

CAPABILITY INVENTORY

INSTRUCTIONS: Please provide the following information (your best estimate) from your last complete fiscal year.

I. GENERAL INFORMATION

1. Name of Your Corporation: _____

2. d/b/a (doing business as): _____

3. Address (main office): _____

4. Telephone: _____ 5. Fax: _____

6. Hours of Operation (Work Center): _____

7. Chief Executive Officer: _____

8. Work Center/Industrial Manager: _____

9. Production Manager: _____

10. Sales/Marketing Manager: _____

11. Multiple Locations: Yes _____ If yes, how many? _____ No _____

12. Facility Size (All Locations): Total _____ sq. ft.

A. Production Area: _____ sq. ft. Warehouse Area _____ sq. ft.

13. Delivery Capability: Yes ___ No ___ Loading Dock: Yes ___ No ___

14. Current Number of Work Shifts: _____ How many more shifts could be added? _____

15. Off-site Operations: # of Locations _____ # of People Working Off-site _____

16. Total Number of Staff (All Locations): _____

A. Number of Production Staff _____ Number of Sales/Marketing Staff _____

17. Total Number of Work Force (All Locations): _____

18. CARF/Other Accreditations: _____

II. EMPLOYMENT INFORMATION

1. Total number of people with disabilities in work programs: _____
2. Total number of workers your work programs could accommodate: _____
3. Do you have a waiting list for your work programs? Yes _____ How many? _____ No _____
4. Average annual earnings per person with disability: _____
5. Over the past two years, did average earnings per person with disability in your work programs:
Increase _____ By what percentage? _____ %
Decrease _____ By what percentage? _____ %
Remain the Same _____
6. How would you rate the potential for career advancement in your work center?
Excellent _____ Good _____ Fair _____ Poor _____ None _____
7. In order of frequency (with "A" being the most frequent), please list the three principal types of work performed by your work force during the past year.
A. _____
B. _____
C. _____
8. How many competitive placements did you make during the last three years? _____
(Include supported employment; exclude non-disabled in JTPA, etc.)
9. Please list major local employers in your area and identify by industry type.
A. _____
B. _____
C. _____
D. _____
10. What is the current local unemployment rate? _____

III. MANUFACTURING/SERVICES CAPABILITIES

1. Please check all capabilities you currently have at your work center:

- | | | |
|--|--|--|
| <input type="checkbox"/> Assembling--Electrical | <input type="checkbox"/> Machining--Metal Stamp. | <input type="checkbox"/> Repair & Refurb.--Degreasing |
| <input type="checkbox"/> Assembling--Mechanical | <input type="checkbox"/> Machining--Punch Pressing | <input type="checkbox"/> Repair & Refurb.--Die Cleaning |
| <input type="checkbox"/> Auto--Collating | <input type="checkbox"/> Machining--Reaming | <input type="checkbox"/> Repair&Refurb.--Dust Respirat |
| <input type="checkbox"/> Binding--GBC | <input type="checkbox"/> Machining--Riveting | <input type="checkbox"/> Repair & Refurb.--Grit Blasting |
| <input type="checkbox"/> Binding--Perfect | <input type="checkbox"/> Machining--Swaging | <input type="checkbox"/> Refurb.--Hydraulic Jack |
| <input type="checkbox"/> Binding--Saddle Stitching | <input type="checkbox"/> Machining--Tool Sharpening | <input type="checkbox"/> Repair & Refurb.--Telephone |
| <input type="checkbox"/> Car Washing | <input type="checkbox"/> Machining--Vibra Peening | <input type="checkbox"/> Repair & Refurb.--Wire Spl. |
| <input type="checkbox"/> Clerical Service | <input type="checkbox"/> Mailing--Addressing | <input type="checkbox"/> Rust Proofing |
| <input type="checkbox"/> Collating (Hand) | <input type="checkbox"/> Mailing--Addressographing | <input type="checkbox"/> Salvaging--Cable Stripping |
| <input type="checkbox"/> Document Destruction | <input type="checkbox"/> Mailing--Auto | <input type="checkbox"/> Salvaging--Disassembly |
| <input type="checkbox"/> Document Scanning/Archiving | <input type="checkbox"/> Manufacturing--Boxes | <input type="checkbox"/> Sewing--Industrial |
| <input type="checkbox"/> Elect. Asmbly-Wire Harn. | <input type="checkbox"/> Manufacturing--Medical Devices | <input type="checkbox"/> Shelf Stocking |
| <input type="checkbox"/> Elect. Asmbly-Other | <input type="checkbox"/> Manufacture--Plasticware | <input type="checkbox"/> Silicone Dipping |
| <input type="checkbox"/> Engraving | <input type="checkbox"/> Manufacture--Textiles | <input type="checkbox"/> Splitting |
| <input type="checkbox"/> Filling | <input type="checkbox"/> Microfilming/Microfishing | <input type="checkbox"/> Soldering--Electrical |
| <input type="checkbox"/> Folding (Hand) | <input type="checkbox"/> Packaging--Auto Bagging | <input type="checkbox"/> Soldering--Hand Precision |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Packaging--Blister Packing | <input type="checkbox"/> Soldering--Pot |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Packaging--Boxing | <input type="checkbox"/> Soldering--Wave |
| <input type="checkbox"/> Furniture Assembly | <input type="checkbox"/> Packaging--Crating | <input type="checkbox"/> Sorting |
| <input type="checkbox"/> Gluing | <input type="checkbox"/> Packaging--General | <input type="checkbox"/> Stapling |
| <input type="checkbox"/> Greenhouse Products | <input type="checkbox"/> Packaging--Heat Sealing | <input type="checkbox"/> Tapping |
| <input type="checkbox"/> Groundskeeping | <input type="checkbox"/> Packaging--L-Sealing | <input type="checkbox"/> Textiles--Mtrl. Bailing |
| <input type="checkbox"/> Inspect/Test--Calbrtng. | <input type="checkbox"/> Packaging--Medical (nonsterile) | <input type="checkbox"/> Textiles--Nonwoven |
| <input type="checkbox"/> Inspect/Test--Gauging | <input type="checkbox"/> Packaging--Medical (sterile) | <input type="checkbox"/> Textiles--Power Cutting |
| <input type="checkbox"/> Inspect/Test--General | <input type="checkbox"/> Packaging--Shrink Wrap | <input type="checkbox"/> Textiles--Rag Cutting |
| <input type="checkbox"/> Inspect/Test--Vacuum | <input type="checkbox"/> Packaging--Vacuum Form. | <input type="checkbox"/> Warehousing/Logistics |
| <input type="checkbox"/> Janitorial Services | <input type="checkbox"/> Painting--Dip | <input type="checkbox"/> Weigh Counting |
| <input type="checkbox"/> Labeling | <input type="checkbox"/> Painting--Electrostatic Spray | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Label-Making | <input type="checkbox"/> Painting--General | <input type="checkbox"/> Woodworking--Chamferin |
| <input type="checkbox"/> Laser Disk Storage | <input type="checkbox"/> Painting--Spray | <input type="checkbox"/> Woodworking--Custom |
| <input type="checkbox"/> Laundry Services | <input type="checkbox"/> Pallets--Manufacturing | <input type="checkbox"/> Woodworking--General I |
| <input type="checkbox"/> Machining--Buffing | <input type="checkbox"/> Pallets--Repair | <input type="checkbox"/> Woodworking--Gluing |
| <input type="checkbox"/> Machining--Conduit Cut. | <input type="checkbox"/> Printing--Digital | <input type="checkbox"/> Woodworking--Lacquering |
| <input type="checkbox"/> Machining--Cop. Tube | <input type="checkbox"/> Printing--Offset | <input type="checkbox"/> Woodworking--Lathing |
| <input type="checkbox"/> Machining--Crimping | <input type="checkbox"/> Recycling--Aluminum | <input type="checkbox"/> Woodworking--Refinishing |
| <input type="checkbox"/> Machining--Deburring | <input type="checkbox"/> Recycling--Electronic | <input type="checkbox"/> Woodworking--Routing |
| <input type="checkbox"/> Machining--Drilling | <input type="checkbox"/> Recycling--Glass | <input type="checkbox"/> Woodworking--Sanding |
| <input type="checkbox"/> Machining--Drill Tapping | <input type="checkbox"/> Recycling--Paper | <input type="checkbox"/> Woodworking--Sawing |
| <input type="checkbox"/> Machining--Filling (Metal) | <input type="checkbox"/> Recycling--Plastic | <input type="checkbox"/> Woodworking--Stripping |

Capability Inventory Breakdown

____ Machining--Grinding

____ Recycling--Other

____ Word Processing/Data Entry

Other (Please Explain; include custom or design capabilities): _____

2. Please list any quality management systems or registrations you might have (e.g. ISO9000:2008, ISO13485, CE, UL, FDA, etc.): _____

3. Of the capabilities you checked on the preceding schedule, please list (in order of importance) your top three revenue-producing activities during the past year and indicate approximately the amount of revenue generated by each.

<i>Activity</i>	<i>Revenue</i>
A. _____	_____
B. _____	_____
C. _____	_____

4. Do you own and produce any products which you would like to sell to state and local governments?

A. _____

B. _____

C. _____

IV. FINANCIAL INFORMATION (From last complete fiscal year)

1. Total Annual Revenues from All Sources \$ _____

2. Total Annual **Commercial/Industrial** Revenue \$ _____

A. Contract Manufacturing/Subcontract \$ _____

B. Prime/Proprietary Products \$ _____

C. Wholesale/Retail \$ _____

D. Government: 1. Federal Contracts \$ _____

2. State \$ _____

3. Local Units of Government \$ _____

3. Total Revenues Generated from Off-site Operations \$ _____

4. Capital Resources

A. Funds Available for New Projects, Capital Purchases, etc. \$ _____

B. Do you have a line of credit? Yes _____ No _____

If yes, please complete the following:

Amount\$ _____ Secured _____ Unsecured _____