



Urban League of Metropolitan Seattle
Contractor Development & Competitiveness Center
105 - 14th Avenue, 1st Floor
Seattle, Washington 98122
Phone: 206-323-0721 Fax: 206-323-0793



ULMS/CDCC Contractor Application

The information contained within this confidential questionnaire is required for two reasons:

- 1. Demographical tracking and research
2. Business Development and Technical Assistance placement

To be a fully participating ULMS/CDCC Contractor you must meet the following guidelines:

- Be a construction contractor, licensed and registered in the State of Washington.
• Be a consultant or provider of goods and services in the State of Washington.
• Be a minority, woman, disadvantaged, small or emerging contractor as defined by the State of Washington Small Business Administration (SBA), or the City of Seattle, (State Certification preferred by not required).
• In business at least two years or more -exceptions may apply
• Complete a ULMS/CDCC Diagnostic, Service Analysis & Individual Development Plan (IDP) within 90 days of membership.
• Allow us to list your company on the City of Seattle Vendor & Contractor Registration (VCR) and Small Construction Project Roster (SCPR)
• Agree to provide statistical information monthly to the ULMS/CDCC for the purpose of tracking contractor growth.

Get Started: Don't forget to FORWARD BY FAX or EMAIL the following documents within first 7 days of membership

- Copy of Department of Revenue business license
Copy of Labor & Industries registration number(s)
Copy of Certification(s)
Project Forecast for 2008
For Short Term Loan Assistance Only - Copy of Profit & Loss Statement (2007 and/or 2006)
For Short Term Loan Assistance Only - Copy of Business Balance Sheet (2007 and/or 2006)
\$25 minimum financial commitment to the CDCC; Contractor membership applied for 1-year

Membership Category:

- Small & Historically Underutilized Contractor - \$25.00 one time only per year

Payment Type: Cash Check Credit

Credit Card #: _____ - _____ - _____ - _____

Credit Card Type: VISA MasterCard Other: _____

Expiration Date: ____ - ____ - ____

Amount Paid: \$_____

How would you like us to contact you about upcoming events?

- Phone Fax E-Newsletter Other:



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Section A – Business Contact Information

Today's Date	
Legal Business Name	
Business Mailing Address	
Business City, State and Zip code	

1) Primary Contact Person	
Title	
Office Phone	
Mobile Phone	
Fax Number	
Email Address	
Website Address	
Referred By:	

2) Secondary Contact Person	
Title	
Office Phone	
Mobile Phone	
Fax Number	
Email Address	
Website Address	
Referred by:	



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Section B – Summary of Services

<input type="checkbox"/> Architecture & Engineering	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction Management
<input type="checkbox"/> Equipment	<input type="checkbox"/> General	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Materials & Supplies	<input type="checkbox"/> Professional Services	

Preferred Job Cost Range: \$	
------------------------------	--

Primary Trade (by Division of Work) - please choose "1" only		
<input type="checkbox"/> General Construction	<input type="checkbox"/> 01000 - General Requirement	<input type="checkbox"/> 02000 – Site work
<input type="checkbox"/> 03000 – Concrete	<input type="checkbox"/> 04000 – Masonry	<input type="checkbox"/> 05000 – Metals
<input type="checkbox"/> 06000 – Woods & Plastics	<input type="checkbox"/> 07000 – Thermal & Moisture Protect.	<input type="checkbox"/> 08000 – Doors & Windows
<input type="checkbox"/> 09000 - Finishes	<input type="checkbox"/> 10000 – Specialties	<input type="checkbox"/> 11000 – Equipment
<input type="checkbox"/> 12000 – Furnishings	<input type="checkbox"/> 13000 – Special Construction	<input type="checkbox"/> 14000 – Conveying Systems
<input type="checkbox"/> 15000 – Mechanical	<input type="checkbox"/> 16000 – Electrical	

Primary Specialty (by Division of Work) - please choose "1" only		
<input type="checkbox"/> General Construction	<input type="checkbox"/> 01000 - General Requirement	<input type="checkbox"/> 02000 – Site work
<input type="checkbox"/> 03000 – Concrete	<input type="checkbox"/> 04000 – Masonry	<input type="checkbox"/> 05000 – Metals
<input type="checkbox"/> 06000 – Woods & Plastics	<input type="checkbox"/> 07000 – Thermal & Moisture Protect.	<input type="checkbox"/> 08000 – Doors & Windows
<input type="checkbox"/> 09000 - Finishes	<input type="checkbox"/> 10000 – Specialties	<input type="checkbox"/> 11000 – Equipment
<input type="checkbox"/> 12000 – Furnishings	<input type="checkbox"/> 13000 – Special Construction	<input type="checkbox"/> 14000 – Conveying Systems
<input type="checkbox"/> 15000 – Mechanical	<input type="checkbox"/> 16000 – Electrical	



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General Construction ONLY		
<input type="checkbox"/> Bridge Repair	<input type="checkbox"/> Building Permit	<input type="checkbox"/> Building Inspection
<input type="checkbox"/> Cathodic/Corrosion	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Drafting
<input type="checkbox"/> Dumpster	<input type="checkbox"/> Flooring	<input type="checkbox"/> General Contracting – Floors/Windows/Carpentry
<input type="checkbox"/> Geo Technical Construction	<input type="checkbox"/> Glass and Glazing	<input type="checkbox"/> Heavy Construction (Pipelines etc.)
<input type="checkbox"/> Horizontal Boring & Tunnels	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Painting
<input type="checkbox"/> Pedestrian Bridges	<input type="checkbox"/> Plastering, Drywall, Acoustical & Installation	<input type="checkbox"/> Power Washing/High Pressure Cleaning
<input type="checkbox"/> Protection Construction	<input type="checkbox"/> Rental – Equipment	<input type="checkbox"/> Rental – Small Tools
<input type="checkbox"/> Roofing, Siding, and Sheet Metal	<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Sani-Can
<input type="checkbox"/> Special Coating	<input type="checkbox"/> Surveying / Mapping	<input type="checkbox"/> Testing Laboratories
<input type="checkbox"/> Tile and Terrazzo	<input type="checkbox"/> Utilities	<input type="checkbox"/> Other



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Section C – Business Profile

# of Employees	
Federal Tax ID #	
Washington State Business License #	
City of Seattle Business License #	
Washington Contractor Registration #	
OMWBE Certification #	
Annual Dollar Volume (2005)	
Annual Dollar Volume (2004)	
Annual Dollar Volume (2003) - optional	
Maximum Bonding Capacity (Construction Only)	

When was your business established?	
How many years under present business name?	
Under what other or former names has your firm operated?	
Is your firm owned or controlled by any other organization?	
List any organization or subsidiaries owned or controlled by your firm or its officers:	
This firm is a:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership or Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship
If Corporation, State of Incorporation:	
Date Founded	
Names and Titles of Officers or Principals	1.
	2.
	3.
	4.
	5.

Section D – Job History/References



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#1 Project Name	
Project Owner:	
Prime Contractor:	
Reference Contact Phone #:	
Project Start Date:	
Project End Date:	
Total Contract Amount:	\$
Tier Type: (1) Prime (2) Subcontractor (3) Sub-to-Sub	

#2 Project Name	
Project Owner:	
Prime Contractor:	
Reference Contact Phone #:	
Project Start Date:	
Project End Date:	
Total Contract Amount:	\$
Tier Type: (1) Prime (2) Subcontractor (3) Sub-to-Sub	

#3 Project Name	
Project Owner:	
Prime Contractor:	
Reference Contact Phone #:	
Project Start Date:	
Project End Date:	
Total Contract Amount:	\$
Tier Type: (1) Prime (2) Subcontractor (3) Sub-to-Sub	

Section E –Union Affiliation (Office & Field)

Is your firm signatory to any union labor agreement? No Yes – Indicate Below

Union Agreement With	Expires
1.	
2.	
3.	
4.	
5.	



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Section F – Workforce Profile

Field Employees	Total	Union (Yes/No)
Field Employees		
Shop Employees		
Office Employees		

Section G – Owner Ethnicity (for office use only and will remain confidential)

- ASIAN PACIFIC ISLANDER
 BLACK / AFRICAN / AFRICAN - AMERICAN
 HISPANIC / LATINO
 NATIVE AMERICAN
 CAUCASIAN
 Other – Please describe: _____

Owner Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
(Refer to http://www.sba.gov/size/ for Small Business Size Standards)		
Is/Are the owner(s) ADA-504 Disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/Are the company owners U.S. citizens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U.S. Work Permit Registrations #:		

Section H – Small Business Concern

Is your firm a small business concern as defined by SBA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your business at least 51% owned by on or more women?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your business at least 51% Minority owned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your business 50% owned by minority men and 50% owned by a non-minority ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Certified Small Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes , please check all certification categories that apply.)		

(Please provide a copy of the certification letter(s).)

Certified As:	Certification Agency	Certification #	Expiration Date
<input type="checkbox"/> BOOST	City of Seattle		
<input type="checkbox"/> DBE	OMWBE		
<input type="checkbox"/> ESB	Port of Seattle		
<input type="checkbox"/> HUB	Small Business Administration		



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<input type="checkbox"/> MBE	OMWBE		
<input type="checkbox"/> NMS	National Minority Supplier Development Council		
<input type="checkbox"/> SDB	Small Business Administration		
<input type="checkbox"/> SEDB	King County		
<input type="checkbox"/> S8A (8A)	Small Business Administration		
<input type="checkbox"/> WBE	OMWBE		

Section I – Non Certified Small Business (Non Certified by any above agency)

If you are not certified by any agency above: Did your company earn **LESS** than the annual dollar volume below for the past three years?

<input type="checkbox"/> Heavy/Special Trades Construction	\$7.0 Million
<input type="checkbox"/> Architecture & Engineering	\$3.0 Million
<input type="checkbox"/> Professional Services	\$1.0 Million
<input type="checkbox"/> Supplies, Equipment, General Services	\$1.5 Million

Section J – Financial Background

Banking References: (include name, address, and telephone number for all references):	
Bonding Company:	
Agent Name & Telephone No.:	
Bonding Capacity (\$)	\$
Last Bond Premium (%)	%
Date:	
Amount:	\$
Type of last bond issued:	
Insurance Company	
Agent & Telephone No.:	



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Section K - Safety

Table with 2 columns: Question, Answer. Questions include: Who is responsible for safety at your company? What is their Title? Does your company have a written safety program? etc.

Section L - Complete, if applicable:

Table with 3 columns: Question, Yes/No options, and Yes/No options. Questions include: Location of Fabrication Shops: Product Distribution: List manufacturers... Identify projects completed within the last five years... etc.

ADDITIONAL INFORMATION

Table with 2 columns: Question, Answer. Questions include: Please list any additional information that you feel will help us determine your qualifications and expertise: Please identify specific plan centers, publications, or other bid information sources your firm utilizes:

Please signature below if you agree to fully participate in the ULMS/CDCC:

Company Representative Signature

Date

ULMS/CDCC Representative Signature

Date