

BONDING ASSISTANCE PROGRAM

CONTRACTOR TRAINING & MENTORSHIP PROGRAM PRE-APPLICATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

E-mail: _____ Website: _____

Month/Year of Business Formation: _____ Largest Completed Project: _____

TYPE OF CONSTRUCTION

Have you worked on:

Public Projects? Yes No

Large Commercial Projects? Yes No

Are you current with:

Newark Payroll Taxes? Yes No

Newark Licenses? Yes No

Does your firm current have:

MBE/WBE/SBE Certification? MBE WBE SBE

DPMC Contractor Classification? Yes No

CURRENT BONDING LIMITS

Single: _____ Aggregate: _____

Current Bonding Company Name: _____

ARE YOU INTERESTED IN:

Qualifying for increased bonding capacity through the BCDC Program? Yes No

BCDC's Small Contractor Financial Management/Mentorship Program? Yes No

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant Signature

Date