



CLIENT ENROLLMENT APPLICATION

The information provided in this application is for the sole purpose of participation in MCIP's Contractor Development and Training Program.

The information will be used to assess individual firms' eligibility for the program.

The personal information that is collected will be reviewed, and kept (upon acceptance) for the duration of each individual agreement term. All information is confidential.

Please complete all questions or note N/A if the question is not applicable. Attach additional sheets if required. Please have the application signed by an officer of the company (no third party agents).

Application Date

BUSINESS INFORMATION

Business Name		Address	
Telephone w/ extension number:	Cell Phone	Fax	e-mail/web-site:
Name of Officers, Owners	President -	Vice President -	
	Secretary -	Treasurer -	
	Partner(s)	Owner(s)	
Primary Contact:	Name:	Telephone	e-mail

MCIP Training Program Enrollment Form (page 2)

What is your Firm's current Construction Area -

Heavy Construction (Transit/Infrastructure)
 Hospital/Medical Construction
 Commercial Construction
 Other
 Residential
 Describe : _____

Primary Trade of Business -			Type of Trade License held:	
Contractors / Sub-Contractors License # -			License Exp. Date:	
Year Established:	Number of full-time employees:	Number of Part-time employees:	Average Annual Gross Revenue (from previous two (2) fiscal years)	
			\$	\$

Other Key Team Members

Accounting/Bookkeeping _____ Proj. Manager _____

Estimator _____ Other _____

How is your firm structured:

Sole Proprietorship
 Corporation
 Partnership
 Other
 Specify: _____

Check the appropriate type:

Minority-owned Business
 Disadvantaged Business Enterprise
 Woman-Owned Business
 Veteran Owned Business
 Emerging Small Business

1. Certification Agency:	2. Certification Agency:
Expiration Date:	Expiration Date:

Financial and Licensing Information: Check Box if You have the Following

- Current year financial statements.
- Business tax returns for the previous two (2) years - If applicable
- Copy of Company's Construction Contractors Board License
- Copy of General Liability Insurance Certificate
- Copy of Workers Compensation Insurance Certificate (If Applicable)



MCIP Training Program Enrollment Form (page 3)

Project History- What are the three largest projects your firm has completed in the past two years.

	Project Description	Location (Street and City)	Contract Value	Project contact
1				
2				
3				

How Many Projects is your firm currently working on? _____

What percentage of your firms total capacity is being used right now? _____

What is the largest contract your firm could successfully complete in the next 12 months _____

Goals and Challenges

Outline The Following Goals For Your Company

1. Annual Revenue You'd Like to Have in Three Years (Be Realistic!!!!)

2. Number of Employees You'd Like to Have

3. Minimum % Profit (After all expenses AND after you pay yourself)

WHAT AREAS OF TRAINING ARE YOU COMMITTED TO WORK ON THE NEXT 12 MONTHS?

WHAT IS A CURRENT PRESSING PROBLEM YOUR COMPANY IS FACING?

MCIP Training Program Enrollment Form (page 4)

REFERENCES - Provide three references - At least two must be supervisors or customers.

	Name/Company	Address (Street, City Zip	Phone	E-Mail
1				
2				
3				

Other Mentor- Programs

Have you participated or are you participating in any other contractor training program?

Yes _____ No _____

If so, please provide program name

I declare that the information given in this application is truthful, complete and correct. I understand that any false statements or concealment of information will disqualify the company's participation in MCIP Contractor Development and Training Program.

Print Name and Title of Authorized Company Representative

Signature

Date