

COMPANY CONTRACT –WIN– FORM

FOR PERIOD April 1, 2015 TO December 30, 2015

COMPANY INFORMATION

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
COMPANY CONTACT:				PHONE:	
E-MAIL:				FAX:	

TYPE	<input type="checkbox"/>	SMALL DISADVANTAGED BUSINESS (SDB – 8(a))	<input type="checkbox"/>	HUBZone
OF	<input type="checkbox"/>	WOMAN-OWNED BUSINESS	<input type="checkbox"/>	DISADVANTAGED BUSINESS ENTERPRSE (DBE)
BUSINESS	<input type="checkbox"/>	VETERAN OWNED BUSINESS	<input type="checkbox"/>	WI DISABLED VETERAN OWNED BUSINESS (DVB)
	<input type="checkbox"/>	SERVICE DISABLED VETERAN OWNED BUS	<input type="checkbox"/>	WI MINORITY BUSINESS ENTERPRISE (MBE)
	<input type="checkbox"/>	OTHER SMALL BUSINESS	<input type="checkbox"/>	WI WOMEN OWNED BUSINESS ENTERPRISE (WBE)
	<input type="checkbox"/>	OTHER THAN SMALL BUSINESS	<input type="checkbox"/>	OTHER LOCAL GOVERNMENT CERTIFICATIONS

GOVERNMENT **CONTRACTS** – Federal, State and Local

CONTRACTING AGENCY FEDERAL/STATE/LOCAL:			
ESTIMATED CONTRACT \$\$VALUE:		ESTIMATED NUMBER of CONTRACTS	
DESCRIPTION OF AWARD(s)			
CITY:		STATE:	
CONTRACTING OFFICER:		PHONE:	

GOVERNMENT **SUB-CONTRACTS** - Federal, State and Local

PRIME CONTRACTOR:			
ESTIMATED CONTRACT \$\$VALUE:		ESTIMATED NUMBER of CONTRACTS	
DESCRIPTION OF AWARD(s)			
CITY:		STATE:	
CONTRACTING OFFICER:		PHONE:	

If you have received a number of awards – it is appropriate to enter total dollars / count and indicate “various” in the description /city /state / contracting officer and phone fields.

Please indicate how many

Jobs Created

Jobs Retained

CONTACT SIGNATURE: _____ DATE: _____