

COMMUNITY TRANSIT
SBE/DBE BUSINESS DEVELOPMENT PROGRAM APPLICATION
 Contact smallbiz@commtrans.org for form assistance.

Legal Company Name:		
Doing Business As (If applicable):		
Company Address:		
City:	State:	ZIP:
Tax ID #:	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		
Submitting Company - Authorizing Official Name:		Authorizing Official Title:
Authorizing Official Email:		Authorizing Official Phone:
Authorizing Official Signature:		
City:	State:	ZIP:
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 as defined by the SBA <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 <input type="checkbox"/> Veteran Owned Small Business (VOSB) <input type="checkbox"/> 8A <input type="checkbox"/> HUBZone <input type="checkbox"/> None of the above		

APPLICATION (continued)

Ethnicity Group (optional):

- | | | |
|---|--|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Subcontinent Asian | <input type="checkbox"/> Asian/Pacific Islanders | <input type="checkbox"/> Caucasian |

Has your business classification status been certified by a state, municipal, federal or other certifying agency? No Yes

If certified, certifying Entity: _____

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"/> Readiness Assessment | <input type="checkbox"/> Bid Preparation Assistance | <input type="checkbox"/> Business Planning |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Pricing/Bidding/Estimating | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Bonding & Financing | <input type="checkbox"/> Presentation Skills | <input type="checkbox"/> Certification |
| <input type="checkbox"/> Management | <input type="checkbox"/> Contracts | |
| <input type="checkbox"/> Proposal Preparation | <input type="checkbox"/> Procurement Technical Assistance | <input type="checkbox"/> Other: _____ |

Supplemental Questions (attach answers):

Provide a brief description of the value you want to derive from entry and acceptance into Community Transit's Business Development Program. In narrative form, answer the questions below.

1. How will participating in the Business Development Program benefit your business?
2. Discuss your company's strengths and explain why you believe your firm would be a good fit for this program.
3. Describe the assistance and training that your company needs.
4. What are your company's top three business development goals for the next two years?

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

Application Approved:

Community Transit- DBELO Name:	DBELO Official Title:
DBELO Official Signature:	