



**NORTH CAROLINA DEPARTMENT OF ADMINISTRATION
OFFICE FOR HISTORICALLY UNDERUTILIZED BUSINESSES
Business Development and Supportive Services**

Preliminary Business Development and Supportive Services Assessment Survey

Company Name: _____

Principal of Company: _____

Company Physical Address: _____

Company Mailing Address: _____

Company E-Mail Address: _____

Telephone Number: _____ (office); _____ (mobile)

Trade(s) Self-Performed by Company:

(1) _____

(3) _____

(2) _____

(4) _____

NC Dept. of Admin. Purchase and Contract Commodity Type(s):

(1) _____

(3) _____

(2) _____

(4) _____

NC Dept. of Transportation Prequalification Type:

(1) _____

(2) _____

Business Certifications (Please check each active certification currently held by your firm):

Historically Underutilized Business (HUB)

Section 3 Business

Disadvantaged Business Enterprise (DBE)

Veteran-Owned Business (US Small
Business Administration)

Small Business Enterprise (SBE – North
Carolina Dept. of Transportation)

Other (please specify)

NC Small Business Enterprise (NCSBE – North
Carolina Dept. of Administration HUB Office)

Number of Years in Business (under the current business name): _____

**RETURN COMPLETED FORM ONE OF
THESE WAYS:**

Attn: Supportive Services

FAX TO:

(919) 807-2330

EMAIL TO:

Huboffice.doa@doa.nc.gov

MAILING ADDRESS:

Office for Historically Underutilized
Businesses

1336 Mail Service Center

Raleigh, NC 27699-1336

IDENTIFY CURRENT LICENSE(S) AND CERTIFICATIONS SECURED BY THE COMPANY:

License: _____; Limited or Unlimited Value: _____

License: _____; Limited or Unlimited Value: _____

Certifications: _____; Certifications: _____

Please provide the dollar value of the company's largest contract award: _____

Briefly describe the listed project and identify the project owner served.

FINANCIAL INFORMATION

Does your company have bonding? Yes No

If yes, what is the dollar threshold? _____

Bonding is not required for my industry/profession:

Will your company need assistance securing bonding? Yes No

What barriers have limited or restricted the ability to secure bonding? N/A

- | | |
|---|---|
| <input type="checkbox"/> Never applied for bonding | <input type="checkbox"/> Cost of securing professional assistance to prepare records was too costly |
| <input type="checkbox"/> Bonding was never required for contracts performed by my company | <input type="checkbox"/> Lacked adequate time to prepare all records needed to complete the application |
| <input type="checkbox"/> Unsatisfied Liabilities | <input type="checkbox"/> Prime/General Contractor assists with bonding |
| <input type="checkbox"/> Credit Weaknesses | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Limited Assets | |
| <input type="checkbox"/> History of Bankruptcy | |
| <input type="checkbox"/> Lack of a Business Plan | |

Does your company have current tax liabilities? Yes No

Please identify current outstanding tax liabilities:

- | | |
|---|---|
| <input type="checkbox"/> Payroll Taxes | <input type="checkbox"/> Personal Taxes (sole proprietorship) |
| <input type="checkbox"/> Business Taxes | <input type="checkbox"/> Other (please specify): _____ |

Please identify current insurances held by your company:

- | | |
|---|---|
| <input type="checkbox"/> Worker's comp _____
Value | <input type="checkbox"/> Equipment Insurance _____
Value |
| <input type="checkbox"/> General Liability _____
Value | <input type="checkbox"/> Other _____
Value |
| <input type="checkbox"/> Vehicle Insurance _____
Value | |

BIDDING

Please identify the number of bids your company submits each month. _____

Please identify the type(s) of projects that your company submitted bids to perform during the recent year:

Government Agencies (please identify the type of government agency for those bids)

- | | |
|---|--|
| <input type="checkbox"/> K-12 Schools | <input type="checkbox"/> Town |
| <input type="checkbox"/> Higher Education (Public Universities) | <input type="checkbox"/> County |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Military |
| <input type="checkbox"/> Heavy Highway / Bridges (Transportation) | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Airports | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> City | _____ |

TRAINING NEEDS

- | | |
|--|--|
| <input type="checkbox"/> Doing Business with Government Agencies | <input type="checkbox"/> Interpreting Contracts |
| <input type="checkbox"/> Writing / Developing a Business Plan | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Developing a Financial Package | <input type="checkbox"/> Becoming Loan and Bonding Ready |
| <input type="checkbox"/> Interpreting Specifications / Plans | <input type="checkbox"/> Insurance Needs |
| <input type="checkbox"/> Estimating | <input type="checkbox"/> Networking and Branding |
| <input type="checkbox"/> Project Scheduling | <input type="checkbox"/> Other (please specify): |
| | _____ |

Please list any professional organizations for which your company is a member:

- | | |
|----------|----------|
| 1) _____ | 3) _____ |
| 2) _____ | 4) _____ |

Personnel/Labor Force:

Please identify the number of workers currently employed by your company: _____

Please identify the number of W-2 employees included on your payroll: _____

Please identify the number of workers standardly contracted as contract laborers and receiving 1099 tax forms at the end of the year: _____