



SKANSKA SHOOK

HEALTHCARE CONSTRUCTION BUILDING
BLOCKS PROGRAM APPLICATION

****Attention: Deadline for application is September 2, 2011****

I. GENERAL INFORMATION

I am currently certified with the City of Cleveland as a:

Minority Business Enterprise (MBE) _____

Female Business Enterprise (FBE) _____

Cleveland Area Small Business (CSB) _____

I was referred to Building Blocks by: _____

I am also certified with the following agencies:

Northeast Ohio Regional Sewer District _____

Cuyahoga County _____

Cuyahoga Metropolitan Housing Authority _____

State of Ohio EDGE _____

State of Ohio MBE _____

RTA/ ODOT - Disadvantaged Business Enterprise _____

Veteran Owned Business Enterprise (VBE) _____

Service Disabled Veteran Owned Small Business (SDVOSB) _____

Other _____

Name of Firm:	
Address:	
City/State/Zip:	
Email Address:	
Web Address:	

Business Telephone:	()
Business Fax #:	()
Dun & Bradstreet # :	
Federal Employer ID # :	
Owner's Home Address(es) :	
Owner's Home Telephone(s):	() ()
Parent Company:	
Other business address if applicable:	

Type of Business: (Check one)

- | | |
|-------------------------------|-------------------------|
| Construction Contractor _____ | Supplier of Goods _____ |
| General Contractor _____ | Consultant _____ |
| Specific Trade _____ | Service _____ |
| Professional Services _____ | Other (specify) _____ |

Briefly describe products and/or services provided (include NAICS codes):

Briefly describe what your company needs to be more successful, competitive, and/or gain capacity for growth.

II. OWNERSHIP OF FIRM

Business Organization: (Check one)

- | | |
|--|-----------------------------|
| A. Sole Proprietorship _____ | Date Established _____ |
| B. Partnership _____ | Date of Agreement _____ |
| C. Corporation _____ | Date of Incorporation _____ |
| D. Limited Liability Corporation _____ | Date of Incorporation _____ |

Year firm was established, if different from question above: _____

Has firm done or is it currently doing business under another name?

_____Yes _____No If yes, please explain:

Ownership

Identify those who hold 5% or more of the firm's ownership:

	1	2	3
Name/Title			
Race*/Gender			
Years Owned			
Owner %			
Salary			
Class of Stock (Common/Preferred)			

* Specify ethnic background of each person listed above with the appropriate letter listed below:

Alaskan = AL Black/African American = B Hispanic = H American Indian/Native American = N***
 White/Caucasian = W Asian = A (Pacific Islander or Oriental)

III. CONTROL OF FIRM

Identify by name, race, gender, title, and job classification, those individuals in the firm who are responsible for day-to-day management and policy decision making, including, but not limited to, those with prime responsibility for: (include owners and non-owners)

	NAME	RACE	GENDER	TITLE
Financial Decisions				
Signing of Checks Payroll Purchasing Other				
Estimating				
Sales/Marketing				
Hiring/Firing of Management Personnel				
Purchases of Major Items/ Supplies				
Supervision Field Operations				
Negotiating/Signing Contracts				
Credit Acquisition				
Management Decisions				
Bid Negotiations/Scheduling				
Office Management				
Bonding/Insurance				
Operating Management				

Identify all key personnel, race, gender, and job classification

NAME	RACE	GENDER	TITLE/JOB CLASSIFICATION

IV. CURRENT EMPLOYMENT DATA

1. Number of Full Time Employees: _____
2. Number of Part Time Employees: _____
3. Number of Minority Employees: _____
4. Number of Female Employees: _____

V. CONTRACTS/DIRECT SALES

Has firm ever been awarded any contracts?

_____ Yes _____ No

a. Was the contract: _____ Federal _____ State _____ Local

b. List largest dollar amount awarded in 2011 \$ _____

c. Date of last award: _____

d. Provide true copies of contracts awarded, purchase orders or invoices of your six largest jobs for the past three years. (If you have done less than six, please supply what you have.)

Does your firm have extensive commercial experience?

_____ Yes _____ No

Does your firm have previous hospital experience?

_____ Yes _____ No

Are you affiliated with any unions? Please list:

VI. CREDIT REFERENCES

FIRM	CONTACT/TITLE	ADDRESS/CITY/ZIP	TELEPHONE
Banking			
Insurance			
Bonding			
Line of Credit			

VII. BUSINESS REFERENCES

List the name of three companies you are currently doing business with. Include a name with the persons title listed and a contact phone number for a reference. The contact should be someone who has supervised your work.

COMPANY NAME	CONTACT/TITLE	ADDRESS/CITY/ZIP	TELEPHONE

VIII. BUSINESS REVENUE

Gross Revenue for the past three years

Current _____
 2009 _____
 2008 _____
 2007 _____

IX. ADDITIONAL SUBMISSIONS

Please submit the following documents applicable to your company. You may be requested to submit other documentation upon review by the Office of Equal Opportunity.

Completed Application	
Provide Company Statement of Qualifications	
Current Bank Statement and Signature Card	
Financial Statements/Loans (past 2 years)	
6 signed copies of past contracts, purchase orders and/or invoices	
Licenses – applicable to scope of work	
Resume of All Principal Officers	

X. AFFIDAVIT

A signed affidavit with original signature must accompany each application.

The undersigned swears that the foregoing statements made as part of this application are true and correct and include all material information necessary:

1. To identify and explain the operations of (Name of Company); and

2. To identify the ownership thereof

Further, the undersigned agrees to provide any and all information and materials as may be required to substantiate the ownership and control by _____ of the company. This includes complete cooperation with the certifying entities and allowing the examination of books, records and files of the named company at the business location or at any other place. It is understood that any material misrepresentation will be grounds for terminating any contract which may be awarded and for imposing sanctions under federal, state or local laws concerning false statements. Please note that the information provided with this application may be subject to such laws.

If, after filing this document there is any change (during the ensuing calendar year) in the information submitted herein, the undersigned will inform the Office of Equal Opportunity immediately of the change(s).

NOTARIZATION: (Sign only in the presence of a Notary Public.)

Signature: _____

Name (print): _____

Title: _____

Date: _____

State of _____ County of _____

On this the _____ day of _____ 20____, before me appeared

(Name) _____ that he or she was properly authorized by

(Name of Firm) _____, to execute the Affidavit and did so as his or her free act and deed.

(Seal) Notary Public _____

My Commission Expires _____