

Supplier Contact Information

Name

Business Name:
Also Known As (AKA) Name:

Address

Country:
Street Address:
City:
State/Province/Region:
Postal Code:

Contact Information

Contact Name:
Phone Number:
FAX Number:
E-Mail Address:

Supplier Profile

Business Tax ID Number:
Number of Years in Business:
Ownership Type:
(Choose Type) Corporation, Partnership, Sole Proprietorship, Joint Venture,
Limited Liability Partnership, Limited Liability Company

Please List All NAICS Category Codes That Your Firm Can Provide. Please choose from the website (<http://www.census.gov/cgi-bin/epcd/srchnaics02defs>)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Please List All Construction CSI Codes That Your Firm Can Provide. Please choose from the website (<http://www.constructionnotebook.com/ipin2/mfsearch.asp>)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Business Questionnaire

General Information

Describe the nature of the Business:

Areas of Certification

In what area(s) do you desire to be certified?

Locations

Identify the locations in which your firm does business (states, counties/parishes):

SLDBE Certification

Has the firm ever applied for SLDBE Certification with either the City of New Orleans, the Sewerage & Water Board of New Orleans or the New Orleans Aviation Board?

Yes: If yes, state the year of the application

Did your firm ever operate under another name? If so specify name, services provided and the type of ownership.

Ownership

Identify all those who own five (5) percent or more of the firm. Give the name, title, years of ownership, ownership percentage and voting percentage.

Name:		Title:
Years of Ownership	Ownership Percentage	Voting Percent
	%	%

Name:		Title:
Years of Ownership	Ownership Percentage	Voting Percent
	%	%

Name:		Title:
Years of Ownership	Ownership Percentage	Voting Percent
	%	%

Name:		Title:
Years of Ownership	Ownership Percentage	Voting Percent
	%	%

Management

	Individual Name	Title
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Financial Decisions:

Management Decisions:

Estimating:
 Marketing and Sales:
 Hiring and Firing of Management
 Personnel:
 Purchase of Major Items or Supplies:

Supervision of Field Operations:

Schedule A/ Business Questionnaire

Non DBE Owners

If you believe that one or more owners are not disadvantaged, list the contributions of money, equipment, real estate, or expertise of each of the non-disadvantaged owners.

Financial Information

Stock Options or Ownership Options

Describe or attach a copy of any stock options or ownership options that are outstanding, and any agreements between owners or between owners and third parties which restrict the ownership or control of the disadvantaged owners.

Loan Agreements

Describe all loan agreements evidencing loans by the firm. List any loans by the firm to any and all owners or from any owner to the firm. Submit copies of all loan agreements.

Business Relationships

Identify any owner or management official of the named firm who is or has been an employee, board member, partner or owner of another firm that has an ownership interest in or a present business relationship with the named firm. Present business relationships include shared space, equipment, financing, or employees as well as both firms having some of the same owners.

Also, list persons in the firm who are currently working for any other business which has a relationship with this firm. Relationship includes interaction on a full-time basis as an owner, partner, employee or consultant.

Gross Receipts

What are the gross receipts, percentage of gross profit, and net profit (pre-tax) for each of the last three (3) years. Please provide copies of federal income tax returns for the last three (3) years, copies of the firm's balance sheet for the past three (3) years, copies of the company's income statement no more than 90 days old from the date of this application.

Year Ending	Gross Receipts \$	Gross Profit %	Net Profit \$
2003	\$0.00	0.00	\$0.00
2002	\$0.00	0.00	\$0.00
2001	\$0.00	0.00	\$0.00

Bankruptcy

Has your firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7 of the United States Bankruptcy Code within the last three (3) years?

Credit Available to Your Firm

Describe the bank credit, loans or lines of credit available to your firm. Please specify the amount, lending entity and maturity date.

Licenses

Are you authorized to do business in the state as well locally, including having all necessary business licenses?

License Number	Type of License	City/County	State
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Schedule A/ Business Questionnaire

Bonding Capacity

Does your company have a performance bond? Please specify the name of the bonding company and the bonding limit.

Credit, Mortgage or Loan Denial

Has your business ever been denied credit, a mortgage or a loan, by a bank or other financial institution, for which you believe the business was qualified? If yes, explain. Please provide a copy of the document denying the loan and/or credit.

Unfair Treatment By a Financial Institution

Has your business ever experienced discrimination or unfair treatment by a bank or other financial institution? If so, describe the conduct.

Unfair Treatment With a Contractor

Has your business ever experienced discrimination or unfair treatment in dealings with a contractor? If so, describe the conduct.

Unfair Treatment by a Bonding Company

Has your business ever experienced discrimination or unfair treatment by a bonding company? If so, describe the conduct.

Contracting History

Describe your company's contracting history over the past three (3) years, including the percentage of work performed for non-governmental entities. Attach a separate sheet if necessary.

Contract Description:
Government/ Non Government:

Contract Description:
Government/ Non Government:

Contract Description:
Government/ Non Government:

Contract Description:
Government/ Non Government:

Contract Description:
Government/ Non Government:

Contract Description:
Government/ Non Government:

Total % of Non-Governmental Contracts: _____ Total % of Governmental Contracts: _____

Schedule A/ Business Questionnaire

Bids Submitted

Please list previous successful, unsuccessful or rejected bids submitted by your company over the last three (3) years.

Bid:

Successful/ Unsuccessful/ Rejected:

Bid:

Successful/ Unsuccessful/ Rejected:

Bid:

Successful/ Unsuccessful/ Rejected:

Bid:

Successful/ Unsuccessful/ Rejected:

Bid:

Successful/ Unsuccessful/ Rejected:

Bid:

Successful/ Unsuccessful/ Rejected:

Bid:

Successful/ Unsuccessful/ Rejected:

Work as a Prime Contractor

List all jobs on which your company performed as the prime contractor over the past three(3) years.

Equipment

Please list all equipment owned or leased by your company.

Has the firm ever applied for, been granted or been denied DBE Certification by the following Agencies:

	Applied	Granted	Denied	Pending
Sewerage & Water Board				
City of New Orleans				
Regional Transit Authority				
Orleans Parish School Board				
Housing Authority of New Orleans				
United States Department of Transportation				
Other (Specify)				

If you were certified or denied, name the certifying authority, date and circumstances of such certification or denial.

Employee Information

How many person(s) does your firm employ?

Full-time:

Part-Time: