

# MBDA Business Center – El Paso

*A federally funded program operated by the*



## El Paso Minority Business Center Assessment Form

**Business Name:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

### BUSINESS DEVELOPMENT PLAN

#### Legal and Compliance Assessment

**Legal Formation Developed & Appropriate** Yes  No

**Identify**  Sole Proprietor  S Corporation  Partnership  Corporation

**Unlimited Liability Issues Identified** Yes  No

**Legal Reporting Requirements Meet** Yes  No

**Buy/Sell Agreement or Succession Agreement Available & Appropriate** Yes  No

**Legal Representation Available** Yes  No

**Work Contract Agreements Available & Appropriate** Yes  No

**Federal & State Compliance** Yes  No

Identify Non-Compliance Areas:

**Recommendations**

**Action Steps**

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#### Market Evaluation

Marketing Brochure Yes  No

Website Yes  No

Adequate Marketing Plan Available Yes  No

Industry Market Assessment Completed Yes  No

Demographic/Competitive Influences Identified	Yes	No
Target Market Identified (TxDOT Primes)	Yes	No
Adequate Networking/Professional Memberships	Yes	No <input type="checkbox"/>
Business Communication Materials	Yes	No <input type="checkbox"/>
Recommendations    Action Steps	Yes	No <input type="checkbox"/>

**Adequacy of Accounting Records**

<b>Appropriate Accounting Method</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Accounting System in Place and Up to Date</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Computerized Accounting System</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Professional Accountant</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Financial Statements Regularly Reviewed and Analyzed</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Customer Credit Policies and Procedures in Place</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Recommendations**

**Action Steps**

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Financial Condition**

<b>Current Credit Report Available</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Adequate Credit Score</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Current Credit Accounts</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Adequate Capital Resources</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Cash Flow Issues?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Account Write Off Procedures in Place</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Appropriate Accounts Receivable Procedures</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Financial Records Available</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Monthly Adjusting Entries (i.e., depreciation, amortization, interest)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Being Made Timely and in the Proper Amounts and in the Proper Places</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Recommendations**

**Action Steps**

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Risk Management**

Employee security issues addressed Yes  No   
 Company safety requirements meet Yes  No   
 Appropriate insurance coverage Yes  No   
 Has your company had the following safety training:  
 Occupational Safety & Health Administration (OSHA) Yes  No   
 Safety and Flagging Yes  No   
 Hazardous Communication Yes  No   
 Work Zone Safety Yes  No

Recommendations

Action Steps

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**Work Analysis**

Number of Employees:  1 - 10  11 - 25  25 - 50  over 50  
 Appropriate Number of Employees Yes  No   
 Personnel Manual Available and Adequate Yes  No   
 Turnover Issues Identified Yes  No   
 Employee Training Needs Meet Yes  No   
 Adequate Employee Pay Scales and Benefits Yes  No

Recommendations

Action Steps

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**Bidding & Estimating**

Bid preparation procedures Yes  No   
 Appropriate and competitive bid estimates Yes  No   
 Bid follow up procedures Yes  No

Recommendations

Action Steps

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**Construction Business Analysis**

**TxDOT Pre-Qualified Bidder** Yes  No   
**Appropriate Construction Work Categories** Yes  No   
**Bonded** Yes  No   
**Knowledgeable of TxDOT Inspection Procedures** Yes  No   
**Knowledgeable of Project Scheduling Procedures** Yes  No   
**Knowledgeable of TxDOT DBE Program Requirements** Yes  No   
**Submitted Significant Number of Bids** Yes  No   
**Knowledgeable of Work Zone Safety Requirements** Yes  No   
**Knowledgeable of Environmental Document Requirements** Yes  No   
**Appropriate Equipment Resources** Yes  No

Recommendations

Action Steps

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**Client Signature**

**Date**

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**Counselor Signature**

**Date**