



African American Chamber of Commerce of Greater Milwaukee

CERTIFIED PROFESSIONAL GRADE SERVICE PROVIDER PROGRAM

APPLICANT INFORMATION

Company Name:		Chamber member since ____/____/____
Owner Name:		Office Phone:
Email:		Cell Phone:
Date Founded: ____/____/____	EIN:	Fax Number:
Company Street address (No PO Box):		
City:	State:	ZIP Code:

BUSINESS DESCRIPTION

Business type	Sole Proprietorship [<input type="checkbox"/>] Partnership [<input type="checkbox"/>] Limited Liability Company [<input type="checkbox"/>] S Corp [<input type="checkbox"/>] C Corp [<input type="checkbox"/>]	
Do you ever operate your business as a Broker/Front company? YES [<input type="checkbox"/>] No [<input type="checkbox"/>]		What percentage of your work is self-performed? _____%
What is the minimum hourly wage paid to FTE office employees \$		Lowest Paid Production Employees? \$
NAICS CODE 1:	Description:	
NAICS CODE 2:	Description:	
NAICS CODE 3:	Description:	
NAICS CODE 4:	Description:	
NAICS CODE 5:	Description:	
NAICS CODE 6:	Description:	

Service Providers should provide at least one reference for each NAICS CODE listed. If more space is needed, please copy form.

DESCRIBE YOUR BUSINESS

Union Affiliations (if any):	Local#	Local#	Local #
Certified	WI MBE: [<input type="checkbox"/>]	NMSDC: [<input type="checkbox"/>]	WI WBE: [<input type="checkbox"/>]
		WBEC WBE [<input type="checkbox"/>]	UC DBE: [<input type="checkbox"/>]
		8a [<input type="checkbox"/>]	Section 3 [<input type="checkbox"/>]

ALL EMPLOYEES

Total # of Employees: _____	# of Black Males _____	_____ % of total	# of Black Females _____	_____ % of total
	# of Hispanic Males _____	_____ % of total	# of Black Females _____	_____ % of total
	# of Native Amer. Males _____	_____ % of total	# of Native Amer. Females _____	_____ % of total
	# of Asian Males _____	_____ % of total	# of Asian Females _____	_____ % of total
	# of "other" Males _____	_____ % of total	# of other Females _____	_____ % of total

PRODUCTION EMPLOYEES

Total # of Employees: _____	# of Black Males _____	_____ % of total	# of Black Females _____	_____ % of total
	# of Hispanic Males _____	_____ % of total	# of Black Females _____	_____ % of total
	# of Native Amer. Males _____	_____ % of total	# of Native Amer. Females _____	_____ % of total
	# of Asian Males _____	_____ % of total	# of Asian Females _____	_____ % of total
	# of "other" Males _____	_____ % of total	# of other Females _____	_____ % of total

REFERENCES			
Project Description #1:			
Project Owner Name:			
Owner Description: Home Owner [<input type="checkbox"/>] Pastor/Trustee [<input type="checkbox"/>] Developer [<input type="checkbox"/>] Contractor [<input type="checkbox"/>] Other [<input type="checkbox"/>] _____			
Description of Work Completed:			
Your Total Contract Value \$	How much was subcontracted \$	Completed ____/____/____	
Project Address:			
Phone:	E-mail:		
City:	State:	ZIP Code:	
What is your relationship to this reference? Family [<input type="checkbox"/>] Friend [<input type="checkbox"/>] First Time Customer [<input type="checkbox"/>] Repeat Client [<input type="checkbox"/>] Your Church [<input type="checkbox"/>]			
Other Info:			
Project Description #2:			
Project Owner Name:			
Owner Description: Home Owner [<input type="checkbox"/>] Pastor/Trustee [<input type="checkbox"/>] Developer [<input type="checkbox"/>] Contractor [<input type="checkbox"/>] Other [<input type="checkbox"/>] _____			
Description of Work Completed:			
Your Total Contract Value \$	How much was subcontracted \$	Completed ____/____/____	
Project Address:			
Phone:	E-mail:		
City:	State:	ZIP Code:	
What is your relationship to this reference? Family [<input type="checkbox"/>] Friend [<input type="checkbox"/>] First Time Customer [<input type="checkbox"/>] Repeat Client [<input type="checkbox"/>] Your Church [<input type="checkbox"/>]			
Other Info:			
Project Description #3:			
Project Owner Name:			
Owner Description: Home Owner [<input type="checkbox"/>] Pastor/Trustee [<input type="checkbox"/>] Developer [<input type="checkbox"/>] Contractor [<input type="checkbox"/>] Other [<input type="checkbox"/>] _____			
Description of Work Completed:			
Your Total Contract Value \$	How much was subcontracted \$	Completed ____/____/____	
Project Address:			
Phone:	E-mail:		
City:	State:	ZIP Code:	
What is your relationship to this reference? Family [<input type="checkbox"/>] Friend [<input type="checkbox"/>] First Time Customer [<input type="checkbox"/>] Repeat Client [<input type="checkbox"/>] Your Church [<input type="checkbox"/>]			
Other Info:			

The cost of applying to the Certified Professional Grade Service Provider Program is \$50 per year. This cost is to cover reference checks, program materials and administration. This fee is not refundable. If a service provider is not selected to join the CPG Service Provider program, he/she will be told what, if anything may be done to improve the firm's ability to qualify at some future date. No additional fee will be required of the contractor, if accepted into the program within six months. Each quarter, the CPG Service Provider Program may accept new entrants. By signing this form, you have agreed to the terms of the program and recognize that even if accepted, you may be removed for failing to comply with quality and/or response standards. This program is subject to change. Service Providers not accepting future changes may leave the program. No refunds shall be made.

SIGNATURE	
I authorize the verification of the information provided on this form as to my company work history. I have supplied copies of my certifications.	
Signature of applicant:	Title:
Print name of applicant:	Date: