

SEATTLE PUBLIC SCHOOLS

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) APPLICATION FORM

SUBMIT TO:

SEATTLE PUBLIC SCHOOLS
SMALL WORKS SERVICES

MS 22-346

2445 3rd Avenue South

Seattle, WA 98124-1165

Telephone: 206-252-0561 Fax: 206-252-0573

OWNERSHIP INFORMATION

Company Name:		Mobile:	
Owner's Name:		Phone:	
Percent ownership:		Email:	

Please list any additional owner(s) and percent ownership: _____

DEMOGRAPHICS (For statistical purposes, does not affect participation in program):

Gender: Male Female

Check all that apply:

Caucasian Black Pacific Islander Asian Native American
 Hispanic Veteran Service Disabled Veteran with Disabilities

HUB SIZE REQUIREMENTS

Revenues 2006:		Number of employees*:	
Revenues 2005:			

*During the last 12 months the company has had an average of how many full-time equivalent (FTE) employees (i.e. a person working 20 hours per week is 0.5 FTE; a person working 40 hours per week is 1.0 FTE).

REQUIRED DOCUMENTATION

The following must be submitted with your HUB application:

- Copy of business licenses (Washington State, City of Seattle).
- Copy of industry licenses, if applicable.
- Copy of liability insurance and bonding as applicable for your industry (construction, information technology, etc.)
- Seattle Public Schools Small Works Application, if you are a construction contractor and have not already submitted your application.

Company Name: _____

Contact Name: _____

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List up to five References

	COMPANY NAME	CONTACT PERSON	ADDRESS	PHONE NUMBER	EMAIL
1					
2					
3					
4					
5					

If you do not have references for your business, please provide your past experience

	Job Title	Location	Brief Description	Dollar Value
1				
2				
3				
4				
5				

Company Name: _____

Contact Name: _____

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Construction contractors are not required to fill out additional information (this is included in the Small Works Application, which is a requirement for all construction contractors). If you are not a construction contractor please fill out the remaining pages of this application.

Company Name:		Office Phone:	
Address:		Fax:	
City, State, Zip:		Email:	
County:		Website:	

Billing Address (If Different):		Affiliated Companies:	
City, State, Zip:		Billing Phone (If Different):	

CONTACT INFORMATION (If other than owner listed above)

Contact Name:		Phone:	
Title:		Email:	

ORGANIZATION TYPE

Individual/ Sole Proprietorship Partnership

Corporation, State where Corporation is filed: _____

Limited Liability Company, State: _____

Company Name: _____

Contact Name: _____

