



BUSINESS ENTERPRISE ACADEMY®
COMPANY ASSESSMENT INFORMATION

(The information will be used to assist your company in several technical assistance areas)

COMPANY NAME		PRIMARY CONTACT PERSON		
COMPANY ADDRESS		TYPE OF BUSINESS		
		<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation	<input type="checkbox"/> Oil & Gas
		<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Materials	<input type="checkbox"/> Other
Bus. Phone		YEARS COMPANY HAS BEEN IN BUSINESS:		
Bus. Fax		<input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 year	<input type="checkbox"/> 2-3 years
Bus. E-Mail		PROJECTED ANNUAL REVENUES		
		<input type="checkbox"/> \$0-\$500K	<input type="checkbox"/> \$500K-\$2M	<input type="checkbox"/> \$2M+
DOES YOUR COMPANY HAVE A BUSINESS PLAN? YES ___ NO ___		DOES YOUR COMPANY HAVE A WEBSITE? YES ___ NO ___		
DOES YOUR COMPANY HAVE A BROCHURE? YES ___ NO ___		DOES YOUR COMPANY HAVE A LOGO? YES ___ NO ___		
DOES YOUR COMPANY HOLD ANY INDUSTRY SPECIFIC LICENSES? YES ___ NO ___		IS YOUR COMPANY INSURED? YES ___ NO ___		
DOES YOUR COMPANY HOLD ANY CERTIFICATIONS? YES ___ NO ___		IN WHAT WAYS CAN THE BUSINESS ENTERPRISE ACADEMY ENHANCE YOUR BUSINESS? (check all sections that apply and indicate your knowledge level)		
IF YES, CHECK ALL THAT APPLY: <input type="checkbox"/> WBEA <input type="checkbox"/> HMSDC <input type="checkbox"/> SBA <input type="checkbox"/> Other _____		<input type="checkbox"/> Business Development (Business plan, business law, HR, safety, wage/labor laws, TQM, Equal Employment Opportunity, Insurance, etc.) <input type="radio"/> Expert <input type="radio"/> Some experience <input type="radio"/> None		
PLEASE LIST YOUR CERTIFICATION NUMBER: _____		<input type="checkbox"/> Financial Management (Accounts payable/receivable, accounting & payroll software, cash flow, financial statements, IRS, etc.) <input type="radio"/> Expert <input type="radio"/> Some Experience <input type="radio"/> None		
INDICATE YOUR PRIOR EXPERIENCE AS: <input type="checkbox"/> Contract Sub: <input type="radio"/> Extensive <input type="radio"/> Some <input type="radio"/> Minimal <input type="radio"/> None		<input type="checkbox"/> Communication Skills (RFP development, RFP presentations, effective websites, brochures, business cards, effective marketing, etc.) <input type="radio"/> Expert <input type="radio"/> Some Experience <input type="radio"/> None		
<input type="checkbox"/> Contract Prime: <input type="radio"/> Extensive <input type="radio"/> Some <input type="radio"/> Minimal <input type="radio"/> None		<input type="checkbox"/> Project Management (Bidding & estimating, project execution & implementation, initiation & planning, contract administration & closeout, etc.) <input type="radio"/> Expert <input type="radio"/> Some Experience <input type="radio"/> None		
<input type="checkbox"/> Contract Joint Venture Partner: <input type="radio"/> Extensive <input type="radio"/> Some <input type="radio"/> Minimal <input type="radio"/> None		<input type="checkbox"/> Infrastructure (Technology, records retention program, disaster recovery plans, real estate leasing/ownership/use, etc.) <input type="radio"/> Expert <input type="radio"/> Some Experience <input type="radio"/> None		

Please return the completed assessment to:

By Mail:
 Texas Business Alliance
 P.O. Box 300512
 Houston, TX 77230

By Fax:
 281-971-3562

Contact Us:
 713-738-7578
 281-213-9554