



BUSINESS DEVELOPMENT REIMBURSEMENT PROGRAM 2025 PARTICIPATION APPLICATION STEP 1

PLEASE PRINT AND USE BLACK OR BLUE INK

Please read the Business Development Reimbursement Program 2025 Guidelines prior to completing this application. Please ensure that this application is filled in completely and no spaces are left blank. If the requested information does not apply to you, please write "N/A." Make sure that all necessary endorsements and documentation are included at the time of submission. The absences of signatures and or requested documentation may result in the denial of participation in the Business Development Reimbursement Program. Please attach additional pages if necessary.

DATE OF APPLICATION: _____ **FEDERAL ID NUMBER:** _____

BUSINESS INFORMATION

Name of Business:

Name of Owner/Applicant:

Address:

City/State/Zip Code:

Business Telephone Number:

Cell Number:

Business Email:

Business Website:

BUSINESS DESCRIPTION:

MDOT DBE Certification Number:

Home State of Certification:

NAICS Code(s):

DBE Category (**Check Only Categories of Certification**):

African American **Woman**

African American **Man**

Native American **Woman**

Native American **Man**

Hispanic American **Woman**

Hispanic American **Man**

Asian American Pacific **Woman**

Asian American Pacific **Man**

Asian American Sub-Continent **Woman**

Asian American Sub-Continent **Man**

Non-Minority Female

Type of Business:

Construction Maintenance Service Engineering Other

If Selected "Other" Type of Business, please Describe :

Briefly Describe the Service(s) Provided by your Business:

Number of Employees:

Do you currently have a Business Plan? Yes No

If Yes, please attach a copy of your current Business Plan

Do you Currently have an employee manual for your employees? Yes No

If Yes, please attach a copy of your employee manual.

Have you worked on any contract(s) owned by any of the following MDOT Transportation Business Units (TBUs) as a DBE Subcontractor or DBE Prime Contractor?

Maryland State Highway Administration (SHA): Yes No

If yes, list the contract number(s):

If no, have you previously submitted bids/proposals to SHA as a prime contractor or a prime contractor for any SHA contracts? **Yes** **No**

Maryland Aviation Administration (MAA): Yes No

If yes, list the contract number(s):

If no, have you previously submitted bids/proposals to MAA as a prime contractor or a prime contractor for any MAA contracts? **Yes** **No**

Maryland Transportation Authority (MDTA): Yes No

If yes, list the contract number(s):

If no, have you previously submitted bids/proposals to MDTA as a prime contractor or to a prime contractor for any MDTA contracts? **Yes** **No**

Maryland Port Administration (MPA): Yes No

If yes, list the contract number(s):

If no, have you previously submitted a bid/proposal to MPA as a prime contractor or to a prime contractor for any MPA contracts? Yes No

Maryland Motor Vehicle Administration (MVA): Yes No

If yes, list the contract number(s):

If no, have you previously submitted a bid/proposal to MVA as a prime contractor or to a prime contractor for any MVA contracts? Yes No

Maryland Transit Administration (MTA): Yes No

If yes, list the contract number(s):

If no, have you previously submitted a bid/proposal to MTA as a prime contractor or to a prime contractor for any MTA contracts? Yes No

The Secretary's Office (TSO): Yes No

If yes, list the contract number(s):

If no, have you previously submitted a bid/proposal to TSO (MDOT) as a prime contractor or to a prime contractor for any TSO contracts? Yes No

CERTIFICATION(S)/LICENSE(S)

Name of Certification/License:

Certification/License Number:

State Issued:

Name of Certification/License:

Certification/License Number:

State Issued:

By signing and submitting this Business Development Reimbursement Program Participation Application, I confirm that the information that I have provided is accurate. I also confirm that I have read the Business Development Reimbursement Program Guidelines and I understand my responsibilities as a participant of this program. **You understand that reimbursements may take up to 60 calendar days from date that PAYMENT REQUESTS are approved. You also understand that Taxes are not reimbursable.**

Print Name of Applicant: _____

Signature:

Date:

Email completed form to: SHABDRP@MDOT.MARYLAND.GOV

FOR MDOT SHA OEO USE ONLY

Review Status

Reviewed By: _____ Date of Reviewed: _____
(Print Name)

Recommended Approval: Yes No

Reason for Recommended Denial Below:

Signature of DBE Program Manager

Date