



# Contractor MoneyWork\$ Enrollment Application

## CONTRACTOR INFORMATION

### SECTION I. CONTACT INFORMATION

Date \_\_\_\_\_ Are you the business owner?  Yes  No

Mr./Ms. \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

### SECTION II. GENERAL BUSINESS INFORMATION

Business Type  Sole Proprietorship  Partnership  Corporation  LLC

Date Business Established: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_ Class: \_\_\_\_\_

EIN #: \_\_\_\_\_ Fed ID #: \_\_\_\_\_

Provide this firm's Primary North American Industrial Classification System Code (NAICS) \_\_\_\_\_

You can determine your NAICS code by logging on to the SBA Website at: <http://www.sba.gov/size/indehtableofsize.html>

Provide any other applicable NAICS codes: \_\_\_\_\_

#### Small Business:

Is your company certified as a Small Business Enterprise (SBE)?  Yes  No If yes, by what agency: \_\_\_\_\_

Is your company an LAUSD Pre-Qualified Contractor?: Category A  Category B  Category C  Safety Pre-Qualified

Have you worked on any government public works project?  Yes  No If yes, by what agency: \_\_\_\_\_





## LOS ANGELES UNIFIED SCHOOL DISTRICT FACILITIES SERVICES DIVISION

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### SECTION III. STATISTICAL INFORMATION (OPTIONAL)

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**Gender/Race**       Male    Female      Disabled?    Yes    No

African American       Aleut       American Indian    Asian American    Caucasian  
 Eskimo       Hasidic Jew       Hispanic       Pacific Islander    Other

**Military Status**       Veteran       Disabled Veteran

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### SECTION IV. PROMISSORY STATEMENT

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I hereby promise the following:

The statements regarding my company are true and correct as provided in Sections I and II.

I will attend and actively participate in the Contractor MoneyWorks Program comprised of (5) seminars that will help my company improve its financial literacy and its ability to qualify for capital and bonding in an effort to succeed in public contracting. My company will reimburse LAUSD and/or its agency partners for any program-related costs associated with my failure to complete the five seminar program.

My signature affirms my understanding of my promise to the Contractor MoneyWorks program and its supporting agencies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Executed at: \_\_\_\_\_

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**Application deadline is September 25, 2007. Please send completed application to:**

**Michael Bejarano**, Small Business Program  
Facilities Services Division  
Los Angeles Unified School District  
**Phone: (213) 241-4973**  
Fax: (213) 241-6845  
Email: [michael.bejarano@lausd.net](mailto:michael.bejarano@lausd.net)  
333 South Beaudry, 23<sup>rd</sup> Floor  
Los Angeles, CA 90017