

ILLINOIS TOLLWAY PARTNERING FOR GROWTH - CONSTRUCTION PROTÉGÉ APPLICATION

Legal Name		d/b/a (if different)	Federal Tax ID:	Business Address	Mailing Address	Business Phone/Fax	Owner's Name and Title
Certification Status: Circle all that apply		SBA (a)	Expiration Date	DBE/MBE	Expiration Date (s)	Veteran	Expiration Date
							Other

Legal Structure of Business:select one	Corporation	Limited Liability	Sole Proprietorship	Partnership	Other
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Identify All Owners/Shareholders:				
Date Business Established:	Specialties:	IDOT prequalified?	# Full-time Employees:	# Part-Time Employees:

Technical Assistance Program supporting the firm:

Please describe any protégé experience, including active mentor-protégé relationships:

List the government entities that you have worked with - City, County, State, Federal, etc.:

With which agency have you secured most of your contracts?

Business References: List major clients for past two years and indicate your role on contract(s), listing Tollway contracts first: (P) Prime contractor; (JV) Joint Venture; (Sub) Subcontractor					
Customer	Telephone / contact name	Type of Project(s)	Role	Contract Amount	Year
attach additional listing as needed					

Business Professional Support: List names and contact information (if applicable) for the following support services			
Service firm name	Address	Telephone	Notes:
Insurance:			Please attach certificates of insurance
Bonding:			Please attach proof of bonding
Bank:			
Accountant:			
Attorney:			

Annual Gross Receipts for last three fiscal years:		
Fiscal year _____ \$ _____	Fiscal year _____ \$ _____	Fiscal year _____ \$ _____

Highlight Categories in which the firm would like to receive assistance:		
<input type="checkbox"/> Business Planning	<input type="checkbox"/> Capital Formation	<input type="checkbox"/> Equipment Utilization
<input type="checkbox"/> Record Keeping	<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Estimating and Bidding
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Bonding	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Project Management	<input type="checkbox"/> Marketing and Sales	<input type="checkbox"/> Contracts

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Purpose and goals for participation in the Tollway's Partnering for Growth - Construction Program:	
1. State in detail why you want to participate: (attach additional pages if necessary)	
2. What business development do you want to acquire? (attach additional pages if necessary)	
3. Describe current staffing, including estimator and back-office support. (attach additional pages if necessary)	
4. Attach a Needs Assessment and Business Assistance Plan developed in conjunction with the Technical Assistance provider.	

Your signature certifies that:			
--the information supplied on all corresponding pages and attachments is accurate,			
--the firm is in good standing with the State of Illinois and the Tollway and not currently debarred or suspended from doing business with any government entity in any state - please attach a State of Illinois Certificate of Good Standing;			
--if a mentoring relationship is formed, the firm will make a sincere commitment to relationship, devoting a minimum of 15 hours a month to the association, will identify the lead individual responsible for the relationship and will participate in developing a Business Development Plan with the Mentor, all per the Tollway's Partnering for Growth - Construction Guidelines.			
Printed Name:		Signature:	
Date:			

Please reference the Illinois Tollway Partnering for Growth - Construction Guidelines for more information on the program.