

# SEATTLE PUBLIC SCHOOLS

## SMALL BUSINESS DEVELOPMENT PROGRAM APPLICATION

Mail to: SPS - Small Works Services  
 MS: 22-346 / P.O. Box 34165  
 Seattle, WA 98124-1165  
 Telephone: 206-252-0561 / Fax: 206-252-0573

I/We are giving SPS-Small Works permission to evaluate our business through application evaluation, site visits, etc to be enrolled in the **Small Business Development Program.**

### 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

### CONTACT INFORMATION (If different from owner)

Contact Name:		Phone:	
Title:		Email:	

### BUSINESS INFORMATION

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

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

**ORGANIZATION TYPE**

- Individual/ Sole Proprietorship     Partnership
- Corporation, State where Corporation is filed: \_\_\_\_\_
- Limited Liability Company, State: \_\_\_\_\_ **(attach copy of certificate of insurance)**

**HUB SIZE REQUIREMENTS**

<input type="checkbox"/> Under \$250,000 in revenues	Number of employees*:	
<input type="checkbox"/> Under \$1 million in revenues		

\*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 Small Business Development Program 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.)
- Provide copy of your last three (3) years tax returns
- Certification Status: \_\_\_\_\_ DBE    \_\_\_\_\_ MBE    \_\_\_\_\_ SBE    \_\_\_\_\_ WBE

**(Attach a copy of all applicable certifications)**

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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## TRADES SHEET

In order that we may properly evaluate your facilities for inclusion on the Seattle Public Schools Small Works Roster, Pages 1, 2, and 3 of the Application Form **must be completed in full** and returned to the address identified on page 1 of the Application Form.

Below please find a list of trades that will be included in the Small Works Roster. Identify each trade that your firm performs so that your name can be identified in all appropriate categories. **You may sign up for any combination of trades and check contract sizes.**

TRADE	Under \$15,000	\$15,000 \$35,000	\$ 35,000 \$100,000	\$100,000 \$200,000	Self Performed Yes/No
___ Asphalting	_____	_____	_____	_____	_____
___ Carpentry	_____	_____	_____	_____	_____
___ Demolition	_____	_____	_____	_____	_____
___ Electrical	_____	_____	_____	_____	_____
___ Exterior Structure	_____	_____	_____	_____	_____
___ General Construction	_____	_____	_____	_____	_____
___ General Labor	_____	_____	_____	_____	_____
___ Glasswork	_____	_____	_____	_____	_____
___ Hardware Installation	_____	_____	_____	_____	_____
___ Hazmat	_____	_____	_____	_____	_____
___ HVAC	_____	_____	_____	_____	_____
___ Landscaping	_____	_____	_____	_____	_____
___ Locksmith	_____	_____	_____	_____	_____
___ Low Voltage	_____	_____	_____	_____	_____
___ Machinist	_____	_____	_____	_____	_____
___ Masonry	_____	_____	_____	_____	_____
___ Metal Work	_____	_____	_____	_____	_____
___ Painting	_____	_____	_____	_____	_____
___ Plastering	_____	_____	_____	_____	_____
___ Playgrounds	_____	_____	_____	_____	_____
___ Plumbing	_____	_____	_____	_____	_____
___ Remodeling	_____	_____	_____	_____	_____
___ Roofing	_____	_____	_____	_____	_____
___ Window Replacement	_____	_____	_____	_____	_____
___ Window Shades	_____	_____	_____	_____	_____
___ Other Specialty – <i>please identify</i>	_____	_____	_____	_____	_____

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_