



**STRATEGIES: PUBLIC SECTOR CONTRACTING**  
**(TRAINING APPLICATION)**

**COMPANY INFORMATION**

Company Name		Address			
City	State	Zip Code	Telephone No.	FAX No.	E-Mail Address *(Mandatory)*
Website	Principal/Owner(s)		Primary Contact		

**BUSINESS INFORMATION**

<b>Business Structure:</b>	<b>Sole Proprietorship</b>	<b>Partnership</b>	<b>Corporation</b>	<b>LLC</b>
Date Business Established (MM/DD/YYYY)	Federal Taxpayer ID No.	Number of Employees	Annual Gross Revenue	

- Provide this firm's Primary North American Industrial Classification System Code (NAICS).  
You can determine your NAICS code on the Small Business Administration web site at: <http://www.sba.gov>
- Provide a brief description of your services.
- To be eligible for the training program, a small business must be certified by The Network. Please attach a copy of your letter of certification when submitting this application.

Certification information is available at: <http://www.mwdh2o.com>

4. Are you one of the following?      **Minority-Owned Business**      **Women-Owned Business**      **Both**  
(Optional - tracking purposes only; certification is not required.)

5. Have you ever held a government contract?      **Yes**      **No**      **Contract Date**  
(MM/DD/YYYY)      **Contract Amount**

If yes, specify the government agency.  
Scope of Work

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**BUSINESS INFORMATION (Continued)**

6. Please provide the following insurance and bonding information.

Coverage Amount  
Commercial General Liability Insurance  
Insurance Company name and address.

Coverage Amount  
Workers' Compensation Insurance  
Insurance Company name and address.

Coverage Amount  
Professional Liability Insurance  
Insurance Company name and address.

Coverage Amount  
Automobile Liability Insurance  
Insurance Company name and address.

Coverage Amount  
Payment & Performance Bond  
Surety Company name and address.

Currently, this firm does not have these types of insurance but will be able to obtain them.

7. Firms nominated by organizations to receive mentoring services must attach an endorsement letter.

8. Referred/Nominated By: **Website** **Local EDC** **Chamber of Commerce** **Business Organization** **MOU Partner**

Nominating Organization Name

Print Name (Program Applicant Firm Representative)      Signature      Date

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**BUSINESS OUTREACH USE ONLY**

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Construction     Professional Service     Procurement

\_\_\_\_\_  Approved  Rejected \_\_\_\_\_  
Date Application Received      Business Outreach Program Manager      Date

Comments