

NORTH CAROLINA DEPARTMENT OF ADMINISTRATION OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES Business Development and Supportive Services Unit

Preliminary Business Development and Supportive Services Assessment Survey

Company Name:				RETURN COMPLETED FORM ONE OF
Principal of Company:			_	THESE WAYS: Attn: Supportive Services
Company Physical Address:				FAX TO: (919) 807-2330
Company Mailing Address:				EMAIL TO: Huboffice.doa@doa.nc.gov
Company E-Mail Address:				MAIL TO: Office for Historically Underutilized Businesses
Telephone Number:	(office);		_ (mobile)	1336 Mail Service Center Raleigh, NC 27699-1336
Trade(s) Self-Performed by Con	npany:			<u> </u>
(1)		(3)		
(2)				
NC Dept. of Admin. Purchase a	nd Contract Commo	dity Type(s):		
(1)		(3)		
(2)				
NC Dept. of Transportation Pre	qualification Type:			
(1)		(2)		_
Business Certifications (Please of	check each active cer	rtification curren	tly held by your f	irm):
Historically Underutilized I	Business (HUB)	Section	n 3 Business	
Disadvantaged Business Er			n-Owned Busine	ss (US Small
Small Business Enterprise			ministration)	•
Carolina Dept. of Transportation	•		(please specify)	
Small Business Enterprise	•		Si 17 11	
Business Administration)	.			
Number of Vears in Business (u	nder the current hus	siness name).		

IDENTIFY CURRENT LICENSE(S) AND CERTIFICATION	NS SECURED BY THE COMPANY:				
License:; Limited or U	; Limited or Unlimited Value:				
License:; Limited or U					
Certifications:; Certification					
Please provide the dollar value of the company's largest contract award: Briefly describe the listed project and identify the project owner served.					
FINANCIAL INFORMATION					
Does your company have bonding? Yes No	ı				
If yes, what is the dollar threshold?	<u> </u>				
Bonding is not required for my industry/profession:	:				
Will your company need assistance securing bonding	ng? Yes No				
What barriers have limited or restricted the ability t Never applied for bonding Bonding was never required for contracts performed by my company Unsatisfied Liabilities Credit Weaknesses Limited Assets History of Bankruptcy Lack of a Business Plan	Cost of securing professional assistance				
Does your company have current tax liabilities? Yes	s No				
Please identify current outstanding tax liabilities:	Decreed To set / 1				
Payroll Taxes	Personal Taxes (sole proprietorship)				
Business Taxes	Other (please specify)				
Please identify current insurances held by your co	mpany:				
Worker's Comp	Equipment Insurance				
Value	Value				
General Liability	Other (please specify)				
Value	Other (please specify)				
Vehicle Insurance					
Value					

BIDDING Please identify the number of bids your company submits each month. _____ Please identify the type(s) of projects your company submitted bids to perform during the recent year: Government Agencies (please identify the type of government agency) a) K-12 Schools g) Town b) Higher Education (Public Universities h) County c) Hospitals i) Military d) Heavy Highway/Bridges j) Federal (Transportation) k) Other (please specify) e) Airports f) City **Training Needs** _____ Doing Business with Government Agencies _____ Interpreting Contracts _____ Writing/Developing a Business Plan ____ Marketing _____ Developing a Financial Package _____ Becoming Loan and Bonding Ready _____ Interpreting Specifications/Plans Insurance Needs _____ Networking and Branding ____ Estimating Project Scheduling _____ Other (please specify) Please list any professional organizations for which your company is a member: 1) 3) 2) 4) Personnel/Labor Force: Please identify the number of laborers currently employed by your company: ____ Please identify the number of employees included on your certified payroll taxes: ______

Please identify the number of laborers standardly contracted as contract laborers and receiving 1099

Number included on Company's Payroll:

Tax Forms at the end of the year: _____