



Illinois Tollway Technical Assistance Program Application

Name		HOME TA AGENCY	
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
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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:
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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:
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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: _____