



PRE-QUALIFICATION

Company Name: _____ Contact Name: _____

Address: _____

NAICS Codes: _____

Telephone: _____ Fax: _____

For an accurate assessment of your company's candidacy for the federal grant please provide the following information.

THE DATA MUST BE THE MOST CURRENT AVAILABLE.

1. Twenty-six months of gross sales from your income statement. (Before cost of goods sold is subtracted)
2. The total number of employees working at the company. (Seasonal and third party employees must be counted)
3. NAICS Codes will be used to pull harmonized tariff schedule data, necessary for TAAC approval

Month/Year	Gross Sales	Number of Employees
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____
16) _____	_____	_____
17) _____	_____	_____
18) _____	_____	_____
19) _____	_____	_____
20) _____	_____	_____
21) _____	_____	_____
22) _____	_____	_____
23) _____	_____	_____
24) _____	_____	_____
25) _____	_____	_____
26) _____	_____	_____

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