

TEXAS BUSINESS OPPORTUNITY AND DEVELOPMENT PROGRAM (TBOD)



TBOD PROGRAM APPLICATION

Company Name:		
Representative Name:	Title:	
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax:	
E-Mail:	Website:	
Type of Business:		
DBE, HUB or SBE Certification:	Is the company bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Gender

- Male
 Female

Race (select all that apply)

- White
 Black/African American
 American Indian/
 Alaskan Native
 Asian
 Native Hawaiian
 Do not wish to disclose

Hispanic/Latino

- Yes
 No

In order for your business level to be determined, please provide the following information:

- Years as an existing business 0-5 6 or more
 Years as a certified DBE 0-2 3 or more

- Gross receipts (3-year average, in millions) Less than \$2.5M Less than \$5M \$5.5M or greater
 Access to capital or credit Fair Good Great
 Number of full-time employees 5 or less 5-20 20-40

- Own or lease equipment required to perform work Yes No

- Have you ever submitted a bid on a TxDOT contract? Yes No
 Number of bids submitted 1-10 10-20 20 or more
 Number of TxDOT projects awarded 0-1 3 or more 6 or more

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List all TxDOT contracts received as a prime contractor or subcontractor in the last three (3) years. If more space is needed, please attach a separate list of projects.

Project Number	County	Prime or Subcontractor	Type of Work	Date of Award (mm/dd/yyyy)	Amount of Contract

Company Experience

Number of years your company has been in business: **Yrs as a general contractor** _____ | **Yrs as a subcontractor** _____

Is your company TxDOT Prequalified or Precertified? **Not** prequalified or precertified Prequalified Precertified

List other non-governmental contracts received with other agencies or entities as a prime contractor or subcontractor in the last three (3) years. If more space is needed, please attach a separate list of projects.

Contracting Entity	Type of Work	Amount of Contract	Prime or Subcontractor

Briefly explain your company's goals and how this program can help meet those goals:

List any specific training your company would like to receive as a part of the TBOD program:

NOTE: By signing below, you agree to participate in all post-training surveys and additional follow-up requested by the TBOD Program or TxDOT OCR staff.

Applicant Signature _____ **Date** (mm/dd/yyyy) _____

Submit application to the Texas Department of Transportation, Office of Civil Rights.