

# Small Business Development Training Program Application

Application deadline: August 18, 2017

Baltimore City Department of Public Works  
Office of Engineering and Construction  
Abel Wolman Municipal Building  
200 N. Holliday Street  
Baltimore, Maryland 21202



Catherine E. Pugh  
Mayor



Rudolph S. Chow, P.E.  
Director

# Small Business Development Training Program Application

## GENERAL INFORMATION

- A1. Firm Name: \_\_\_\_\_
- A2. Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_
- Street (Physical) Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_
- A3. President/Owner: \_\_\_\_\_ A4. Years in Business \_\_\_\_\_
- A5. Office Number: \_\_\_\_\_ A6. Cell Number: \_\_\_\_\_
- A7. Email Address: \_\_\_\_\_ A8. Web Address: \_\_\_\_\_
- A9. State of Maryland Certified as a: MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_ HUB \_\_\_\_\_ Other \_\_\_\_\_
- A10. City of Baltimore Certified as a: MBE \_\_\_\_\_ WBE \_\_\_\_\_ M/WBE \_\_\_\_\_
- A11. Are you pre-qualified with the City of Baltimore? \_\_\_\_\_
- A12. If you are not considering potential utility construction work under Consent Decree, sewer rehabilitation and replacement or capital improvement, what are your business projections for the next year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROJECT EXPERIENCE

- B1. List your largest project to date: Size of project dollar value \_\_\_\_\_
- a. Name of Project: \_\_\_\_\_
- b. Date Completed: \_\_\_\_\_ Contract Amount: \_\_\_\_\_
- d. Owner of Contract: \_\_\_\_\_
- e. Contact Person: \_\_\_\_\_ Phone # : \_\_\_\_\_
- B2. List projects completed within the last 2 years:
- Project Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Dollar Volume: \_\_\_\_\_ Completed on time? Yes \_\_\_\_\_ No \_\_\_\_\_
- Completed at a: Profit \_\_\_\_\_ Loss \_\_\_\_\_

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Dollar Volume: \_\_\_\_\_ Completed on time? Yes \_\_\_ No \_\_\_  
 Completed at a: Profit \_\_\_ Loss \_\_\_

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Dollar Volume: \_\_\_\_\_ Completed on time? Yes \_\_\_ No \_\_\_  
 Completed at a: Profit \_\_\_ Loss \_\_\_

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Dollar Volume: \_\_\_\_\_ Completed on time? Yes \_\_\_ No \_\_\_  
 Completed at a: Profit \_\_\_ Loss \_\_\_

C1. Any pending litigation? \_\_\_\_\_

C2. Any pending tax disputes or liabilities or judgments? \_\_\_\_\_

C3. Are payroll taxes current? Yes \_\_\_ No \_\_\_

**PROJECT SCHEDULING**

D1. How do you currently get new jobs? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D2. Are you prepared to start new projects now? (manpower, equipment, training) Yes \_\_\_ No \_\_\_

**PROJECT MANAGEMENT**

E1. Have you worked for a large General Contractor (GC) or Project Manager (PM) on a project requiring project scheduling or multiple contractors? Yes \_\_\_ No \_\_\_

E2. Do you understand/read a CPM or Gantt schedule? Yes \_\_\_ No \_\_\_  
 Do you use them? Yes \_\_\_ No \_\_\_

E3. Do you have access to all of the needed equipment and tools for your current work load? Yes \_\_\_ No \_\_\_

Key Type(s) of Equipment	Age of Equipment	Owned/Leased
_____	_____	_____
_____	_____	_____
_____	_____	_____

E4. Do you lease other equipment? Yes\_\_\_ No \_\_\_  
If yes, what type of equipment do you normally lease? \_\_\_\_\_

**FINANCIAL**

F1. Are you interested in additional training or information of relevant software in any of these areas?

Estimating Yes\_\_\_ No \_\_\_  
Reporting Yes\_\_\_ No \_\_\_  
Scheduling Yes\_\_\_ No \_\_\_  
Bookkeeping Yes\_\_\_ No \_\_\_

F2. Do you use the following?  
CPA\_\_\_\_\_ Accountant\_\_\_\_\_ Bookkeeping Service\_\_\_\_\_

F3. Do you have separate business and personal bank accounts? Yes\_\_\_ No\_\_\_

**BONDING**

G1. Previously or Presently Bonded? Yes\_\_\_ No \_\_\_  
Project Name \_\_\_\_\_ Project Bond Amount \$ \_\_\_\_\_  
Date (When) \_\_\_\_\_ Agent \_\_\_\_\_ Phone # \_\_\_\_\_

G2. Have you approached (or intend to approach) this bond company listed above for bonding projects in this program? Yes\_\_\_ No \_\_\_  
Additional Notes:  
\_\_\_\_\_

**INSURANCE**

H1. Do you carry Liability Insurance? Yes\_\_\_ No \_\_\_  
(If yes, submit a copy of Policy Declaration pages)

H2. Do you carry Worker's Compensation Insurance? Yes\_\_\_ No \_\_\_  
(If yes, submit a copy of estimated annual bill)

H3. List additional types of insurance (i.e. key person, personal life insurance, etc.) \_\_\_\_\_  
\_\_\_\_\_

Is there any other information that should be considered for admission into this program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is all information entered above correct? \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Make check or money order payable to: City of Baltimore  
Please save the completed application to your computer  
and email to [info@pyattgroup.com](mailto:info@pyattgroup.com) or mail completed  
application to: DPW Small Business Development  
Training Program, P.O. Box 41321, Baltimore, MD 21203  
For more information: 410-433-2400