

Residential Contract Interest Form

Metrolina Minority Contractors' Association

3124 West Trade Street
 Charlotte, North Carolina 28216
 704-332-5746 Office 704-332-5990 Fax
mmcaofcharlotte@yahoo.com
 Since 1988

All contractors should complete this information form to have it reviewed by the MMCA Board. All contractors applying may not be accepted in the Residential Program. The rules and terms of the program will be forthcoming. The contents of this form will be considered confidential. Please direct any questions and return the completed form to Bonnie Floyd at the address above.

General Information

Business Name	_____	
Contact Person	_____	
Mailing Address	_____	
City, State, Zip	_____	
Telephone Number		Fax Number
Mobile Phone Number	_____	
E-mail Address	_____	
Web Site	_____	
Services Provided	_____	

Organization

This firm is a: Sole Proprietor Corporation
 Partnership Other

Date Founded _____ State of Formation _____

Please indicate below information about the Officers, Managers, and Principals:

Title	Name	Length in Position

Is your firm a minority or woman-owned business? Yes No

If yes, list the certifying agency _____

List ethnic group or gender _____

Are you Certified as a Small Business with the City of Charlotte? Yes No

Licensing Information

Please provide all trade and professional licenses, if any, attained to perform your services.

Work References

Please list projects your firm currently has in progress showing project name, city, contract amount, and contract person.

Please list the major projects your firm has completed in the last three years showing project name, city, contract amount, and contract person.

Financial Information

Credit References – List two companies with phone and contact names

Suppliers – List two suppliers that provide your firm with credit include phone numbers and contact names

Please check your estimated annual gross dollar amounts for the last three years:

Last Year	1 st Prior Year	2 nd Prior Year
<input type="checkbox"/> Less than \$100,000	<input type="checkbox"/> Less than \$100,000	<input type="checkbox"/> Less than \$100,000
<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> \$100,000 - \$250,000
<input type="checkbox"/> \$250,000 - \$1 Million	<input type="checkbox"/> \$250,000 - \$1 Million	<input type="checkbox"/> \$250,000 - \$1 Million
<input type="checkbox"/> Over \$1 Million	<input type="checkbox"/> Over \$1 Million	<input type="checkbox"/> Over \$1 Million

What is your average job size? _____ What is your largest job size? _____

Does your company have a written safety program? Yes No

Does your company have a substance abuse program? Yes No

Has your firm or any other organization, with which the officers or partners were involved during the last three years, ever failed to complete any work awarded? Yes No

If yes, please explain:

Additional Information

Please list any additional information you feel will help us determine your firm's qualifications and expertise.

This questionnaire was completed by:

Date: _____

Title: _____

Print Name: _____

Signature: _____