

**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	Expiration Date	Veteran	Expiration Date
							Other

Legal Structure of Business: circle 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:	
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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 _____ \$

Check Categories in which the firm would be willing to provide assistance:		
_____ Business Planning	_____ Capital Formation	_____ Equipment Utilization
_____ Record Keeping	_____ Financial Assistance	_____ Estimating and Bidding
_____ Technical Assistance	_____ Bonding/Insurance	_____ Human Resources
_____ Project Management	_____ Marketing and Sales	_____ 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.	

<b>Your signature certifies that:</b>			
--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:			
<b>NOTARY PUBLIC</b>			
On this ____ day of _____ 20__ before me appeared _____			
who, being duly sworn, did execute the fore-going affidavit, and did state they were properly authorized by the above-named firm to execute this affidavit, and they did so as their free act and deed.			
Signed _____		Notary Public.	
		My Commission expires:	

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