

COMMUNITY TRANSIT
SBE/DBE BUSINESS DEVELOPMENT PROGRAM (BDP) APPLICATION
 Contact procurement@commtrans.org for form assistance

Legal Company Name:		
Doing Business As (If applicable):		
Company Address:		
City:	State:	ZIP:
UBI#:		
Website:		NAICS code:
Legal Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC		
Official Name:		Official Title:
Email Address:		Contact Number(s):
Authorizing Official Signature:		
Is your company a (check all that apply): <input type="checkbox"/> Certified Disadvantage Business Enterprise (DBE) <input type="checkbox"/> Small Business Enterprise (SBE) as certified by OMWBE <input type="checkbox"/> Small Business (non-certified) <input type="checkbox"/> Woman Owned (WBE) as certified by OMWBE <input type="checkbox"/> Minority Business Enterprise (MBE) as certified by OMWBE <input type="checkbox"/> Service Disabled Veteran Owned Small Business (SDVOSB) <input type="checkbox"/> Veteran Owned Small Business (VOSB) <input type="checkbox"/> 8(A) <input type="checkbox"/> HUBZone <input type="checkbox"/> None of the above		

APPLICATION (continued)

Ethnicity Group (optional):

- | | | |
|---|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic American/Latino | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian-Pacific American | <input type="checkbox"/> Subcontinent Asian American | <input type="checkbox"/> Non-Minority |

Type of Product /Service Offered:

- | | | |
|--|---|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Janitorial Services and Supplies | <input type="checkbox"/> Industrial Supplies |
| <input type="checkbox"/> Printing Services | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Consulting Services |
| <input type="checkbox"/> Landscaping Services | <input type="checkbox"/> Architect & Engineering Firms | <input type="checkbox"/> Marketing Services |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Auto/Bus Parts | <input type="checkbox"/> Planning Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Other: _____ | |

Check the business development assistance needed below (see definitions on the last page):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Certification Assistance | <input type="checkbox"/> Bid Preparation Assistance | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Pricing/Bidding/Estimating | <input type="checkbox"/> Contracts |
| <input type="checkbox"/> Bonding & Financing | <input type="checkbox"/> Presentation Skills | <input type="checkbox"/> Other: _____ |

ENTRY REQUIREMENT:

In narrative form, answer the question below on one page.

Provide a brief description of the value you want to derive from the Community Transit's Business Development Program. Describe the assistance and training that your company needs.

Attached is a Business Plan application to be completed within six months upon entry to the program. If firm has a current business plan (less than 2 years old), please attach with this application.

For processing, submit the completed application to: procurement@commtrans.org

Application Approved:

Disadvantaged Business Enterprise Liaison Officer (DBELO) Name:

DBELO approval signature and date: