**DSTP Application Form**

DSTP Application to be filled out by principle business owner(s)   
All application information is kept confidential.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Owner  % of ownership |  | Business Name | | |  | | | | |
| Street Address |  | City |  | | | State | AZ | Zip |  |
| Mailing Address |  | City |  | | | State |  | Zip |  |
| Home Phone (w/area code) |  | Cell Phone (w/area code) | |  | | | | | |
| Business Phone (w/area code) |  | Fax Number (w/area code) | |  | | | | | |
| E-Mail Address |  | Web site | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Owner  % of ownership |  | Business Name | | |  | | | | |
| Street Address |  | City |  | | | State | AZ | Zip |  |
| Mailing Address |  | City |  | | | State |  | Zip |  |
| Home Phone (w/area code) |  | Cell Phone (w/area code) | |  | | | | | |
| Business Phone (w/area code) |  | Fax Number (w/area code) | |  | | | | | |
| E-Mail Address |  | Web site | |  | | | | | |

***Attach additional pages as needed.***

|  |
| --- |
| Provide a description of your business, be as specific as possible. |
| Do you own and/or participate in any other businesses? If yes, please describe your involvement. |
| How did you hear/learn about DSTP? Why do you want to be a participant? |
| Describe how your product or service could be utilized in the utility industry? If you have participated as a supplier in the utility sector, please share your client/project experience. |
| What business goals do you want to achieve? How do you believe DSTP can help you achieve these goals? |
| Where do you see your business in 2 to 5 years? |
| Do you currently outsource any work? Examples could include accounting, legal or other services that do not require a full-time employee. If so, please describe. |
| What is your biggest business opportunity or challenge? |

How many employees do you have (excluding owners)?

|  |  |
| --- | --- |
| What was your annual gross revenue for the past 3 years? 2016 $       2017 $       2018 $ | How many years have you owned this business?       yrs. |
| How many years have you been in this industry?      yrs | Are you or your business currently an APS customer? |
| Are you currently a supplier to APS? If yes, which business unit(s) do you support? | |
| What is your business structure?  “S” Corporation  “C” Corporation  LLC  Partnership  SP  Other | |
| Is your company a Veteran Owned Small Business?  Yes  No  Is your company a Service Disabled Veteran Owned Small Business?  Yes  No | |
| Is your business Woman-Owned?  Yes  No | |
| Is your business Minority-Owned?  Yes  No  If yes, please mark ethnic classification:  African American  Asian Indian  Asian Pacific  Native American  Hispanic American  Other (specify): | |
| If certified as Woman-Owned, Minority-Owned or Service Disabled Veteran Owned Small Business, please attach a copy of your certification. If not certified, what is your plan to obtain your certification? | |

DSTP Program Description:

DSTP is a training and mentoring program designed to develop sustainable electric utility focused suppliers. This 7 month program will utilize a unique combination of practical and proven business growth tools, innovative strategic growth tools with a customized mentoring component. There will be an emphasis on developing the utility specific skills and tools needed to succeed in the utility industry.

DSTP Program Criteria:

Participants must be a certified or certifiable diverse business enterprise. A diverse business enterprise is a company that is at least 51% owned and controlled by an individual whose business is defined as: Minority Business Enterprises, Woman Business Enterprise, Veteran, or Service Disabled Veteran Owned Small Business. Eligible participants must provide a product or service that a utility can reasonably be expected to utilize. Ideally the participant will be the majority business owner or significant decision maker of the business.

• ***There is no fee for participation in DSTP; however, we do require a commitment of time by the participants.***

**DSTP session and timeline is:**

|  |  |
| --- | --- |
| • End of month - July | Applications are due |
| • During month of August | Application review and interviews for the DSTP class will be conducted |
| • By end of August | Program participants selected/announced |
| • September | Program begins – with two 7 hours sessions a month for 7 months  Sessions are held at the DSTP office, 400 N 5th Street, Phoenix |

Please attach and submit the following documents with your application:

Copy of your Business Plan. If you don’t have one, please tell us how you plan to make   
your business successful.

Brochures and/or other marketing materials.

Copy of your Safety Program. Please include your EMR (Experience Modification Rating).

|  |  |
| --- | --- |
| **APPLICATION DEADLINE: End of July**  If you have any questions, call Dale Halm at  (602) 250-2029, e-mail [Dale.Halm@aps.com](mailto:Dale.Halm@aps.com) | **Email or mail application and required documents to:** APS / DSTP PO Box 53999, MS/9172 Phoenix, AZ 85072-3999  [SUPPDIV@apsc.com](mailto:SUPPDIV@apsc.com) |

I, the undersigned, certify that (a) the information I have provided is true/accurate; and; (b) my business is in compliance with all laws, regulations and orders of regulatory authorities that apply to its operations and activities. False certifications may disqualify me from consideration or participation in DSTP. While this program is offered free of charge to selected participants, I understand that this program requires a time commitment of at least 90% attendance. Additionally, I acknowledge that participation in the DSTP program does not imply a commitment on the part of APS or its subsidiaries to assign work to the DSTP participant.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  | |  |
| Applicant’s Name (print please) | | Applicant’s Signature | | | Date | |
|  |  | |  |  | |  |
| Applicant’s Name (print please) | | Applicant’s Signature | | | Date | |