

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

Name of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**I. ASSEMBLING OF INFORMATION PACKAGE**

<b>Recommended Action</b>	<b>Resources Needed</b>	<b>Outcome Measures</b>	<b>Proposed Time Frame</b>

**Prescriptive Plan Outline**

**II. PREQUALIFICATION ASSESSMENT**

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