

**Hawai'i Department of Transportation**  
**Disadvantaged Business Enterprise Supportive Services Program Application**  
**DBE SS 2015 - 2016**

**General Information:** Print legibly or type

<b>Name of Firm:</b> (include dba if applicable) _____		
<b>Federal Tax ID #</b> _____	<b>Mailing Address:</b> _____	
<b>Contact telephone:</b> _____	_____	
<b>Email:</b> _____	<b>Contact Person:</b> _____	
# of Years in Business: _____ Type of Business: _____		
Current number of employees: Full time _____ Part time _____		
Does the firm have a marketing plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Line of credit? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount of line of credit \$ _____		
Does your firm have bonding? Yes <input type="checkbox"/> No <input type="checkbox"/> Not required <input type="checkbox"/> If yes, how much per project? _____		
Aggregate? _____		
Would your firm like to increase the current bonding capacity? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>		
<b>Primary Industry type:</b> Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Consultant <input type="checkbox"/> Supplier <input type="checkbox"/> Trucking <input type="checkbox"/>		
Manufacturer <input type="checkbox"/> Other <input type="checkbox"/> _____		
Does the firm have a business plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, does the firm want to develop a business plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, does it need to be updated? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(please attach a copy of your firm's business plan)</i>		
Please identify any of the listed services below that your firm would be interested in utilizing within the next twelve (12) months. <b>Please check and indicate the priority for each item checked with a yes. Enter the number with (1) being the highest and (7) being the lowest priority.</b>		
Bonding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Priority _____
Bookkeeping/Administrative Management	Yes <input type="checkbox"/> No <input type="checkbox"/>	Priority _____
Government Contracting and/or How to Submit a Bid/Proposal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Priority _____
Financial Management / Loans /Increase Access to Capital	Yes <input type="checkbox"/> No <input type="checkbox"/>	Priority _____
Project Management/ Estimating/Bidding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Priority _____
Marketing Plan & Website design	Yes <input type="checkbox"/> No <input type="checkbox"/>	Priority _____
Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Priority _____

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How many contracts with HDOT the last 18 months? _____	Number of Government contracts of \$25,000 or more _____ (name/agency)	Number of Private sector contracts: _____
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Other: \_\_\_\_\_

**List three ongoing projects which your firm is currently working on (start with largest contract)**

<i>Name of Prime/ Gov't Agency/Customer</i>	_____
<i>Type of work performed</i>	_____
<i>Project start date:</i> _____	<i>Location of project:</i> _____
<i>Estimated completion date:</i> _____	<i>Dollar value of contract: \$</i> _____

<i>Name of Prime/ Gov't Agency/Customer</i>	_____
<i>Type of work performed</i>	_____
<i>Project start date:</i> _____	<i>Location of project:</i> _____
<i>Estimated completion date:</i> _____	<i>Dollar value of contract: \$</i> _____

<i>Name of Prime/Gov't Agency/Customer</i>	_____
<i>Type of work performed</i>	_____
<i>Project start date:</i> _____	<i>Location of project:</i> _____
<i>Estimated completion date:</i> _____	<i>Dollar value of contract: \$</i> _____

<b>Name / Title of DBE owner</b>	<b>Signature</b>	<b>Date</b>

