

CONTRACTOR IN TRAINING SMALL BUSINESS OPPORTUNITY PROGRAM

This program is designed to help businesses certified under a variety of local, state, and federal programs. Please provide us the following information:

First Name	Last Name

Business Name	Do you have a Savannah Business Tax Certificate?	Estimated Personal Net Worth
	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$

Business Physical Address:

City	State	Zip

Please describe your business in the space below. Tell us what goods or services you provide.

Your Email Address:

Best Contact Number: ()	Alternate /Cellular Number ()
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How many employees does your business have?	Is your business minority or woman-owned ?	How many years have you been in business ?	What is the est amount of your firm's Annual Gross Revenue ?
	Minority <input type="checkbox"/> Woman <input type="checkbox"/> Neither <input type="checkbox"/>		\$

Which would you like to accomplish as a part of this program?

M/WBE Certification SBE Certification DBE Certification Take Business Courses Other (please describe: _____

By signing below, I agree to participate in the City of Savannah's Contractor in Training program.

Signature of Business Owner _____ **Date (mm/dd/yy)** _____

If assistance is needed, you may contact the Economic Development Department at 912-652-3582 or email our team at economicdevelopment@savannahga.gov.