

SFAA/DOT Bonding Education Program (BEP)
Prescriptive Plan Outline

Name of Business _____

Contact Person _____

Telephone _____

Email _____

I. ASSEMBLING OF INFORMATION PACKAGE

Recommended Action	Resources Needed	Outcome Measures	Proposed Time Frame

Prescriptive Plan Outline

II. PREQUALIFICATION ASSESSMENT

Recommended Action	Resources Needed	Outcome Measures	Proposed Time Frame
A. <u>Business Planning & Management</u>			
B. <u>Financials</u>			
C. <u>Project Operations & Job Performance</u>			