

SEATTLE PUBLIC SCHOOLS HUB APPLICATION

Mail to: SPS - Small Works Services
MS: 22-345 / P.O. Box 34165
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):

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:	

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

Company Name: _____

Contact Name: _____

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ORGANIZATION TYPE

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

ANNUAL REVENUES

- \$0 - 250,000 \$250,001 – 1 million \$1,000,001 – 5 million Greater than \$5 million

If annual revenues are below \$1 million would you like to be in the Regional Small Business Development Program?

- yes** **No** (Please contact us for benefits of the Regional Small Business Development Program)

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.)
- 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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Please fill out below if you are in product services or a consultant. Construction contractors please skip to next page.

INDUSTRY

<input type="checkbox"/> Products	<input type="checkbox"/> Services	<input type="checkbox"/> Consultant
Please list:	Please list:	Please list:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Construction contractors please continue with application. All other industries please stop here.

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 HUB Roster, the entire HUB Application Form **must be completed in full** and returned to the address identified on the HUB Application Form.

Below please find a list of trades included in the HUB 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: _____