

DISADVANTAGED BUSINESS ENTERPRISE INFORMATION SHEET

Thank you for your interest in Recovery School District (RSD) construction contracting opportunities. By submitting this form you are giving the RSD permission to share your company information with partnering agencies and affiliated contractors. Please note that submission of information does not guarantee a contract award. The purpose of this sheet is to keep you informed and obtain information regarding your company's capacity. Please be thorough and submit all of the supporting documentation requested. Without supporting documentation your company record with the RSD DBE Program will be incomplete. The RSD DBE Program may be reached at (504) 373-6200 ext. 20082.

(Please Print Clearly)

Business Name: _____

Contact Name/Title: _____

Name of Business Owner: _____
(if different than above)

Business Address: _____
Street City State Zip Code

Business Mailing Address: _____
(if different than above) Street/PO Box City State Zip Code

Office Phone: _____ Cell: _____ Fax: _____

Email: _____ Web Site: _____

Is your corporate office based in **Louisiana**? Yes No *(If not, where?)*

Business Type: Sole Proprietorship Partnership Corporation LLC LLP
 Joint Venture between _____
(Specify individual businesses joined)

Are you authorized to transact business in Louisiana? Yes No

Date Business Established: _____ Number of Regular Employees: _____

Is your business certified/registered with the Louisiana Unified Certification Program? Yes No

Pending: _____
(Specify date application submitted and certifying agency)

Which of the following certifications do you have? *(Specify certifying agency, issue date, and expiration date.*

Attach copies of all certification documents and Contractor's License No Certifications

DBE: _____ / _____ WBE: _____ / _____
Certifying Agency Issue Date/Exp Date Certifying Agency Issue Date/Exp Date

SLDBE: _____ / _____ MBE: _____ / _____
Certifying Agency Issue Date/Exp Date Certifying Agency Issue Date/Exp Date

Do you have a **Louisiana State Contractor's License**? Yes/ Lic #: _____ No

Do you offer Workman's Compensation? Yes (Specify Limit _____) No

Do you have General Liability insurance? Yes (Specify Limit _____) No

What is your **bonding capacity**? \$ _____

What are your trade specialties, service(s) provided and/or product(s) supplied?

Please provide information regarding previous projects on which your business worked. Include references. You may use the space provided and/or attach additional documents if needed. If available, also attach a résumé for your business.

Project Name 1: _____

Project Location (include city and state): _____

Scope of Work Performed: _____

Dollar Value of Work Performed: _____

Project Completion Date: _____

Project Reference: _____

Contact Name

Title

Business Name

Business Location

Phone Number

E-Mail Address

Project Name 2: _____

Project Location (include city and state): _____

Scope of Work Performed: _____

Dollar Value of Work Performed: _____

Project Completion Date: _____

Project Reference: _____

Contact Name

Title

Business Name

Business Location

Phone Number

E-Mail Address

Please return the DBE Information Sheet and all requested supporting documents the following:

ATTENTION RSD DBE PROGRAM

E-Mail: dbe@rsdla.net

Fax: (504) 308-3612

Mailing Address: Recovery School District
1615 Poydras St., Suite 1400, Rm. 1458
New Orleans, LA 70112