

# Project Application



*Instructions: Please complete one sheet per project to be reviewed. For additional projects, use the Project tab's at the bottom of this spreadsheet. No spaces can be left blank, please put "N/A" for all non-applicable entries.*

**PROJECT DOCUMENTS CHECKLIST** *(Please submit copies of all of the documents listed below)*

<input type="checkbox"/> All Contracts (Applicant to Prime and Prime to Sub)	<input type="checkbox"/> Proof of Insurance
<input type="checkbox"/> Scope of Work	<input type="checkbox"/> Surety / Payment Bond (if applicable)
<input type="checkbox"/> Draw Schedule with Reimbursements	<input type="checkbox"/> State tax waivers (if applicable)
<input type="checkbox"/> All Invoices (paid, current, outstanding)	<input type="checkbox"/> Request for Proposal (Prime)
<input type="checkbox"/> Bank statements showing reimbursements	<input type="checkbox"/> Award Letter (Prime)

**PROJECT SUMMARY & CONTRACT** *(Please type "N/A" for non-applicable entries)*

Project Name: _____	Start Date: _____
Location: _____	End Date: _____
Site Square Feet: _____	# of Stories: _____
Building Sq. Ft.: _____	(including below grade floors)
Contract Agency: _____	Withholding from invoices (Y/N): _____
Total Project Contract Value (\$): _____	Retainage: _____ Taxes: _____
Contractors Contract Value (\$): _____	Materials: _____ Other: _____
Average Invoice Value (\$): _____	Performance or Payment Bonds (Y/N): _____
Requested Credit Facility (\$): _____	Billing Frequency (Weekly/Monthly): _____
Contract Payment Terms: _____	
Once an invoice has been approved, how many days has it taken for an invoice to be paid (average)? _____	
How many billing cycles have you completed with the prime or agency? _____	
Have any invoices submitted NOT been approved or paid in full, if so why? _____	

<b>Contact Information: Project Manager</b>	<b>Contact Information: Accounting</b>
Name: _____	Name: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
Email: _____	Email: _____

Below please provide a project description including important payment, timeline and reimbursement details.

**PRIME CONTRACTOR -or- AGENCY -or- MUNICIPALITY**

Name: _____	Website: _____
Contact: _____	Title: _____
Phone: _____ Cell: _____	Email: _____
Physical Address: _____	
Mailing Address: _____	
EIN: _____ State of Incorp.: _____	Date of Formation: _____

<b>Contact Information: Project Manager</b>	<b>Contact Information: Accounts Payable</b>
Name: _____	Name: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
Email: _____	Email: _____

<p>Please provide the contact information of the individual who will be Approving all invoices on the project on behalf of the client. Client Cannot approve invoices, only contractor or agency remitting payment for invoices on the project.</p>	<p><b>Contact Information: Invoice Approval</b></p> Name: _____ Phone: _____ Cell: _____ Email: _____
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