

## Technical Assistance Program Application

<b>TA Agency Selection:</b>		<b>TA Agency Contact:</b>	
<b>Company Name:</b>			
<b>Legal Owner(s):</b>		<b>Contact Person:</b>	
<b>Street Address:</b>		<b>City, State, Zip:</b>	
<b>Telephone Number:</b>		<b>Fax Number:</b>	<b>Email Address:</b>
<b>Date Business Started</b>	<b>FEIN</b>	<b>Union Affiliated</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes List Local(s)</i>	
Veteran Owned Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>NAIC Code(s)</b>	Home Based Yes <input type="checkbox"/> No <input type="checkbox"/>	
Value of Largest Contract Completed to Date		Scope of Work for Largest Contract Completed to Date	
Cumulative Value of Contracts Completed Last Year		Bonding Capacity (If Known)	

**Type of Organization (check next to type)**

Limited Liability Corp <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Other <input type="checkbox"/>
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**Check all of the trades that your company performs.**

Asbestos/Lead Abatement <input type="checkbox"/>	Fire Protection Systems <input type="checkbox"/>	Plumbing <input type="checkbox"/>
Asphalt <input type="checkbox"/>	Glass/Windows/Glazing <input type="checkbox"/>	Roofing <input type="checkbox"/>
Carpentry <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Safety <input type="checkbox"/>
Drywall <input type="checkbox"/>	Information Technology (IT) <input type="checkbox"/>	Steel/Structural <input type="checkbox"/>
Electrical <input type="checkbox"/>	Landscaping/Erosion Control <input type="checkbox"/>	Traffic Control <input type="checkbox"/>
Elevator <input type="checkbox"/>	Masonry/Concrete <input type="checkbox"/>	HVAC <input type="checkbox"/>
Excavation/Site Work/Demo <input type="checkbox"/>	Painting <input type="checkbox"/>	Janitorial <input type="checkbox"/>
Other <input type="checkbox"/>		

**What certifications does your company currently hold?**

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

**Demographic information**

African American	Asian/Indian	Asian/Pacific	Caucasian	Hispanic	Native American	Other: please name
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Number of full-time employees:		Number of part-time employees:		

**Please check any agency for which your company has worked**

Illinois Tollway <input type="checkbox"/>	Illinois Department of Transportation <input type="checkbox"/>	Cook County <input type="checkbox"/>	City of Chicago
Metra <input type="checkbox"/>	Metropolitan Water Reclamation <input type="checkbox"/>	State of Illinois <input type="checkbox"/>	Other
<b>Percentage in Each Category:</b>	Public: Choose an item.	Private: Choose an item.	General Contractor: Subcontractor:

## ***Technical Assistance Agreement***

**The Applicant agrees to voluntarily submit company information related to bid activities, increases in hiring and revenue growth as requested by Tollway personnel. In addition, applicants understand and agree that the Tollway may use participants' photos and video testimonies for purposes of marketing this program. Once accepted into the program, the TA Agency will conduct an assessment and develop a Technical Assistance Plan for the company.**

**All financial and personal information received from this program will be kept confidential and will be used solely for determining the company's needs for assistance.**

<b>Signature of Legal Owner(s):</b>	<b>Date .</b>
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