 ***Technical Assistance Program Application***

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| --- | --- | --- | --- | --- | --- |
| ***TA Agency Selection:*** Choose an item. | | | | ***TA Agency Contact:*** Click or tap here to enter text. | |
| **Company Name:** Click or tap here to enter text. | | | | | |
| **Legal Owner(s):** Click or tap here to enter text. | | | | **Contact Person:** Click or tap here to enter text. | |
| **Street Address:**  Click or tap here to enter text. | | | | **City, State, Zip:**  Click or tap here to enter text. | |
| **Telephone Number:**  Click or tap here to enter text. | | **Fax Number:**  Click or tap here to enter text. | | | **Email Address:**  Click or tap here to enter text. |
| **Date Business Started** Click or tap to enter a date. | **FEIN**  Click or tap here to enter text. | | | | **Union Affiliated** Yes No  *If Yes List Local(s)* Click or tap here to enter text. |
| Veteran Owned  Yes No | NAIC Code(s) Click or tap here to enter text. | | | | Home Based Yes No |
| Value of Largest Contract Completed to Date  Click or tap here to enter text. | | | Scope of Work for Largest Contract Completed to Date  Click or tap here to enter text. | | |
| Cumulative Value of Contracts Completed Last Year  Click or tap here to enter text. | | | | | Bonding Capacity (If Known)  Click or tap here to enter text. |

**Type of Organization (check next to type)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Limited Liability Corp | Corporation | Partnership | Sole Proprietorship | Other  Click or tap here to enter text. |

**Check all of the trades that your company performs.**

|  |  |  |
| --- | --- | --- |
| Asbestos/Lead Abatement | Fire Protection Systems | Plumbing |
| Asphalt | Glass/Windows/Glazing | Roofing |
| Carpentry | Mechanical | Safety |
| Drywall | Information Technology (IT) | Steel/Structural |
| Electrical | Landscaping/Erosion Control | Traffic Control |
| Elevator | Masonry/Concrete | HVAC |
| Excavation/Site Work/Demo | Painting | Janitorial |
| Other  Click or tap here to enter text. | | |

**What certifications does your company currently hold?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BEP | DBE | SBA (8a) | SBSA | VOSB | MBE Certified by: Click or tap here to enter text. |
| ☐WBE – Certified By: Click or tap here to enter text. | | | | | Other – Certified By: Click or tap here to enter text. |

**Demographic information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| African American | Asian/Indian | | Asian/Pacific | | Caucasian | Hispanic | | Native American | | Other   Click or tap here to enter text. |
| Male  Female | | Number of F-T employees: Click or tap here to enter text. | | | | | Number of P-T employees: Click or tap here to enter text. | | | |
| **Please check any agency for which your company has worked** | | | | | | | | | | |
| Illinois Tollway | | Illinois Department of Transportation | | | | Cook County | | | City of Chicago | |
| Metra | | Metropolitan Water Reclamation | | | | State of Illinois | | | Other Click or tap here to enter text. | |
| **Percentage in Each Category:** | | Public: Choose an item. | | Private: Choose an item. | | General Contractor: | | | Subcontractor | |

***Technical Assistance Agreement***

**The Applicant agrees to voluntarily submit company information related to bid activities, increases in hiring and revenue growth as requested by Tollway personnel. 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.**

**All financial and personal information received from this program will be kept confidential and will be used solely for determining the company’s needs for assistance.**

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| --- | --- |
| **Signature of Legal Owner(s):** | **Date** Click or tap to enter a date. |