

**CITY OF ATLANTA PARTNERSHIP
Small Business Development Program
Contractor/Consultant Questionnaire**

Instructions: A completed Questionnaire with all attachments must be delivered via e-mail, facsimile, or hand-delivery no later than January 18, 2018, to the attention of Laura Cook at the address below. To submit the form electronically you may click on the “SUBMIT” button at the end of the Questionnaire or save a copy as a pdf and e-mail with all required documents to the address below.

Attention: Laura Cook
JAT Consulting Services, Inc.
1301 Shiloh Road, Suite 1430
Kennesaw, GA 30144
P: 770.975.7359
F: 770.975.1195
E-mail: lauracook@jatconsulting.net

Once a completed questionnaire is received, an assessment process will be conducted. We will select 35-45 companies for participation in the 2018 combined City of Atlanta Departments of Aviation & Watershed Management Small Business Development Program. Companies will be notified by email of their acceptance to participate within 10-15 days prior to the start of the program.

The Small Business Development program is designed for Small, Minority and/or Female Owned Businesses established for a minimum of one year.

Program Minimum Qualifications: A firm must meet these minimum qualifications in order to be accepted into the program:

- Be in business at least one calendar year.
- Demonstrate reasonable success potential.
- Business must comply with the applicable size standards as defined by the U.S. Small Business Administration. Please click [here](#) to access the SBA Standards.

Name of Company:	
Contact Person / Title:	
Name of Representative that will attend SBDP Training:	
Physical Address:	
Street:	
City, State, Zip:	
Telephone No.:	Fax No.:
Email Address:	

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CERTIFICATIONS

Do you have a current City of Atlanta MBE Certification Yes No If yes, please attach copy

Do you have a current City of Atlanta FBE Certification Yes No If yes, please attach copy

Do you have a current City of Atlanta SBE Certification Yes No If yes, please attach copy

Do you have a current Georgia DOT DBE Certification Yes No If yes, please attach copy

If you have a City of Atlanta certification application pending, please provide a copy of document acknowledging City of Atlanta's receipt of your documents for certification.

TYPE OF BUSINESS

- Professional Services
- Program Management
- Construction Management
- Construction Services
- Other _____

COMPANY DATA

How long has your company been in business under its present name? _____

Describe the services provided by your firm: _____

Firm Owners/Titles: _____ Total number of employees: ____
_____ Full-time: ____ Part-time: ____ Seasonal: ____

Do you use 1099 staff? Approximate #: ____

COMPANY EXPERIENCE

List the largest active Contracts/Subcontracts your firm currently holds:

Project	Prime Contractor Name, Contact & Phone #	Scope of Work	Contract Fee

List of projects recently bid:

Project	Prime Contractor Name, Contact & Phone #	Type of Work Bid	Contract Fee

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List your three (3) most recently completed projects:

Project	Prime Contractor Name, Contact & Phone #	Scope of Work	Contract Fee

List any City of Atlanta Department of Aviation or Watershed projects:

Project	Prime Contractor Name, Contact & Phone #	Scope of Work	Contract Fee

INSURANCE COVERAGE

Does your company have coverage in the following areas?

General Liability Yes No Amount: \$ _____

Professional Liability Yes No Amount: \$ _____

Do you have Workers Compensation? Yes No

BOND COVERAGE

Has the firm had Performance Bonding?
Yes No

If yes, what is the amount? \$ _____

Who is the surety? _____

Who is the Agent? _____

FINANCIAL INFORMATION

Identify your current Accounting System:

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> In-House | <input type="checkbox"/> Sage | <input type="checkbox"/> Deltec |
| <input type="checkbox"/> Outside Accounting/Bookkeeper | <input type="checkbox"/> QuickBooks Pro | <input type="checkbox"/> Other |

If other, please identify _____

Is your Accounting up-to-date? Yes No

Define the Method of Accounting

- Cash Basis
 Accrual Basis

Do you Maintain Job Costs Accounting
Yes No

Please provide the most recent financial statements as an attachment.

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Are your Financial Statements (Balance Sheet and Income Statement) complete for Year 2016? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you provide a "Certified" Payroll Register? Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Payroll Processing <input type="checkbox"/> In-House <input type="checkbox"/> Outside Payroll Service Provider	Are your Payroll Tax Payments up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>
How do you make your Payroll Tax Payments? <input type="checkbox"/> Write Check <input type="checkbox"/> Automatic Withdrawal from Bank Account	Gross Revenues/Fees: Fiscal Year 2015: \$ _____ Fiscal Year 2016: \$ _____
Do you have an Accountant/Bookkeeper? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a CPA? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Schedule of Indirect Costs? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please check any of the following specific work efforts in which your Company has experience:

PROFESSIONAL SERVICES:

- | | |
|--|--|
| <input type="checkbox"/> Architectural/Engineering | <input type="checkbox"/> Accounting/Finance Support Services |
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Contract Administration | <input type="checkbox"/> Public Involvement |
| <input type="checkbox"/> Management Consulting | <input type="checkbox"/> IT Support Services |

CONSTRUCTION SERVICES:

- | | |
|--|--|
| <input type="checkbox"/> Sitework | <input type="checkbox"/> Horizontal Directional Drilling |
| <input type="checkbox"/> Use of Explosives | <input type="checkbox"/> Gabions |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Riprap |
| <input type="checkbox"/> Clearing and Grubbing | <input type="checkbox"/> Steel Section Piles |
| <input type="checkbox"/> Temp/Perm Erosion and Sedimentation Control | <input type="checkbox"/> Tunnel and Shaft Excavation |
| <input type="checkbox"/> Dewatering | <input type="checkbox"/> Granite Curb |
| <input type="checkbox"/> Sheeting, Shoring and Bracing | <input type="checkbox"/> Granite Block |
| <input type="checkbox"/> Earthwork | <input type="checkbox"/> Hexagonal Block Pavement |
| <input type="checkbox"/> Pipe Boring and Jacking | <input type="checkbox"/> Unit Pavers |
| <input type="checkbox"/> Trench Excavation and Backfill | <input type="checkbox"/> Auger Cast Concrete Piling |
| <input type="checkbox"/> Bore and Jack Casings | <input type="checkbox"/> Steel Piles |

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- | | |
|---|---|
| <input type="checkbox"/> Geogrid Reinforced Earth Retaining Structures | <input type="checkbox"/> Pipebursting Method |
| <input type="checkbox"/> Geotechnical Instrumentation and Monitoring | <input type="checkbox"/> Gravity Sewers and Accessories |
| <input type="checkbox"/> Asphalt Paving | <input type="checkbox"/> Sewer Service Connections |
| <input type="checkbox"/> Preconditioning and Cleaning Manholes/Sewers | <input type="checkbox"/> Internal Sewer Condition Assessment |
| <input type="checkbox"/> Cured-in-Place Pipe Liner | <input type="checkbox"/> External Point Repair of Sanitary Sewers |
| <input type="checkbox"/> Cured-in-Place Service Lateral Liner | <input type="checkbox"/> Railroad Work |
| <input type="checkbox"/> Concrete Walks | <input type="checkbox"/> Trees, Plants and Ground Cover |
| <input type="checkbox"/> Concrete Curbs and Gutters | <input type="checkbox"/> Seeding |
| <input type="checkbox"/> Removing and Replacing Pavement | <input type="checkbox"/> Atlanta Tree Ordinance |
| <input type="checkbox"/> Manholes, Junction Boxes, Catch Basins, Inlets | <input type="checkbox"/> Concrete Formwork |
| <input type="checkbox"/> Fire Hydrants | <input type="checkbox"/> Concrete Reinforcement and Dowelling |
| <input type="checkbox"/> Water Mains and Accessories | <input type="checkbox"/> Concrete Joints |
| <input type="checkbox"/> Water Service Connections | <input type="checkbox"/> Cast-in-Place Concrete |
| <input type="checkbox"/> Fencing and Gates | <input type="checkbox"/> Doweling into Existing Concrete |
| <input type="checkbox"/> Storm-Sanitary Sewers, French Drains and Pipe | <input type="checkbox"/> Concrete Repair Crack Injection |
| <input type="checkbox"/> Culverts | <input type="checkbox"/> Concrete Airfield Pavement |
| <input type="checkbox"/> Catch Basins, Grate Inlets and Headwalls | <input type="checkbox"/> Asphalt Airfield Pavement |

SELF EVALUATION

Please check how you rate your company in the following skills:

Skills	Need Improvement	Fair	Good
Overhead Management / FAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing /Business Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banking Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prime/ Subcontractor Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Flow Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting / Job Costing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Ventures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract Negotiations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Utilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check any of the following areas in which your company needs improvement:

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Scheduling Crews	<input type="checkbox"/>	Lack of Profit	<input type="checkbox"/>
Equipment Maintenance	<input type="checkbox"/>	Cash Flow	<input type="checkbox"/>
Record-Keeping/Internal Controls	<input type="checkbox"/>	Relationship with Primes	<input type="checkbox"/>
Payroll and Taxes	<input type="checkbox"/>	Job Cost Control	<input type="checkbox"/>
Lack of work	<input type="checkbox"/>	Contract Language	<input type="checkbox"/>
New Hires / Human Resources	<input type="checkbox"/>	Project Management	<input type="checkbox"/>
Marketing / Branding Materials	<input type="checkbox"/>	Joint Ventures	<input type="checkbox"/>
Developing Job Estimates	<input type="checkbox"/>	Overhead Management	<input type="checkbox"/>

STATEMENT OF CERTIFICATION: The information provided on this application is true, complete, and correct to the best of my knowledge and is provided in good faith.

Name & Title (Print)

Signature & Date

Note: Firms chosen to participate in the SBDP will be required to submit an original signed form.

SUBMIT