



Illinois Tollway Technical Assistance Program Application

| | | | |
|---|--|---|---------|
| Name | | HOME TA AGENCY | CMSDC |
| CompanyName | | EmailAddress | |
| Address | | FEIN | |
| City, State, Zip Code | | Date Incorporated | |
| Phone | | Bonding Capacity? | |
| Fax | | Home Based Business? | YES NO |
| Value of Largest Contract Completed to Date | | Cumulative Value of Contracts Completed last year | |
| Scope of above project | | Private: | Public: |

Please answer the following questions to the best of your ability.

Type of Organization (check next to type):

| | | | | |
|-----|-------------|-------------|----------------|-------|
| LLC | Corporation | Partnership | Proprietorship | Other |
|-----|-------------|-------------|----------------|-------|

Check all of the trades that your company performs.

| | | |
|---------------------------|-----------------------------|------------------|
| Asbestos/Lead Abatement | Fire Protection Systems | Plumbing |
| Asphalt | Glass/Windows/Glazing HVAC/ | Roofing |
| Carpentry | Mechanical | Safety |
| Drywall | Information Technology (IT) | Steel/Structural |
| Electrical | Landscaping/Erosion Control | Traffic Control |
| Elevator | Masonry/Concrete | Other: |
| Excavation/Site Work/Demo | Painting | |

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"/> VOSB Certified by: |
| <input type="checkbox"/> SBA (8a) Certified by: | <input type="checkbox"/> SBSA Certified by: | <input type="checkbox"/> WBE Certified by: | <input type="checkbox"/> Other Certified by: | <input type="checkbox"/> Other Certified by: |

Demographic information:

| | | | |
|------------------|-----------------|---------------|-----------|
| African American | Asian/Indian | Asian/Pacific | Caucasian |
| Hispanic | Native American | Other | |
| Male | Female | | |

| | |
|--------------------------------|--------------------------------|
| Number of full-time employees: | Number of part-time employees: |
|--------------------------------|--------------------------------|

Please check any agency for which your company has worked.

| | | | |
|-----------------|--------------------------------------|---------------------------------------|------------------|
| City of Chicago | County | Illinois Department of Transportation | Illinois Tollway |
| Metra | Metropolitan Water Reclamation Dist. | State of Illinois | Other |

List your percentage of work within each category:

| | | | |
|---------|----------|---------------------|----------------|
| Public: | Private: | General Contractor: | Subcontractor: |
|---------|----------|---------------------|----------------|

Disclaimer and Agreement for Technical Assistance Services:

All financial and personal information received from this program will be kept confidential and will be solely used for determining the company's needs for assistance. The Applicant agrees to voluntarily submit company information related to bid activities, increases in hiring and revenue growth. 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.

Name(Print): _____ Title: _____

Signature: _____ Date: _____