



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

***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)

\_\_\_\_ Small Business Enterprise (SBE – US  
Small Business Administration)

**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

**MAIL TO:**

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 \_\_\_\_\_

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

Does your company have current tax liabilities? Yes \_\_\_\_ No \_\_\_\_

Please identify current outstanding tax liabilities:

- |                      |  |
|----------------------|--|
| _____ Payroll Taxes  | _____ Personal Taxes (sole proprietorship) |
| _____ Business Taxes | _____ Other (please specify)               |

**Please identify current insurances held by your company:**

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| _____ Worker's Comp _____ Value     | _____ Equipment Insurance _____ Value |
| _____ General Liability _____ Value | _____ Other _____ Value               |
| _____ Vehicle Insurance _____ Value |                                       |

**BIDDING**

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

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

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

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

**TRAINING NEEDS**

- |   |                                       |
|---|---------------------------------------|
| _____ Doing Business with Government Agencies | _____ Interpreting Contracts          |
| _____ Writing/Developing a Business Plan      | _____ Marketing                       |
| _____ Developing a Financial Package          | _____ Becoming Loan and Bonding Ready |
| _____ Interpreting Specifications/Plans       | _____ Insurance Needs                 |
| _____ Estimating                              | _____ Networking and Branding         |
| _____ Project Scheduling                      | _____ 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 laborers currently employed by your company: \_\_\_\_\_

Please identify the number of employees included on your certified payroll taxes: \_\_\_\_\_

Number included on Company's Payroll: \_\_\_\_\_

Please identify the number of laborers standardly contracted as contract laborers and receiving 1099

Tax Forms at the end of the year: \_\_\_\_\_