



DBE SUPPORTIVE SERVICES NEEDS ASSESSMENT

Dear DBE Business Owner:

We are requesting that you complete the attached Needs Assessment Form (Assessment). The Assessment was designed to determine the assistance needed by certified DBE firms to help increase their capacity and capability.

Upon completion of this Assessment, our team will analyze your response, which will enable us to do the following:

- Evaluate your current business conditions as a guide for developing programmatic initiatives;
- Provide recommendations to assist your firm in developing performance goals; and
- Provide your company with a consistent approach, solid solutions and professional and technical services.

Please return the Assessment via email: fad230@bellsouth.net; fax: (404) 525-6226; or by mail to: GDOT Supportive Services, 230 Peachtree Street, Suite 530, Atlanta, GA 30303.

Thank you for your assistance.

GDOT Supportive Services



**DBE SUPPORTIVE SERVICES
NEEDS ASSESSMENT**

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COMPANY INFORMATION

Please complete the following as it relates to your business. This information is confidential and will aid in the process of developing a baseline in measuring your company's success.

Contact Name:

Title:

Business Name:

Business Address:

City/County/State/Zip:

Business Telephone #:

Fax #:

Mobile #:

E-mail address:

Web address:

Number of years in business:

In what states are you licensed to do business?

COMPANY INFORMATION

Business Type (Please indicate by ✓):

- C Corporation
- Limited Liability Corporation (LLC)
- Subchapter S Corporation
- General Partnership
- Limited Partnership
- Sole Proprietorship

List any of your memberships or organizational affiliations.

FINANCIAL PACKAGING

1. Do you have a commercial bank account? **Yes**____ **No**____

2. Do you have a Commercial Line of Credit? **Yes**____ **No**____

If so, what is the amount: \$ _____

3. Do you know how to read a financial statement? **Yes**____ **No**____

4. Who prepares your financial statements?

CPA____ **Accountant/Bookkeeper** ____ **Other** ____

5. Who prepares your business tax returns?

CPA____ **Other Service**____ **In-House**____

6. Do you have a Commercial General Liability policy?

Yes____ **No**____

If yes, what is the amount? \$ _____

7. Do you have a Worker's Compensation Policy in force?

Yes ____ **No** ____

8. Do you have surety bonding? **Yes**____ **No**____

9. What is the name of your Surety Company?

BIDDING, ESTIMATING and SCHEDULING

1. If applicable, what type of scheduling software does your company utilize? (Please indicate by √)

- Primavera
- Expedition
- Microsoft Projects
- Other:

2. Do you have an estimator on staff? **Yes** ____ **No** ____

3. Please name and describe your last three contracts awarded as a prime.

Description of Awarded Contract	Contract Amount
1:	
2:	
3:	

BIDDING, ESTIMATING and SCHEDULING

4. List three (3) Contractors with whom you have worked in the past years:

Name and Address
1:
2:
3:

CONSTRUCTION MANAGEMENT

Please check below your Businesses Construction Division Code in Pre-Construction and Construction Division 1 - 16:

Preconstruction (If Applicable)	
___ Architect	___ Construction Bids
___ Engineer	___ Construction Funding
___ Pre-Financing	___ Construction Documents
___ Building Lot	___ Municipality Documents
___ Construction Drawings	___ On-site
___ Buildings Specifications & Schedules	___ Insurance

Construction	
___ Division 01 - General	___ Division 09 - Finishes
___ Division 02 – Site Work	___ Division 10 –Specialties
___ Division 03 – Concrete	___ Division 11 – Equipment
___ Division 04 – Masonry	___ Division 12 – Furnishings
___ Division 05 – Metals	___ Division 13 – Special Construction
___ Division 06 – Woods & Plastics	___ Division 14 – Conveying Systems
___ Division 07 – Thermal Protection	___ Division 15 – Plumbing & HVAC
___ Division 08 – Doors & Windows	___ Division 16 - Electrical

1. Do you have a formal written safety program in place?

Yes___ **No**___

1. Does your company have current licenses for all of the trades and services your company provides? **Yes**___ **No**___

2. Does your company have an organizational chart showing key employees and their responsibilities? **Yes**___ **No**___

MARKETING

1. Does your company have a Business Development Manager or Marketing Manager? **Yes**____ **No**____

2. Does your company have a capability statement or a scope of work letter? **Yes**____ **No**____

3. Does Your Company have a Business Plan? **Yes**____ **No**____

4. Does your company have Brochures/ Flyers? **Yes** ____ **No** ____

5. Which business sectors does your company target?

6. List the specialty trades that your company markets.

CERTIFICATION ASSISTANCE

1. Is your company certified with the Georgia Department of Transportation? **Yes**____ **No**____

2. Is your Company a registered Sub Contractor with the Georgia Department of Transportation? **Yes**____ **No**____

3. Please list any of your company's certification(s) from any local, county or state government, municipalities or other public/private sector organizations.

BUSINESS ASSESSMENT

1. How would you prioritize your business needs based on the following categories:

Rank the following categories on a scale of 1–5 with 1 being the highest?

- Financial Packaging**
- Construction Management**
- Bidding, Estimating and Scheduling**
- Marketing**
- Certification Assistance**

2. What additional information or areas of your business do you feel you need assistance?