the Tollway	<input type="checkbox"/> Prequalifications	<input type="checkbox"/> Serving as Prime	

Please check any agency for which your company has worked:

<input type="checkbox"/> City of Chicago	<input type="checkbox"/> Illinois Tollway	<input type="checkbox"/> State of Illinois—Other
<input type="checkbox"/> County	<input type="checkbox"/> Metra	
<input type="checkbox"/> Illinois Department of Transportation	<input type="checkbox"/> Metropolitan Water Reclamation District	

List your percentage of work within each category:

<input type="checkbox"/> Public:	<input type="checkbox"/> Private:	<input type="checkbox"/> General Contractor:	<input type="checkbox"/> Subcontractor:
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Please list, if any, all unions and the local branches you are affiliated with:

Name (Print): _____ Title: _____

Signature: _____ Date: _____