HR 137 – Rep. Solomon

no mvmt

(Gingrich told Comm. Chairmen no hrgs on aff. action)

Rainey, SBA Cong'l Affairs
205-6700

U.S. SMALL BUSINESS ADMINISTRATION

FAX TRANSMISSION SHEET

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U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, D.C. 20416

OFFICE OF THE ADMINISTRATOR

MAY 24 1995

Honorable Alice M. Rivlin
Director
Office of Management and Budget
Washington, DC 20503

Dear Dr. Rivlin:

This letter is in response to your request for the views of the U.S. Small Business Administration (SBA) on the Department of Defense's (DOD) comments on H.R. 137, the Procurement Opportunity for Disabled Services Personnel Act. The bill would expand the present statutory definition of socially and economically disadvantaged individuals to specifically allow veterans with service connected disabilities to qualify as socially and economically disadvantaged individuals, for purposes of being eligible to participate in DOD's Small Disadvantaged Business program. The DOD opposes this legislation because it further complicates DOD's procurement statute.

The SBA is also opposed to this legislation. The present definition of disadvantaged businesses is premised on section 8(d) of the Small Business Act which makes no reference to disabled veterans. While disabled veterans are certainly a worthy group, we are not aware of any evidence which suggests that the system which employs the Small Business Act definition denies this group the opportunity to participate in DOD's programs.

In addition, with the exception of Alaska Native corporations, no other group is presumed by law to be economically disadvantaged for purposes of DOD's programs. H.R. 137 would therefore provide an advantage for disabled veterans which is not available to most other recognized minority groups. The expansion of the present definition of disadvantaged concerns would dilute the assistance available to the groups within the existing definition.

Thank you for allowing the U.S. Small Business Administration to submit comments on this proposed legislation.

Sincerely,

Philip Lader
Administrator

CODE OF FEDERAL REGULATIONS
Business Credit and Assistance

Minority Small Business and Capital Ownership Development

REVISED as of January 1, 1994

13CFR §124.105 Social disadvantage

(a) *General.* Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias because of their identities as members of groups without regard to their individual qualities. The social disadvantage must stem from circumstances beyond their control. For social disadvantage relating to Indian tribes and Alaska Native Corporation, see §124.112(a).

(b) *Member of designated groups.* (1) In the absence of evidence to the contrary, the following individuals are presumed to be socially disadvantaged: Black Americans; Hispanic Americans; Native Americans (American Indians, Eskimos, Aleuts, or Native Hawaiians); Asian Pacific Americans (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or (Nauru); Subcontinent Asian Americans (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal); and members of other groups designated from time to time by SBA according to procedures set forth at paragraph (d) of this section.

(2) An individual seeking socially disadvantaged status as a member of a designated group may be required to demonstrate that he/she holds himself/herself out and is identified as a member of a designated group if SBA has reason to question such individual's status as a group member.

(c) *Individuals not members of designated groups.* (1) An individual who is not a member of one of the above-named groups must establish his/her individual social disadvantage on the basis of clear and convincing evidence. A clear and convincing case of social disadvantage must include the following elements:

(i) The individual's social disadvantage must stem from his or her color, ethnic origin, gender, physical handicap, long-term residence in an environment isolated from the mainstream of American society, or other similar cause not common to small business persons who are not socially disadvantaged.

(ii) The individual must demonstrate that he or she has personally suffered social disadvantage; not merely claim membership in a non-designated group which could be considered socially disadvantaged.

(iii) The individual's social disadvantage must be rooted in treatment which he or she has experienced in American society, not in other countries.

(iv) The individual's social disadvantage must be chronic and substantial, not fleeting or insignificant.

(v) The individual's social disadvantage must have negatively impacted on his or her entry into and/or advancement in the business world. SBA will entertain any relevant evidence in assessing this element of an applicant's case. SBA will particularly consider and place emphasis on the following experiences of the individual, where relevant:

(A) *Education.* SBA shall consider, as evidence of an individual's social disadvantage, denial of equal access to institutions of higher education; exclusion from social and professional association with students and teachers; denial of educational honors; social patterns or pressures which have discouraged the individual from pursuing a professional or business education; and other similar factors.

(B) *Employment.* SBA shall consider, as evidence of an individual's social disadvantage, discrimination in hiring; discrimination in promotions and other aspects of professional advancement; discrimination in pay and fringe benefits; discrimination in other terms and conditions of employment; retaliatory behavior by an employer; social patterns or pressures which have channelled the individual into nonprofessional or non-business fields; and other similar factors.

(C) *Business History.* SBA shall consider, as evidence of an individual's social disadvantage, unequal access to credit or capital; acquisition of credit or capital under unfavorable circumstances; discrimination in receipt (award and/or bid) of government contracts; discrimination by potential clients; exclusion from business or professional organizations; and other similar factors which have impeded the individual's business development.

(d) *Socially disadvantaged group inclusion*--(1) General. Upon adequate preliminary showing to SBA by representatives of an identifiable group that the group has suffered chronic racial and ethnic prejudice or cultural bias, and upon the request of the representatives of the group that SBA do so, SBA shall publish in the *Federal Register* a notice of its receipt of a request that it consider a group not

specifically named in paragraph (b)(1) of this section to have members which are socially disadvantaged because of their identification as members of the group for the purpose of eligibility for the 8(a) program. The notice shall adequately identify the group making the request, and if a hearing is requested on the matter and such request is granted, the time, date and location at which such hearing is to be held. All information submitted to support a request should be addressed to the AA/MED.

(2) *Standards to be applied.* In determining whether a group has made an adequate preliminary showing that it has suffered chronic racial or ethnic prejudice or cultural bias for the purposes of this regulation, SBA shall determine:

(i) Whether the group has suffered the effects of prejudice, bias, or discriminatory practices;

(ii) Whether such conditions have resulted in economic deprivation for the group of the type which Congress has found exists for the groups named in the Small Business Act; and

(iii) Whether such conditions have produced impediments in the business world for members of the group over which they have no control and which are not common to all small business owners. If it is demonstrated to SBA by a particular group that it satisfies the above criteria, SBA will publish the notice described in paragraph (d)(1) of this section.

(3) *Procedure.* Once a notice is published under paragraph (d)(1) of this section, SBA shall adduce further information on the record of the proceeding which tends to support or refute the group's request. Such information may be submitted by any member of the public, including Government representatives and any member of the private sector. Information may be submitted in written form, or orally at such hearings as SBA may hold on the matter.

(4) *Decision.* Once SBA has published a notice under paragraph (d)(1) of this section, it shall afford a period of not more than thirty (30) days for public comment concerning the petition for socially disadvantaged group status. If appropriate, SBA may hold hearings within such comment period. Thereafter, SBA shall consider all information received and shall render its final decision within 60 days of the close of the comment period. Such decisions shall be published as a notice in the *Federal Register*. Concurrent with the notice, SBA shall advise the petitions of its final decision in writing. If appropriate, SBA shall amend this regulation accordingly.

SBA

U.S. Small Business Administration

Section 8(a) Business Development Program

PROGRAM

The 8(a) Contracting and Business Opportunity Program is named for the section of the Small Business Act from which it derives its authority. Through the 8(a) Program, small companies owned by socially and economically disadvantaged persons can obtain Federal Government contracts. Under the program, SBA acts as a prime contractor and enters into all types of Federal Government contracts (including but not limited to supply, services, construction, research and development) with other government departments and agencies and negotiates subcontracts for performance thereof with small companies in the 8(a) Program.

PURPOSE

The purpose of the 8(a) Program is to:

1. Foster business ownership by individuals who are socially and economically disadvantaged.

2. Promote the competitive viability of such firms by providing viable contract, financial, technical and management assistance as may be necessary.

3. Clarify and expand the program for the procurement by the United States of articles, equipment, supplies, service materials, and construction work from small business concerns owned by socially and economically disadvantaged individuals.

ELIGIBILITY

Applicants for 8(a) Program participation must meet certain program participation requirements which include, but are not limited to the following criteria:

1. **Ownership:** In order to be eligible to participate in the 8(a) Program, an applicant concern must be one which is at least 51 percent owned by an individual(s) who is a citizen of the United States (specifically excluding resident aliens), and who is determined to be socially and economically disadvantaged.

2. **Social Disadvantage:** Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as a member of a group without regard to their individual qualities.

a. Members of Designated Groups: Absent evidence to the contrary, the following individuals are considered socially disadvantaged – Black American, Hispanic American, Native American (American Indian, Eskimo, Aleut or Native Hawaiian), Asian Pacific American (an individual with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuc, Vietnam, Korea, the Philippines, U.S. Trust Territory of the Pacific Islands, Republic of Palau, Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiriba, Tuvalu, Naura); Subcontinent Asian American (an individual with origins from India, Pakistan, Bangladesh, Sri Lankra, Bhutan, the Maldives Islands or Nepal), or members of other groups designated from time to time by the SBA.

b. Individuals who are not members of the above-named groups must establish the social disadvantage on the basis of clear and convincing case. A clear and convincing case of social disadvantage must include the following elements:

(i) The individual's social disadvantage must stem from his or her color, national origin, gender, physical handicap, long-term residence in an environment isolated from the mainstream of American society, or other similar cause beyond the individual's control

(ii) The individual must demonstrate that he or she has personally suffered social disadvantage, not merely claiming membership in a non-designated group which could be considered socially disadvantage.

(iii) The individuals' social disadvantage must be chronic, long-standing, and substantial, not fleeting or insignificant.

(iv) The individual's social disadvantage must be rooted in treatment which he or she has experienced in American society, not in other countries.

(v) The individual's social disadvantage must have negatively impacted his or her entry into, and/or advancement in, the business world.

3. **Economic Disadvantage:** Economically disadvantaged individuals are socially disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities, as compared to others in the same or similar line of business and competitive market area who are not socially disadvantaged. In determining the degree of economic disadvantage, consideration shall be given to the following: (1) personal financial condition of the disadvantaged individual, (2) business financial condition, (3) access to credit and capital, and (4) a comparison will be made of the applicant concern's business and financial profile with profiles of businesses in the same or similar line of business and competitive market area.

4. **Control and Management:** An applicant concern's management and daily business operations must be controlled by an individual(s) determined to be socially and economically disadvantaged an such individual(s) must be engaged in the daily management and operation of the business concern.

5. **Size Standard:** In order to be eligible to participate in the 8(a) Program, an applicant concern must qualify as a small business concern as defined for purposes of Government in s121.3-8 of the SBA Rules and Regulations. The particular size standard to be applied will be based on the primary industry classification of the applicant concern:

6. **Potential for Success:** To be eligible to participate in the Section 8(a) Program, an otherwise eligible applicant concern must be determined to be one that with contract, financial, technical or management support will be able to successfully perform subcontracts awarded under the 8(a) Program, and further, with such support will have a reasonable prospect for success in competition in the private sector.

The applicant concern must demonstrate that it has been in business in the primary industry classification in which it seeks 8(a) certification for two full years PRIOR to the date of its 8(a) application by submitting income tax returns showing revenues for each of the two previous years. (See attached Waiver of Minimum Period of Operation.)

7. **Ineligible Businesses:** Brokers, packagers, franchise operators, debarred or suspended firms, non-profit organizations and firms owned by disadvantaged concerns are ineligible for participation.

8. **Program Term:** Every 8(a) Program participant is admitted to the program for a nine-year term. The term will consist of a developmental stage of four years and a transitional stage of five years.

9. **Program Termination:** Participation of a Section 8(a) business concern in the Section 8(a) Program may be terminated by SBA, for good cause.

OTHER ASSISTANCE AVAILABLE

Financial assistance in the form of loans and advanced payments are available to 8(a) Program participants. Contractors in the program can receive a wide range of assistance in managing their firms, including pamphlets, individual counseling, seminars and professional guidance. In addition, these companies may be eligible to receive the bonding necessary to perform on Government contracts.

HOW TO APPLY

It is SBA's policy that any individual or business has the right to apply for Section 8(a) assistance, whether or not there is an appearance of eligibility. Applications for admission are to filed in the SBA field office serving the territory in which the principal place of the applicant concern is located. Principal place of business means the location of your books and records, and where the individual who manages the concern's day-to-day operations spends the majority of their working hours.

An application may be picked up at the SBA Washington District Office at 1110 Vermont Avenue, N.W., Suite 900, (P.O. Box 34500), Washington, D.C. 20043-4500, or by leaving your name and address at (202) 606-4000, extension 452.

All of SBA's programs and services are extended to the public on a nondiscriminatory basis.

Section 8(a) Business Development Program

Waiver of Minimum Period of Operation

The Administration shall provide that any requirement it establishes regarding the period of time a prospective Program Participant must be in operation may be waived and, a prospective Program Participant who otherwise meets the requirements of Section 8(a)(7)(A) of the Small Business Act, shall be considered to have demonstrated reasonable prospects for success, if --

(1) The individual or individuals upon whom eligibility is to be based have substantial and demonstrated business management experience;

(2) The prospective Program Participant has demonstrated technical expertise to carry out its business plan with a substantial likelihood for success;

(3) The prospective Program Participant has adequate capital to carry out its business plan;

(4) The prospective Program Participant has a record of successful performance on contracts from governmental and non-governmental sources in the primary industry category in which the prospective Program Participant is seeking program certification; and,

(5) The prospective Program Participant has, or can demonstrate its ability to timely obtain the personal facilities, equipment, and any other requirements needed to perform such contracts.

In order to qualify for the two-year waiver, you MUST meet all five criteria listed above.

U.S. SMALL BUSINESS ADMINISTRATION

Washington District Office
1110 Vermont Avenue, N.W., 9th Floor
Post Office Box 34500
Washington, D.C. 20043-4500

Dear Prospective 8(a) Applicant:

Please read the enclosed 8(a) fact sheet for general information and eligibility requirements. Note that an applicant concern must demonstrate that it has been in business for two full years prior to the date of its 8(a) application by submitting income tax returns showing revenues for each of the two previous years (13 CFR Part 124.017). Consideration may be given under certain circumstances for waiver of minimum period of operation.

The enclosed 8(a) program application package includes:

SBA Form 1010A, *Personal Eligibility Statement* (1 copy)
SBA Form 1010B, *Business Eligibility Statement* (1 copy)
SBA Form 912, *Personal History Statement* (2 copies)
SBA Form 413, *Personal Financial Statement* (2 copies)
SBA Form 1623, *Certification Regarding Debarment, Suspension and Other Responsibility Matters* (1 copy)
IRS Form 4506, Request for Copy or Transcript of Tax Form (1 copy)

SBA also requires other documents to establish the eligibility of your business for 8(a) program participation. Please refer to the checklist contained in SBA Form 1010B. You may duplicate SBA Form 1010A claiming disadvantaged status to qualify your firm for 8(a) program participation. SBA Forms 912, 413, and 1623 may not be duplicated and additional copies can be obtained from this office.

Basic 8(a) program eligibility criteria are contained in the Code of Federal Regulations (CFR), Title 13, Part 124; small business size criteria are in Part 121. I urge you to review this material prior to preparing your application. The regulations are available in most public or university libraries, or may be purchased at the U.S. Government Printing Office.

Current 8(a) program regulations require that all applications be accurately prepared, typed or legibly printed, and submitted in completed form. Applications that are incomplete, illegible or contain inaccurate or inconsistent information will be returned without processing; therefore it is imperative that you prepare both the application and supporting documents carefully. Upon completion, 8(a) applications must be sent to:

U.S. Small Business Administration
Philadelphia Regional Office
475 Allendale Road, Suite 201
King of Prussia, PA 19406
ATTN: DPCE

All questions relative to application preparation will be answered at today's workshop. If you have other questions, please feel free to ask them.

Sincerely,

Hugh Wright
Assistant District Director
Minority Small Business and
Capital Ownership Development

Enclosures a/s

This is the new application form 1010 B, It will be available to our offices by the end of the month. We have versions for Partnerships and corporations also. Shirl

Available at end of August 1995

8(a) Program Application
Sole Proprietorship

OMB Authorization No:
Expiration Date:

To Be Completed By SBA

Date Received_____
CTS Number_____

Business Information

1. Business Name (include any trade or d/b/a names)

2. Street Address for Business | City | County | State | Zip Code

3. Mailing Address (if different from above)
Telephone (Area Code/#):
Fax Number (Area Code/#):

4. Type of Business: ☐ Manufacturing ☐ Construction ☐ Professional Service
☐ Dealer/Wholesaler ☐ Non-professional Service ☐ Concession

5. IRS Employer's ID Number | Number of Employees | Date Established

6. Primary SIC Code * | % of Revenues

* The primary Standard Industrial Classification (SIC) code should represent the largest portion of sales from the most recently completed fiscal year.

7. Owner's Name: | Female ☐ Male ☐ | U.S. Citizen? Yes ☐ No ☐ | Veteran? Yes ☐ No ☐

Management Information

8. Is applicant an officer, director, partner, or more than a 10% owner or stockholder of another firm in the same or similar line of business as the applicant concern? Yes ☐ No ☐. **If yes, provide the business name, percentage of ownership and position in the firm. Mark as Attachment 8A.**

9. Does applicant have a present ownership interest of greater than 10% in an existing 8(a) concern? Yes ☐ No ☐. **If yes, provide the following: the business name, address, and percentage of ownership. Mark as Attachment 9A.**

10. Has applicant, or applicant concern, currently or previously participated in the 8(a) program? Yes ☐ No ☐. **If yes, provide the following: name of the 8(a) concern and the SBA office of record. Mark as Attachment 10A.**

11. Has applicant concern, or applicant, including spouse and immediate family members, ever been an owner, stockholder, or guarantor for a concern which has received an SBA loan? Yes ☐ No ☐. **If yes, provide the following: name of individual, business name, date approved, current status, and SBA office of record. Mark as Attachment 11A.**

12. Is applicant concern, or applicant, involved in any present or pending lawsuits? Yes ☐ No ☐. **If yes, provide details. Mark as Attachment to 12A.**

13. Has the applicant concern, or applicant, been involved in a bankruptcy or insolvency proceeding within the past seven years? Yes ☐ No ☐. **If yes, provide details. Mark as Attachment 13A.**

14. Does any individual, other than the owner, provide financial or bonding support, licenses or required professional certification to the applicant concern? Yes ☐ No ☐. **If yes, provide the following information: the name of the individual, the nature of assistance (in the case of licenses and professional certifications, include the type of license and/or certification), and copies of any existing agreements governing that relationship. Mark as Attachment 14A.**

15. Does applicant have any affiliates or other business interest? Yes ☐ No ☐. **If yes, provide the following: name and address of affiliate, and relationship. Mark as Attachment 15A.**

16. Has any individual claiming disadvantaged status transferred assets, within the last two (2) years to his/her spouse, or other immediate family member, or to a trust, the beneficiary of which is an immediate family member? Yes ☐ No ☐. **If yes, please submit a schedule listing the date of transfer, the assets and their value. Mark as Attachment 16A.**

17. Has owner, spouse, or any immediate family member ever been an employee of the U.S. Government (including SBA); a member of the Armed Services of the United States; a member of Congress (or staff); an appointed official or employee of the administration; a SCORE or ACE volunteer; a member or employee of a Federally funded community organization or a trade or industry association working with SBA? Yes ☐ No ☐. **If yes, please provide a list of such individuals identifying their names and positions with said organization. Mark as Attachment 17A.** If any of the individuals listed above is currently a Federal employee, obtain a letter from General Counsel of the agency where employed, stating whether the 8(a) applicant's participation in the program would create a conflict of interest with official duties.

18. Has applicant, spouse, or any immediate family member, been debarred, suspended, voluntarily excluded or otherwise ineligible for procurement or non-procurement purposes from any department or agency of the Federal Government? Yes ☐ No ☐. **If yes, provide the following: Name of person/business, dates of action, type of action, and Department or Agency. Mark as Attachment 18A.**

When submitting your application, please provide the original and one copy of both the application and the items listed in the "Checklist of Required 8(a) Program Application Documents." All complete applications will be processed; others will be returned for completion.

Sole Proprietor's Signature	**Date**

PLEASE NOTE: The estimated burden hours for the completion of this form is 5 hours per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection, please contact the Chief, Administrative Information Branch, U.S. Small Business Administration, 409 Third Street, S.W., Washington, D.C. 20416, and/or the Clearance Officer, Paperwork Reduction Project (3245-0015), Office of Management and Budget, Washington, D.C. 20503.

CHECKLIST OF REQUIRED 8(a) PROGRAM APPLICATION DOCUMENTS FOR SOLE PROPRIETORSHIP

Provide all of the following documents in the order that they are listed and check if attached. **NOTE "N/A" IF NOT APPLICABLE:**

PERSONAL ELIGIBILITY:

- ☐ SBA Form 1010A, Personal Eligibility Statement - Provide for each individual claiming disadvantaged status. (An individual claiming disadvantaged status must be a U.S. Citizen)
- ☐ SBA Form 413, Personal Financial Statement - Provide separate forms for the individual and the individual's spouse, splitting all assets and liabilities as appropriate.
- ☐ SBA Form 912, Statement of Personal History (Form FD-258, Fingerprint Card, required for affirmative answers to questions 6, 7, and 8).
- ☐ Signed copies of individual Federal income tax forms filed for the past two years, including all W-2 forms and all schedules and attachments. Please provide signed and dated IRS Form 8821, Tax Information Authorization.
- ☐ A resume of the education, technical training, and business and employment experience, including employer's name, dates of employment, nature of employment (please account for all time).
- ☐ Community Property - SBA policy requires consideration of state community property laws when determining 51% unconditional ownership of an applicant or 8(a) concern. If you live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin), please provide documentation that the individual(s) claiming eligibility, unconditionally own at least 51% of the applicant concern.
- ☐ If any individual claiming disadvantaged status has transferred assets, within the last two (2) years to his/h spouse, or other immediate family member, or to a trust, the beneficiary of which is an immediate family member, submit a schedule listing the assets and their value.
- ☐ If you are currently employed outside the applicant concern, provide information on this employment and evidence that the activity does not conflict with the day-to-day management of the applicant concern.
- ☐ If you are a naturalized citizen, provide proof of citizenship (copy of Passport or Certification of Naturalization number).

BUSINESS ELIGIBILITY:

- ☐ A brief description and history of the business.
- ☐ Business License (City, County, or State, as required by law).
- ☐ Copies of any special licenses (e.g. Public Accountancy, Engineering, Architectural, Contractor, etc).
- ☐ If bonding is required by your industry, a statement of bonding limit from surety company, specifying single job limit and aggregate limit.
- ☐ Copies of all management and joint venture agreements, indemnity agreements, and consulting agreements.
- ☐ A copy of any distributorship, license, or franchise agreement.
- ☐ Copy of lease agreement(s) and/or proof of ownership for all business facilities.

BUSINESS ELIGIBILITY (continued):

- ☐ Copy of lease agreement(s) for equipment, if applicable.
- ☐ A list of all affiliates and subsidiaries. The list should identify the name and address of the affiliate and/or subsidiary, the type of business, and the names of the affiliate/subsidiary's owners, directors and officers.
- ☐ SBA Form 1623, "Certification Regarding Debarment, Suspension and other Responsibility Matters."
- ☐ Copies of all loan agreements, including line of credit.
- ☐ Copies of signature cards for all business bank accounts.
- ☐ List of production equipment. General and administrative equipment need not be listed. Please identify whether it is owned or leased and its approximate value.
- ☐ Provide list of contracts held with Federal Government, indicate award date, agency name, description of work, and dollar value.
- ☐ Copy of Assumed/Fictitious Name Certificate

FINANCIAL DATA:

- ☐ A current balance sheet and profit and loss statement, no older than 90 days from the filing date of this application, signed and dated by the concern's Proprietor.
- ☐ A balance sheet and profit and loss statement, for each of the three preceding fiscal year-end periods, signed and dated by the concern's Proprietor.
- ☐ Signed copies of business Federal tax returns, including all schedules, filed for the past three years. Please provide signed and dated IRS Form 4506, Request for Copy or Transcript of Tax Form.
- ☐ Signed copies of financial statements and Federal tax returns of any subsidiaries or affiliates for each of the three preceding fiscal year-end periods.

OTHER REQUIREMENTS:

- ☐ Authorization, Certification, and Notices. Please sign SBA Form XXXX.
- ☐ Representatives and Fees. If representatives were used, please complete SBA Form XXXX.
- ☐ Walsh-Healey Requirements. See attached Fact Sheet for additional requirements for applicants applying as a provider of products (manufacturer, regular dealer/wholesaler).
- ☐ Length of Time in Business. See attached Fact Sheet for additional requirements for applicants that have not been in business for two full years as evidenced by tax returns reporting revenue.

Walsh-Healey Requirements:

Firms applying as a provider of products must meet the definition of a regular dealer or a manufacturer, as defined by the Walsh-Healey Public Contracts Act. Please address your ability to meet the appropriate requirements:

- A manufacturer is a person who owns, operates, or maintains a factory or establishment that produ or the premises the materials, supplies, articles, or equipment described by the business plan. In order to qualify as a manufacturer, a firm must be able to show: (a) It is an established manufacturer of the particular goods or goods of general character which may be sought by the government; (b) That, in the event the firm is entering into such manufacturing activity, it has made all necessary prior arrangements for space, equipment, and personnel to perform manufacturing operations; and (c) If the firm is newly established, it has personne to perform manufacturing operations. A new firm which has made such definite commitments in order to ente a manufacturing business which will later qualify it, shall not be barred from 8(a) approval because it has no yet done any manufacturing; however, this interpretation is not intended to qualify a firm whose arrangements to use space, equipment, or personnel are contingent upon 8(a) approval.

- A regular dealer is a person who owns, operates, or maintains a store, warehouse, or other establishment in which materials, supplies, articles, or equipment of the general character described in the business plan are bought for the account of such person, kept in stock and sold to the public in the usual course of business. In order to qualify as a regular dealer, the concern must be able to show that:

  A. It maintains an establishment, or leased or assigned space, in which the business regularly maintains a stock of goods in which the owner claims to be a dealer; if the space is in a public warehouse, it must be maintained on a continuing, and not on a demand basis;

  B. The stock maintained is a true inventory from which sales are made; this requirement is not satisfied by a stock or sample of display goods remaining from prior orders, or by a stock unrelated to the supplies which are the subject of the business plan, or by a stock maintained primarily for the purpose of token compliance with the Act from which few, if any, sales are made;

  C. The goods stocked are of the same general character as the goods in which the owner claims to be a dealer; to be of the same general character, the items supplied must be either identical with th in stock or goods for which dealers in the same line of business would be an obvious source;

  D. Sales are made regularly from stock on a recurring basis; they cannot be only occasional or constitute an exception to the usual operations of the business;

  E. Sales are made regularly in the usual course of business to the public; i.e., to purchasers other than Federal, state, or local government agencies; and

  F. The business is an established on-going concern; it is not sufficient to show that arrangements have been made to set up such a business.

Length of Time in Business Requirement:

Eligibility criteria require that an applicant concern must demonstrate that it has been in business in the primary industry classification in which it seeks 8(a) certification for two full years prior to the date of its 8(a) application by submitting income tax returns showing revenues for each of the two previous years. [13 C.F.R. 124.107(a)]

- If an applicant seeks a waiver of this requirement, the following elements must be addressed:

  A. Substantial and demonstrated business management experience of the individual(s) upon whom eligibility is based;

  B. The applicant concern's demonstrated technical expertise to carry out a business plan with a substantial likelihood for success;

  C. Information to demonstrate that the applicant concern has adequate capital to carry out the business plan;

  D. Information that documents the applicant concern's record of successful performance on contracts from governmental and nongovernmental sources in the primary industry category in which the prospective program participant is seeking program certification; and

  E. Information that demonstrates that the applicant concern has the ability to timely obtain the personnel, facilities, equipment, and any other requirements needed to perform such contracts.

AUTHORIZATION, CERTIFICATION AND NOTICES

Read the following paragraphs carefully. Your signature on the 8(a) Business Eligibility Statement indicates acceptance and understanding of these conditions.

A. Authority to Collect Personal Information: The Small Business Administration (SBA) is authorized to determine eligibility for the 8(a) Program under Section 124 of Title 13 of the U.S. Code of Federal Regulations. The information submitted on SBA Form 1010A and 1010B is used to determine personal and business eligibility for the 8(a) Program. Information submitted may be given to Federal, State and local agencies for law violations.

B. Effects of Nondisclosure: Omission of any information may be cause for this application not receiving timely and complete consideration.

C. Disclosure of Information: Disclosure of all information submitted in connection with this application to Federal procurement agencies considering furnishing contracts to this business is authorized.

D. Non-Authorized Representatives: There are no "authorized representatives" of SBA other than our regular salaried employees. Payment of any fee or gratuity to SBA employees is illegal and will subject the pai to such a transaction to prosecution.

E. Employment of SBA personnel: Applicant agrees that it will not for a period of two years after any assistance is rendered to it, employ or retain for professional service, any person employed by SBA in a position of discretion one year prior or one year following the date the assistance was rendered.

F. Access to records: Applicant agrees to allow SBA access and the right to examine corporate records including, but not limited to, books, documents, papers, and other material considered by SBA to be necessary.

G. True and Complete Statements: By signing this form, you are certifying that all information in your 8(a) application, including exhibits, is true and complete to the best of your knowledge and is submitted for consideration of 8(a) Program eligibility.

Sole Proprietor's Signature	**Date**

False Statements: If you make a statement herein which you know to be false, under provisions of the Small Business Act, you can be subject to a fine of not more than $500,000 or to imprisonment for not more than 10 years, or both.

REPRESENTATIVES AND FEES

It is not necessary for you to retain representation to assist in the preparation and presentation of this or any other 8(a) application. However, if you do retain such representation, SBA will determine the reasonableness of fees or other compensation for services actually performed by representatives on your behalf. The Code of Federal Regulations, 13 C.F.R. 103.13-5, authorizes the suspension or revocation of the privilege of persons to appear before SBA for charging or proposing to charge any fee contingent upon the granting of any benefit to the applicant unless the amount of such fee bears a necessary and reasonable relationship to the services actually performed, or charging of any expenses which are not deemed by SBA to have been necessary in connection with the application.

List the names of attorneys, accountants, appraisers, agents or other representatives who assisted in the preparation or filing of the application. Indicate the amount of fees, bonuses, commissions or expenses paid or due. SBA R rves the right to require, at a latter date, a full itemization by representatives of actual services rendered. Attach additional sheet(s), if necessary.

NAME AND OCCUPATION OF REPRESENTATIVE	DESCRIPTION OF SERVICES	TOTAL FEES PAID	TOTAL FEES DUE

The compensation received by an agent or representative of an 8(a) applicant for assisting the applicant in obtaining 8(a) certification must be reasonable in light of the service(s) performed by the agent or representative.

The fee charged by any agent or representative of an 8(a) applicant for assisting the applicant in obtaining 8(a) certification cannot be contingent upon the applicant receiving 8(a) certification.

Signature(s) of Representative(s) Date

Signature of Applicant Date

Molly - We have
streamlined this form
and are waiting for
copies to be printed
at G.P.O. - I have
included the new
form for your review only.
S

8(a) BUSINESS ELIGIBILITY STATEMENT--PART I

OMB Approval No. 3245-0015
Expiration Date: 11/30/95

Name of Firm _____

Date Submitted _____

TO BE COMPLETED BY SBA	
OFFICE RECEIVING APPLICATION	
DATE ISSUED	
DATE RECEIVED	
DATE COMPLETE	
DATE FORWARDED TO COD	

Representatives and Fees

It is not necessary for an applicant to retain representation to assist in the preparation of this application. If representation is retained, SBA will determine the reasonableness of fees or other compensation for services actually performed by representatives on behalf of the applicant. The Co of Federal Regulations, 13 C.F.R. § 103.13-5, authorizes the suspension or revocation of the privilege of persons to appear before SBA for charging or proposing to charge any fee contingent upon the granting of any benefit to the applicant unless the amount of such fee bears a necessary and reasonable relationship to the services actually performed, any fee which is deemed by SBA to be unreasonable for the services actually performed, or charging of any expenses which are not deeme by SBA to have been necessary in connection with the application.

List the names of attorneys, accountants, appraisers, agents or other representatives who assisted in the preparation or filing of this application. Indicate the total amount of all fees, bonuses, commissions or expenses paid or due. SBA reserves the right to require, at a later date, a full itemization by representatives of actual services rendered. Attach additional sheet(s), if necessary.

NAME AND OCCUPATION REPRESENTATIVE	DESCRIPTION OF SERVICES	TOTAL FEES PAID	TOTAL FEES DUE

The compensation received by any agent or representative of an 8 (a) applicant for assisting the applicant in obtaining 8 (a) certification must be reasonable in light of the service(s) performed by th agent or representative.

The fee charged by any agent or representative of an 8 (a) applicant for assisting the applicant in obtaining 8 (a) certification cannot be contingent upon the applicant receiving 8 (a) certification.

Signature(s) of Representative(s) Date

_____ _____

_____ _____

_____ _____

Signature of Applicant Date

_____ _____

A. GENERAL

Business Name (Include any trade names)

Street Address for Business

City State Zip Code

County Telephone (Area Code /Number)

Mailing Address of Business (If Different)

Type of Business:

Manufacturing ☐ Construction ☐ Professional Service ☐

Dealer/Wholesaler ☐ Non-professional Service ☐ Concession ☐

Date Established / to / Fiscal Year (Ex.: 10/1 to 9/30) Date of Present Ownership

Has the applicant concern been in business for two full years as evidenced by revenues shown on Federal Tax returns? Yes ☐ No ☐

Legal Structure: Proprietorship ☐ Partnership ☐ Corporation ☐

IRS Employer's ID Number

Present Number of Employees (Including Subsidiaries and Affiliates)

B. BUSINESS PROFILE:

1. List the business activities in which you are engaged. Indicate the percentage of your firm's total revenues for the most recently completed fiscal year for each Standard Industrial Classification (SIC) Code:

	Description	SIC/Code	% of Total Revenues
Primary*:			
Secondary: (List as many as necessary)			
	Total (Must equal 100%)		

2. List the business activities in which you are engaged. Also indicate the Standard Industr Classification Code(s) that describe these activities and the dollar amounts or resources needed over the next 12 month period.

	Description	SIC Code	% of Total revenues
Primary*:	_____	_____	_____
Secondary:	_____	_____	_____

Atach additional sheet if necessary.

*Primary industry as defined in 13 C.F.R. § 124.100 "means the four digit Standard Industrial Classification (SIC) code designation which best described the primary industry of the 8 (a) applicant...as defined in part 121 [13 C.F.R.]."

II. MANAGEMENT INFORMATION

Based on your business structure, provide the following information in sections a., b. or c., below. List the name of each proprietor, partner, officer, director, and each stockholder whether claiming disadvantage or not, plus each employee earning over $40,000 per year. Please (x) the appropriate space by each name indicating whether the individual is claiming to be socially and economically disadvantaged, and indicate the percentage of ownership, annua compensation and number of hours each person is now working for the applicant concern.

A. If a Corporation:
(If more than one class of stock, provide information for each class.)

No. of Shares Authorized: _____ No. of Shares Issued: _____

1. Owners:

	Name	U.S. Citizen Yes	No	No. Shares	% of Ownership	Claiming Disadvantage Yes	No
a.	_____	☐	☐	_____	_____ %	☐	☐
b.	_____	☐	☐	_____	_____ %	☐	☐
c.	_____	☐	☐	_____	_____ %	☐	☐
d.	_____	☐	☐	_____	_____ %	☐	☐
e.	_____	☐	☐	_____	_____ %	☐	☐

2. Directors:

No. of Directors Authorized in By-Laws: _____

No. of Directors Appointed: _____

	Name	Title	U.S. Citizen Yes	No	Claiming Disadvantage Yes	No
a.	_____	_____	☐	☐	☐	☐
b.	_____	_____	☐	☐	☐	☐
c.	_____	_____	☐	☐	☐	☐
d.	_____	_____	☐	☐	☐	☐

f. _____ _____ ☐ ☐ ☐ ☐

3. All Officers and Individuals Earning in Excess of $40,000/yr.

Name/Title	Annual Compensation From Applicant Concern	Hourly Weekly
a. _____	$ _____	_____
b. _____	$ _____	_____
c. _____	$ _____	_____
d. _____	$ _____	_____
e. _____	$ _____	_____

B. If a Partnership:

Name	U.S. Citizen Yes	No	%Ownership	Claiming Disadvanta Yes	No
a. _____	☐	☐	_____ %	☐	☐
b. _____	☐	☐	_____ %	☐	☐
c. _____	☐	☐	_____ %	☐	☐
d. _____	☐	☐	_____ %	☐	☐
e. _____	☐	☐	_____ %	☐	☐

C. If a Sole Proprietor

Owner _____ U.S. Citizen Yes ☐ No ☐

D. Has any person listed in Section II ever had a prior business relationship with any other per listed, including spouse and immediate family members? This includes such relationships a employer-employee, supervisor-employee, co-workers, investor-employee, etc. Yes _____ No _____. If yes, identify the person and describe the relationship below:

1. _____
2. _____
3. _____

E. Is any person listed in section II an officer or director or more than a 10% owner, stockhold or partner of another firm in the same or similar line of business as applicant concern? Yes _____ No _____ If yes, complete

	Name/Title	Business Name	Affiliation
1.			
2.			
3.			

F. Does applicant concern buy from, sell to or use the services or facilities of any other concern i which anyone listed in Section II has a financial or any other interest? Yes_____ No_____

	Name/Title	Business Name	Type of Interest
1.			
2.			
3.			

G. Is ownership by any individual claiming disadvantage subject to conditions precedent, conditions subsequent, executory agreements, voting trusts, shareholder agreements or othe similar arrangements which may impact the unconditional ownership of such individuals? Yes_____ No_____

H. Do any non-disadvantaged individuals or firms hold any options to purchase stock or have rights to convert non-voting stock or debentures into voting stock? Yes_____ No_____. If yes, provide a copy of relevant documents.

I. Does any person or entity listed in Section II have a present ownership interest of greater thar 10% in an existing 8(a) concern? Yes_____ No_____. If yes, complete:

	Owner/Title	Business Name	Address
1.			
2.			
3.			

J. Is any person claiming disadvantage listed in Section II engaged in or planning to be engaged in outside employment? Yes_____ No_____. If yes, list below.

	Name/Title	Hours Per Week Engaged in Outside Employment and Nature of Such Employment
1.		
2.		
3.		

K. Has applicant or anyone listed in Section II claiming disadvantaged status currently or previously participated in the 8(a) program? Yes_____ No_____. If yes, complete:

	Name	8(a) Concern	Date of Application	SBA Office of Record
1.				
2.				

4. _____ _____ _____ _____

L. Is applicant concern or anyone listed in Section II, including spouse and immediate family members, debarred, suspended, voluntarily excluded or otherwise ineligible for procuremen or non-procurement purposes from any department or agency of the Federal Government? Yes_____ No_____. Attach SBA Form 1623, and if yes, complete:

	Name of Person/Business	Dates of Action	Type of Action	Department or Agency
1.				
2.				
3.				

M. Does a non 8(a) concern in the same or similar line of business (See 13 CFR § 124.100 for definition) have an equity ownership interest of greater than 10% in the applicant concern? Yes_____ No_____

N. Has any individual claiming disadvantaged status transferred assets to his/her spouse within the last two (2) years? Yes_____ No_____. If yes, list the assets and their value below.

_____

_____

O. Do you reside in a Community Property State? Yes_____ No_____

P. Has applicant concern, or anyone listed in Section II, including spouse and immediate family member, ever been an owner, stockholder or guarantor of a concern which has received an SBA loan? Yes_____ No_____. If yes, complete:

	Name	Business Name	Date Approved	Current Status	SBA Office of Record
1.					
2.					
3.					

Q. Does applicant concern have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? Yes_____ No_____. If yes, complete:

	Name and Address of Subsidiary, Affiliate	Description of Relationship
1.		
2.		
3.		
4.		

R. Does any individual listed in Section II not claiming disadvantaged status provide financ bonding support, licenses or required professional certification to the applicant concern Yes_____ No_____. If yes, explain nature of assistance and provide any existing agreer governing that relationship. In case of licenses, provide name of individual(s) to whom license has been issued.

Name of Individual	Type of Support (Financial, Bonding, License, etc.)

S. Is or was any person listed in Section II, including spouse and immediate family members, employee of the U.S. Government (including SBA); a member of the Armed Services of th United States; a member of Congress (or staff); an appointed official or employee of the Legislative or Judicial Branch of Government; an appointed consultant of the Administration; a SCORE or ACE volunteer; a member of a Federally funded community organization or a trade or industry association working with SBA? Yes_____ No_____. yes, provide names and position of any such association, using a separate sheet if more sp is required

	Name	Details and Dates of Association
1.		
2.		
3.		
4.		
5.		

T. Is applicant concern a franchisor or franchisee? Yes_____ No_____

U. Does applicant concern or any person listed in Section II have or intend to enter into any t of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? These include, but not limited to, management and joint venture agreements, indemnity agreements, and a arrangement or contract involving the provision of such compensated services as administrative assistance, data processing, management consulting of all types, marketing purchasing, production and other type of compensated assistance. Yes_____ No_____. yes, attach a copy of any written agreement or an explanation of any oral or intended agreement and mark as Exhibit A.

V. Is applicant concern or any person listed in Section II involved in any present or pending la suits? Yes_____ No_____. If yes, provide details and mark as Exhibit B.

W. Has applicant concern or any person listed in Section II been involved in a bankruptcy or insolvency proceeding within the past seven years? Yes_____ No_____. If yes, provide details and mark as Exhibit C.

complete.

Name of Surety	Bonding Level Single Job	Aggregate

B. Largest bond received: $_____

IV. PRODUCTION PROFILE

1. Floor space (square foot); specify by location, if more than one:

   Manufacturing _____

   Warehouse _____

   Office _____

   Other Facilities _____

2. Provide a detailed listing of your primary operating equipment by quantity, description, age, condition (good, fair, poor) and original cost. Indicate whether it is leased or owned.

Quantity	Description	Age	Condition	Check One Leased	Owned	Original Cost (If Owned)
_____	_____	___	_____	☐	☐	_____
_____	_____	___	_____	☐	☐	_____
_____	_____	___	_____	☐	☐	_____

V. FINANCIAL PROFILE

A. Access to credit and capital:

Place an (X) mark in the space that most accurately describes your concern's access to credit and capital.

1. Ability to obtain working capital from commercial sources:

_____ Financing generally unavailable.
_____ Financing not available at reasonable terms and/or without government guarantees.
_____ Financing available at reasonable terms without guarantees.

2. Ability to obtain long term financing from commercial sources:

_____ Financing generally unavailable.
_____ Financing not available at reasonable terms and/or without government guarantees.
_____ Financing available at reasonable terms without guarantees.

3. Ability to obtain trade credit for materials and/or supplies:

_____ Financing generally unavailable.
_____ Financing not available at reasonable terms and/or without government guarantees.
_____ Financing available at reasonable terms without guarantees.

4. Ability to obtain credit terms for equipment:

_____ Financing generally unavailable.
_____ Financing not available at reasonable terms and/or without government guarantees.
_____ Financing available at reasonable terms without guarantees.

5. Availability of outside equity:

_____ Equity capital unavailable.
_____ Equity capital unavailable at customary terms and conditions.
_____ Equity capital available at customary terms and conditions.

6. Relative access to competitive markets:

_____ Limited penetration of competitive markets.
_____ Moderate success with competitive market penetration.
_____ Successful penetration of competitive markets.

7. Ability to obtain bonding, if applicable:

_____ Bonding generally unavailable.
_____ Bonding not available at reasonable terms and/or without government guarantees
_____ Bonding available at reasonable terms and/or without government guarantees.

B. Existing bank or trade credit arrangements:

Indicate below, a listing of banks and references:

Name, Address, Telephone No.	Contact Person and Position	Nature and Amount of Credit

Read the following paragraphs carefully. Your signature on this 8(a) Business Eligibility Statement indicates acceptance and understanding of these conditions.

A. Authority to collect personal information: The Small Business Administration is authorized to determine eligibility for the 8(a) Program under Section 124 of Title 13 of the U.S. Code c Federal Regulations. The information submitted on SBA Forms 1010A& B is used to determine personal and business eligibility for the 8(a) Program. Information submitted m: be given to Federal, state and local agencies for checking on violations of law.

B. Effects of nondisclosure: Omission of any information may be cause for this application not receiving timely and complete consideration.

C. Disclosure of Information: Disclosure of all information submitted in connection with this application to Federal procurement agencies considering furnishing contracts to this busine is authorized.

D. Non-authorized representatives: There are no "authorized representatives" of SBA other than our regular salaried employees. Payment of any fee or gratuity to SBA employees is illegal and may subject the parties to such a transaction to prosecution.

E. Employment of SBA personnel: Applicant agrees that it will not for a period of two years after any assistance is rendered to it, employ or retain for professional services, any person employed by SBA in a position of discretion one year prior or one year following the date th assistance was rendered.

F. Access to records: Applicant agrees to allow SBA access and the right to examine corporate records including, but not limited to, books, documents, papers, and other material considered by SBA to be necessary.

G. Representatives and fees: It is not necessary that applicant retain representation to assist in the preparation and presentation of this application and SBA will determine the reasonableness of fees or other compensation for services actually performed by representatives on behalf of the applicant. The compensation received by any agent or representatative of an 8(a) applicant for assisting the applicant in obtaining 8(a) certificatior must be reasonable in light of the service(s) performed by the agent or representative. The fee charged by any agent or representative of an 8(a) applicant for assisting the applicant in obtaining 8(a) certification cannot be contingent upon the applicant receiving 8(a) certification.

H. True and complete statements: All information in this 8(a) application, including exhibits, is true and complete to the best of your knowledge and is submitted for consideration of 8(a) eligibility for this concern.

I. Criminal penalties for false statements: If a statement has been made herein which you know to be false, under provisions of the Small Business Act you may be subject to a fine of not more than $500,000 or by imprisonment for not more than 10 years or both.

Signature of preparer if other than applicant

_____

Print or typed name of preparer

_____

If applicant is sole proprietor, proprietor must sign below

By: _____ Date _____

If applicant is a partnership, all partners must sign below

By: _____ Date _____

By: _____ Date _____

By: _____ Date _____

By: _____ Date _____

If applicant is a corporation, President must sign below and Corporate Secretary must witness signature and affix corporate seal (if required by local statute)

Corporate Seal _____ Date _____

By: _____
President's Signature

Attested by: _____
Corporate Secretary's Signature

By _____ Date _____

By _____ Date _____

By _____ Date _____

By _____ Date _____

By _____ Date _____

By _____ Date _____

By _____ Date _____

CHECKLIST OF REQUIRED APPLICATION DOCUMENTS

COMPLETE THE FOLLOWING AND CHECK IF ATTACHED:

ALL APPLICANTS:

- ☐ A resume of the education, technical training, and business and employment experience f each officer and key employee including employer's name, dates of employment, and nat of employment. (All time must be accounted for.)
- ☐ A brief description and history of the business.
- ☐ Business organizational chart with name identification and responsibilities.
- ☐ A current balance sheet and profit and loss statement signed by the Chief Executive Office for the concern no older than 90 days from the filing date of this application, including an aging of accounts receivable and payable.
- ☐ A balance sheet and profit and loss statement for each of the three preceding fiscal year-e periods.
- ☐ Financial Statements of any subsidiaries or affiliates for each of the three preceding fiscal year-end periods.
- ☐ If bonding is required by your industry, a statement of bonding limit from surety company. Statement must specify single job limit and aggregate limit.
- ☐ Statement of line of credit from bank or other financial institution.
- ☐ Copies of any loan agreement(s).
- ☐ Individual federal income tax forms filed for past two years including W-2 forms and all schedules for each owner, partner, officer, director, stockholder, having more then 10% ownership interest, and for all stockholders claiming disadvantaged status for purposes of qualifying the firm for 8(a) participation.
- ☐ Copies of business, Federal Tax returns, including all schedules, filed for the past three year
- ☐ Copy of lease agreement(s) or proof of ownership of business facilities.
- ☐ Copy of lease agreement(s) for equipment if applicable.
- ☐ Copies of any special licenses.
- ☐ Copies of signature cards for all business bank accounts.
- ☐ SBA Form 1623, "Certification Regarding Debarment, Suspension and other Responsibility Matters."

IF A SOLE PROPRIETORSHIP:

- ☐ SBA Form 1010A - 8(a) Personal Eligibility Statement for proprietor claiming social and economic disadvantage.
- ☐ SBA Form 413 - Separate Personal Financial Statements for proprietor and spouse.
- ☐ SBA Form 912 - Statement of Personal History for proprietor, any other person, including a hired manager, who has authority to speak for and commit the concern in the management of the business.

☐ Schedule of business insurances (Comprehensive, Liability, Workmen's Compensation, etc.)

☐ Copies of all management and consulting agreements.

☐ Copies of business Federal Tax forms, including all schedules, filed for past three years.

IF A PARTNERSHIP:

☐ SBA Form 1010A - Personal Eligibility Statement for each partner claiming social and economic disadvantage.

☐ SBA Form 413 - Separate Personal Financial Statement for each partner and his/her spouse.

☐ SBA Form 912 - Statement of Personal History for each partner and any other person including a hired manager, who has authority to speak for and commit the concern in the management of the business.

☐ Partnership agreement, including a buy/sell agreement, if applicable.

☐ Schedule of business insurances (Comprehensive, Liability, Workmen's Compensation, etc.)

☐ Business License (City, County or State, as required by Law)

☐ Copies of all management or consulting agreements.

IF A CORPORATION:

☐ SBA Form 1010A - 8(a) Personal Eligibility Statement for each officer, stockholder or director claiming to be socially and economically disadvantaged.

☐ SBA Form 413 - Separate Personal Financial Statement for each officer, each director and each stockholder having more than 10% ownership in the applicant firm, and spouse of each such individual.

☐ SBA Form 912 - Statement of Personal History for each officer, director and stockholder having more than 10% ownership in the applicant firm, and any other person, including a hired manager, who has authority to speak for and commit the concern in the management of business, and all stockholders claiming to be disadvantaged.

☐ Articles of Incorporation.

☐ By-Laws, including all amendments.

☐ Copies of all minutes of stockholders meetings electing Board of Directors and minutes of last board meeting.

☐ Copies of all minutes of Board of Directors meetings and all resolutions of the Board of Directors.

☐ Copies of stock certificates (front and back) and stock register.

☐ Certificate of good standing from State.

☐ Lease agreement.

☐ List of affiliates.

☐ Schedule of business insurances (Comprehensive, Liability, Workmen's Compensation, etc.)

☐ Copies of all management or consulting agreements.

The following "Participation Agreement" includes terms and conditions for your participation in the 8(a) program. It is important that you fully understand the agreements as contained in the agreement. Your eligibility for the program is contingent upon the signing and returning of the agreement to SBA.

Participation Agreement

In consideration of the benefits of participation in the Small Business Administration's Section 8(a) program, I/we agree to the following terms and conditions of program participation:

1. Financial Data

I/we agree to submit financial statements (balance sheet and profit and loss statements) as required by SBA. I/we acknowledge that submission of such statements is mandatory and a condition of program participation. The profit and loss statements shall indicate separately the amount of sales via 8(a) subcontracts and non-8(a) business. Statement shall be:

(a) Audited annual statements from an independent qualified public accountant for those concerns with actual gross annual receipts of $2,500,000 or more.

(b) Reviewed annual statements from an independent qualified public accountant from those concerns with gross annual receipts of $1,000,000 to $2,499,999.

(c) Annual statements verified as to accuracy by the proprietor or an authorized officer, from those concerns with actual gross annual receipts less than $1,000,000.

(d) Quarterly unaudited statements verified as to accuracy by the proprietor, a partner or an authorized officer regardless of amount of gross receipts, which may be prepared internally or by an independent qualified public accountant.

(e) Audited or reviewed annual and/or quarterly statements may be required from an independent qualified public accountant when the SBA decides it is vital to obtain a more thorough verification of a concern's assets and liabilities.

I/we acknowledge that one cause for termination of an 8(a) concern in the program is failure or refusal to provide SBA with required quarterly and annual financial statements and reports within 90 days after the close of the quarter and any other such reports as SBA may require.

2. Income Tax Returns

I/we agree to submit copies of personal income tax returns for all persons upon whom eligibility is based as well as business income tax returns as required by SBA.

3. Criteria for program termination:

I/we acknowledge that my (our) firm may be terminated from the 8(a) program upon the occurrence of any one or more of the following:

(a) Failure by the concern to continue to maintain its eligibility for program participation.

(b) Failure by the concern to maintain its status as a small business under the Small Business Act, as amended, and the regulations promulgated thereunder.

eligibility was based, to maintain ownership, full-time day-to-day management, and control by the person(s) who has (have) been determined to be socially and economically disadvantaged.

(d) Failure by the concern to obtain written approval from SBA for any changes in ownership, management or control.

(e) Failure by the concern to disclose to SBA the extent to which non-disadvantaged persons or firms participate in the management of the section 8(a) business concern.

(f) A demonstrated pattern of failing to make required submissions or responses to the Administration in a timely manner, including:

(i) Failure by the concern to provide SBA with required quarterly or annual financial statements within 90 days of the close of the reporting period, or required audited financial statements within 180 days of the close of the reporting period. Failure to provide SBA with requested tax returns, reports, or other available data within 30 days of the date of request.

(ii) Failure by the concern to submit an updated business plan within 30 days of receipt of request, without an extension of time which has been approved by SBA.

(iii) Failure by the concern to provide documents or certifications of continuing eligibility or otherwise respond to requests for information relating to the section 8(a) program from SBA or other authorized government officials within the time frames provided for in the requests.

(g) Cessation of business operations by the concern.

(h) Failure by the concern to achieve the goals cited in its original or modified business plan as a result of repeated refusals to accept or utilize SBA assistance.

(i) Failure by the concern to pursue competitive and commercial business in accordance with the business plan, or failure to make reasonable efforts to achieve competitive status.

(j) Failure by the concern to engage in business practices that will promote its competitiveness within a reasonable period of time as evidenced by, among other indicators, a pattern of inadequate performance or unjustified delinquent performance or terminations for default with respect to contracts awarded under the authority of section 8(a).

(k) A pattern of inadequate performance of awarded section 8(a) procurement subcontracts by the concern.

(l) Failure by concern to pay or repay significant financial obligations owed to the Federal Government.

(m) Failure by the concern to obtain and keep current any and all required permits, licenses, and charters.

(n) Diversion of funds or other assets from the section 8(a) business concern for the personal benefit of its disadvantaged owners or any person or entity affiliated with such owners which is detrimental to the achievement of the targets, objectives and goals contained in such Program Participant's business plan.

(o) Unauthorized use of business development expense funds and/or advance payment funds and/or SBA direct, guaranty or immediate participation loan proceeds; or violation of an advance payment, business development expense agreement, or loan agreement.

(p) Failure by the concern to obtain prior SBA approval of any management agreement, joint venture agreement or other agreement relative to the performance of a section 8(a) subcontract. Violation of any requirement of a management, joint venture, or other agreement approved by SBA by either the section 8(a) concern or one of the joint venturer

(q) Failure by the concern to obtain approval from SBA before subcontracting under a section 8(a) subcontract, or failure by the concern to abide by any conditions imposed by SBA upor such approval.

(r) Violation by the concern of a section 8(a) subcontract provision which prohibits contingent fees and gratuities; or failure to disclose to SBA fees paid or to be paid, or costs incurred or committed to third parties, directly or indirectly, in the process of obtaining section 8(a) contracts or subcontracts.

(s) Knowing submission of false information to SBA on behalf of a section 8(a) business concer by its principals, officers, or agents, or by its employees, where the principal(s) of the sectio 8(a) concern knows or should have known such submission to be false.

(t) Debarment, suspension, voluntary exclusion or ineligibility of the concern or its principals.

(u) Conviction of the concern or the individual(s) upon whom 8(a) program eligibility is based any offense indicating a lack of business integrity including but not limited to:

(i) Commission of a criminal offense as an incident to obtaining or attempting to obtain public or private contract, or subcontract thereunder, or in the performance of such contract or subcontract.

(ii) Violation of the Organized Crime Control Act of 1970 (Public Law 91-452; 84 Stat. 922

(iii) Embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or any other offense indicating a lack of business integrity or business honesty which seriously and directly affects the question of present responsibility as a government contractor;

(iv) Violation of any Federal antitrust statute; or

(v) Commission of any felony not specifically listed above.

(vi) Violation of § 16 of the Small Business Act, (15 U.S.C. § 645)

(v) Conviction of a non-disadvantaged owner or officer of the concern for any offense describe above in reason u, provided that one or more disadvantaged owners or officers of the concern abetted, conspired with or otherwise acquiesced in the owner's or officer's commission of the offense.

(w) Willful failure on behalf of an 8(a) business concern to comply with applicable labor standards and obligations.

(x) Violation of any terms and conditions of the 8(a) Program Participation Agreement.

(y) Willful violation by an 8(a) business concern, or any of its principals, of any rule or regulation of the Administration pertaining to material issues.

4. Discriminatory Prohibitions

I/we give assurance that the concern will comply with Sections 112 and 113 of Title 13 of the Code of Federal Regulations. These code sections prohibit discrimination on the grounds of rac color, sex, religion, marital status, handicap, age or national origin.

I/we agree to fully cooperate with any and all requests from authorized government officials (including auditors from SBA and other agencies) for examination of business records and an other information deemed necessary by such officials for legitimate program purposes. Furthermore, I/we agree to participate in any interviews which may be requested by such authorized government official(s).

Acceptance of Participation Agreement:

Name of Concern: _____

Signature of Owner or Authorized Officer of Firm and Title — Date

8(a) BUSINESS ELIGIBILITY STATEMENT--PART II
CAPABILITY REVIEW AND REQUIREMENT REQUEST

1. BUSINESS NAME: _____

   BUSINESS ADDRESS: _____

   _____

   COMPANY CONTACT, TITLE: _____

   TELEPHONE NO. (including area code): _____

2. TYPE OF BUSINESS (Check Applicable Box(es):

   ☐ Manufacturer or Producer ☐ Professional Service ☐ Non-Professional Service

   ☐ Construction ☐ Wholesale/Retail Trade ☐ Other(Specify)

3. LIST PRODUCTS OR SERVICES WHICH THE APPLICANT FIRM NOW PROVIDES:

   _____ _____

   _____ _____

4. WHAT IS THE FIRM'S PRIMARY BUSINESS ACTIVITY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE? _____.

5. CONTRACTS HELD WITH FEDERAL GOVERNMENT DURING PAST 2 YEARS:
   (List separately. Use an attachment if more space is needed.)

PROCURING AGENCY	DESCRIPTION	$ VALUE

6. LIST PRODUCTS OR SERVICES IN YOUR PRIMARY INDUSTRY THAT THE APPLICANT FIRM SEEKS TO SELL TO THE FEDERAL GOVERNMENT THROUGH THE 8(a) PROGRAM:

FEDERAL PRODUCT SERVICE CODE (To be completed by SBA)	DESCRIPTION OF PRODUCT OR SERVICE (To be completed by applicant)

OFFICIALS OR SMALL BUSINESS SPECIALISTS THAT YOU HAVE CONTACTED REGARDING THE SALE OF YOUR SUPPLIES OR SERVICES. (Attach a separate list if more space is needed.):

NAME	PROCURING ACTIVITY	TELEPHONE

TO BE COMPLETED BY SBA:

☐ LOCAL BUY ☐ NATIONAL BUY

Recommendation of ADD/MSB&COD:

Signature Date

Finding of Central Office (National Buy Only):

Signature Date

RECOMMENDATION OF ARA/MSB&COD

Signature Date

PLEASE NOTE: The estimated burden hours for the completion of this form is 4 hours per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection please contact, Chief Administrative Information Branch, U.S. Small Business Administration, 409 3rd St., N.W., Washington, D.C. 20416 and Gary Waxman, Clearance Officer, Paperwork Reduction Project (3245–0125), Office of Management and Budget, Washington, D.C. 20503.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994 380-490/20114

8(A) INFORMATION

SMALL BUSINESS DEVELOPMENT CENTER

HOWARD UNIVERSITY WASHINGTON DC - LOCATION

MR. JOSE HERNANDEZ (202) 806-1550

SMALL BUSINESS DEVELOPMENT CENTER

MARYLAND LOCATION

MR. EVANS (301) 883-6493 - LANDOVER LOCATION
OR (301) 445-7324 - LANGLEY PARK LOCATION

MR. PETE BANG OR MS. LINDA BLACK (301) 217-2345
ROCKVILLE - LOCATION

SMALL BUSINESS DEVELOPMENT CENTER

VIRGINIA LOCATION

MS. ERWIN (703) 993-8300 - GEORGE MASON UNIVERSITY

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* THE SMALL BUSINESS DEVELOPMENT CENTERS WILL ASSIST CLIENTS IN FILLING OUT THEIR 8(A) APPLICATION. THIS IS A FREE SERVICE. CONTACT THE SMALL BUSINESS DEVELOPMENT CENTER IN YOUR AREA TO SET UP AN APPOINTMENT.

8(a) PERSONAL ELIGIBILITY STATEMENT

OMB Approval No: 3245-0015
Expiration Date: 11/30/95

Individual's Name _____

Applicant Business Name: _____

INSTRUCTIONS:

Answers to the following questions will be used to determine your personal eligibility for this program and all applicable questions should be fully addressed. When answers require additional space, use plain white paper properly identifying the item numbers.

I. SOCIAL DISADVANTAGE

1. I am a U.S. citizen.

☐ Yes ☐ No

2. I am claiming social disadvantage because of my identification as a:

☐ Black American

☐ Hispanic American

☐ Native American (American Indian, Eskimo, Aleut or Native Hawaiian)

☐ Asian Pacific American [An individual with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, The Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru.]

☐ Subcontinent Asian American (An individual with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal)

☐ Not applicable

If you have indicated your membership in one of the groups listed above, proceed to Section II, "Economic Disadvantage." If you have checked "Not Applicable," proceed to question 3 below and answer all applicable questions that follow. Refer to the Code of Federal Regulations, 13 C.F.R. 124.105(c), for 8(a) program regulations regarding the establishment of social disadvantage for individuals who are not members of the designated groups. Document fully any incidences of racial or ethnic prejudice or cultural bias or discriminatory practices which negatively impacted your entry into and/or advancement in the business world and over which you had no control. Please mark "N/A" under any questions not applicable to your circumstances. Answer all questions fully. You do not need to limit your responses to the space provided. Attach additional sheets as necessary.

3. I am claiming social disadvantage because of my membership in a group other than those listed above

☐ Yes ☐ No Identify basis for the claim of social disadvantage: _____

4. I am socially disadvantaged because I have personally been subjected to: (Check one or more)

☐ Racial prejudice ☐ Cultural bias

☐ Ethnic prejudice

5. Are you a resident of a geographic area having long term chronic high unemployment and economic depression? If so, explain precisely how and whether such residence has caused and continues to cause cultural, social or economic disadvantage.

6. Do you have a chronic physical handicap which has led to discriminatory practices against you which have restricted and still restrict professional acceptance, employment, access to credit, capital and/or markets? If so, explain fully.

7. Have you because of your cultural, ethnic, or social background been subjected to chronic substantial discrimination which has caused you unemployment, limited educational opportunities or personal deprivation? If so, explain fully.

8. Have you experienced low income status because of apparent discriminatory practice? If so, explain precisely how such discriminatory practices led to your having limited access to needed technical, financial, or management resources and equal opportunity in obtaining contracts.

9. Use the space below to outline other specific and pertinent examples of chronic social and economic disadvantage not covered above.

II. ECONOMIC DISADVANTAGE

Because of racial and/or ethnic prejudice, and/or cultural bias, my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same business area who are not socially disadvantaged. (Same business area in this context means same line of business and same competitive market area).

☐ Yes ☐ No

If the answer is yes, document below how your ability to compete in the market place has been impaired by such things as inability to obtain adequate bonding, credit or financing; inability to obtain licenses, leases and certifications; restriction of your markets to certain racial, ethnic or social groups; unemployment, underemployment, etc. Be very specific when giving examples.

Read the following paragraphs carefully. Your signature on this 8(a) Personal Eligibility Statement indicates your understanding and acceptance of these conditions.

a. Authority to Collect Personal Information: The Small Business Administration (SBA) is authorized to determine eligibility for the 8(a) Program under Section 124 of Title 13 of the U.S. Code of Federal Regulations. The information submitted on SBA Forms 1010A and 1010B is used to determine personal and business eligibility for the 8(a) Program. Information submitted may be given to Federal, State and local agencies for law violations.

b. Effects of Nondisclosure: Omission of any information may be cause for this application not receiving timely and complete consideration.

c. Non-Authorized Representatives: There are no authorized representatives of SBA other than our regular salaried employees. Payment of any fee or gratuity to SBA employees is illegal and will subject the parties to such a transaction to prosecution.

d. Representatives and Fees: It is not necessary for you to retain representation to assist in the preparation and presentation of this or any other 8(a) application. However, if you do retain such representation, SBA will determine the reasonableness of fees or other compensation for services actually performed by representatives on behalf of you.

e. True and Complete Statements: By signing this form you are certifying that all information in this 8(a) Personal Eligibility Statement, including exhibits, is true and complete to the best of your knowledge and is submitted for consideration of 8(a) Program eligibility.

f. False Statements: If you make a statement herein which you know to be false, under provisions of the Small Business Act you can be subject to a fine of not more than $500,000 or by imprisonment for not more than 10 years, or both.

g. Use of Eligibility: Program regulations provide that neither a concern nor any individual whose personal disadvantaged status was required to qualify a concern for 8(a) program participation shall be eligible to reapply for program participation. You will be found to have used your eligibility for the 8(a) program if you claim disadvantaged status by completing this form and SBA approves the applicant concern for program participation.

Contact your local SBA office if you need assistance in preparing this or any other application material or if you have any questions concerning the payment of representatives fees.

_____
Name of Business

_____ _____
Signature of Preparer if other than Applicant Date

_____
Printed or Typed Name of Preparer

_____ _____
Signature of the Applicant Date

_____
Printed or Typed Name and Title

PLEASE NOTE: The estimated burden hours for the completion of this form is 1 hour per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection, please contact, Chief Administrative Information Branch, U.S. Small Business Administration, 409 3rd St., N.W., Washington, D.C., 20416, and Gary Waxman, Clearance Officer, Paperwork Reduction Project (3245–0015), Office of Management and Budget, Washington, D.C. 20503.

GPO : 1993 - 347-993

Return Executed Copies 1, 2, and 3 to SBA

Expiration Date: 2-28-97

United States of America

SMALL BUSINESS ADMINISTRATION

STATEMENT OF PERSONAL HISTORY

Please Read Carefully - Print or Type

Each member of the small business concern or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. If a sole proprietorship by the proprietor.
2. If a partnership by each partner.
3. If a corporation or a development company, by each officer, director, and additionally by each holder of 20% or more of the voting stock.
4. Any other person including a hired manager, who has authority to speak for and commit the borrower in the management of the business.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for:

Loan Case No.

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

First Middle Last

Name and Address of participating bank (when applicable)

2. Date of Birth: (Month, day, and year)

3. Place of Birth: (City & State or Foreign Country)

4. Give the percentage of ownership or stock owned or to be owned in the small business concern or the Development Company

Social Security No.

U.S. Citizen ? ☐ YES ☐ NO

If no, give alien registration number:

5. Present residence address: City State

From: To: Address:

Home Telephone No. (Include A/C):

Business Telephone No. (Include A/C):

Immediate past residence address:

From: To: Address:

BE SURE TO ANSWER THE NEXT 3 QUESTIONS CORRECTLY BECAUSE THEY ARE IMPORTANT.

THE FACT THAT YOU HAVE AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU. BUT AN INCORRECT ANSWER WILL PROBABLY CAUSE YOUR APPLICATION TO BE TURNED DOWN.

IF YOU ANSWER "YES" TO 6, 7, OR 8, FURNISH DETAILS IN A SEPARATE EXHIBIT. INCLUDE DATES; LOCATION; FINES, SENTENCES, ETC.; WHETHER MISDEMEANOR OR FELONY; DATES OF PAROLE/PROBATION; UNPAID FINES OR PENALTIES; NAMES UNDER WHICH CHARGED; AND ANY OTHER PERTINENT INFORMATION.

6. Are you presently under indictment, on parole or probation?
☐ Yes ☐ No (If yes, indicate date parole or probation is to expire.)

7. Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or nolle prosequi (All arrests and charges must be disclosed and explained on an attached sheet.)
☐ Yes ☐ No

8 Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation?
☐ Yes ☐ No

9. ☐ Fingerprints Waived
Date Approving Authority

☐ Fingerprints Required
Date Sent to FBI _____
Date Approving Authority

10. ☐ Cleared for Processing
Date Approving Authority

☐ Request a Character Evaluation
Date Approving Authority

The information on this form will be used in connection with an investigation of your character. Any information you wish to submit that you feel will expedite this investigation should be set forth.

CAUTION: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than $10,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than twenty years and/or a fine of not more than $1,000,000.

Signature	Title	Date

It is against SBA's policy to provide assistance to persons not of good character and therefore consideration is given to the qualities and personality traits of a person, favorable and unfavorable, relating thereto, including behavior, integrity, candor and disposition toward criminal actions. It is also against SBA's policy to provide assistance not in the best interests of the United States, for example, if there is reason to believe that the effect of such assistance will be to encourage or support, directly or indirectly, activities inimical to the Security of the United States. Anyone concerned with the collection of this information, as to its voluntariness, disclosure of routine uses may contact the FOIA Office, 409 3rd St. S.W., and a copy of 9 "Agency Collection of Information" from SOP 40 04 will be provided.

Please Note: The estimated burden hours for completion of this form is 15 minutes per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection contact, Chief Administrative Information Branch, U.S. Small Business Administration 409 Third Street, S.W. Washington, D.C. 20416 or Gary Waxman, Clearance Officer, Paperwork Reduction Project (3245-0178), Office of Management and Budget, Washington, D.C. 20503.

Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

(1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name _____

Date _____ By _____
Name and Title of Authorized Representative

_____
Signature of Authorized Representative

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transactions," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

SBA

U.S. Small Business Administration

Form **4506**
(Rev. October 1994)
Department of the Treasury
Internal Revenue Service

Request for Copy or Transcript of Tax Form

▶ Please read instructions before completing this form.

▶ Please type or print clearly.

OMB No. 1545-0429

Note: *Do not use this form to get* ***tax account information.*** *Instead, see instructions below.*

1a Name shown on tax form	1b First social security number on tax form or employer identification number (See instructions.)
2a If a joint return, spouse's name shown on tax form	2b Second social security number on tax form
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions.)	
4 If copy of form or a tax return transcript is to be mailed to someone else, show the third party's name and address.	
5 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here . . . . . ▶ ☐	
6 If name in third party's records differs from line 1a above, show name here. (See instructions.) ▶	

7 Check only one box to show what you want:

a ☐ Tax return transcript of Form 1040 series filed during the current calendar year and the 2 preceding calendar years. (See instructions.) (The transcript gives most lines from the original return and schedule(s).) There is no charge for a transcript request made before October 1, 1

b ☐ Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). The charge is $14.00 for each period requested.
Note: *If these copies must be certified for court or administrative proceedings, see instructions and check here* . . . . . ▶ ☐

c ☐ Verification of nonfiling. There is no charge for this.

d ☐ Copy of Form(s) W-2 only. There is no charge for this. See instructions for when Form W-2 is available.
Note: *If the copy of Form W-2 is needed for its state information, check here* . . . . . ▶ ☐

8 If this request is to meet a requirement of one of the following, check all boxes that apply.
☐ Small Business Administration ☐ Department of Education ☐ Department of Veterans Affairs ☐ Financial institution

9 Tax form number (Form 1040, 1040A, 941, etc.)	11 Amount due for copy of tax form:
	a Cost for each period . . . . . $ 14.00
	b Number of tax periods requested on line 10 . . . . .
10 Tax period(s) (year or period ended date). If more than four, see instructions.	c Total cost. Multiply line 11a by line 11b. . $

Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service."

Please Sign Here ▶ Signature. See instructions. If other than taxpayer, attach authorization document. Date

▶ Title (if line 1a above is a corporation, partnership, estate, or trust)

Telephone number of req ( )

Best time to call

Instructions

A Change To Note.—Form 4506 may be used to request a tax return transcript of the Form 1040 series filed during the current calendar year and the 2 preceding calendar years. There is no charge for a tax return transcript requested before October 1, 1995. You should receive it within 10 workdays after we receive your request. For more details, see the instructions for line 7a.

Purpose of Form.—Use Form 4506 only to get a copy of a tax form, tax return transcript, verification of nonfiling, or a copy of Form W-2. But if you need a copy of your Form(s) W-2 for social security purposes only, do not use this form. Instead, contact your local Social Security Administration office.

Do not use this form to request Forms 1099 or tax account information. If you need a copy of a Form 1099, contact the payer. However, Form 1099 information is available by calling or visiting your local IRS office.

Note: *If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.*

If you are requesting a copy of a tax form, please allow up to 60 days for delivery. However, if your request is for a tax return transcript, please allow 10 workdays after we receive your request. To avoid any delay, be sure to furnish all the information asked for on this form. You must allow 6 weeks after a tax form is filed before requesting a copy of it or a transcript.

Tax Account Information Only.—If you need a statement of your tax account showing any later changes that you or the IRS made to the original return, you will need to request tax account information. Tax account information will list certain items from your return including any later changes.

To request tax account information, do not complete this form. Instead, write or an IRS office or call the IRS toll-f number listed in your telephone directory.

If you want your tax account information sent to a third party, complete Form Tax Information Authorization. You get this form by calling 1-800-TAX-FORM (1-800-829-3676).

Line 1b.—Enter your employer identification number only if you are requesting a copy of a business tax form. Otherwise, enter the first social security number shown on the form.

Line 2b.—If requesting a copy or transcript of a joint tax form, enter the second social security number shown on the tax form.

Note: *If you do not complete line 1b and, if applicable, line 2b, there may be a delay in processing your request.*

Line 3.— For a tax return transcript, a copy of Form W-2, or for verification of nonfiling, if your address on line 3 is different from the address shown on the last return you and you have not notified the IRS of a new address, either in writing or by filing Form Change of Address, you must attach either—

(Continued on

• A copy of two pieces of identification that have your signature, or

• An original notarized statement affirming your identity.

Line 4.—If you have named someone else to receive the tax form or tax return transcript (such as a CPA, an enrolled agent, a scholarship board, or a mortgage lender), enter the name and address of the individual. If we cannot find a record of your tax form, we will notify the third party directly that we cannot fill the request.

Line 6.—Enter the name of the client, student, or applicant if it is different from the shown on line 1a. For example, the on line 1a may be the parent of a student applying for financial aid. In this case, would enter the student's name on line 6 so the scholarship board can associate the form or tax return transcript with their file.

Line 7a.—If you are requesting a tax return transcript, check this box. Also, on line 9 enter the tax form number, on line 10 enter the tax period, and on line 11c enter "no ." However, if you prefer, you may get a return transcript by calling or visiting your local IRS office.

A tax return transcript shows most lines from the original return (including accompanying forms and schedules). It does reflect any changes you or the IRS made to the original return. If you have changes to your tax return and want a statement of your account with the changes, see **Tax Account Information Only** on the front. A tax return transcript is available for any returns of the 1040 series (such as Form 1040, 1040A, or 1040EZ) filed during the current calendar and the 2 preceding calendar years.

In many cases, a tax return transcript will the requirement of any lending institution such as a financial institution, the Department of Education, or the Small Business Administration. It may also be used to verify that you did not claim any itemized deductions for a residence.

7b.—If you are requesting a certified copy of a tax form for court or administrative proceedings, check the box to the right of line 7b. It will take at least 60 days to process request.

Line 7c.—Check this box only if you want proof from the IRS that you did not file a return for the year. Also, on line 10 enter the period for which you are requesting verification of nonfiling, and on line 11c, enter "no charge."

Line 7d.—If you need only a copy of your Form(s) W-2, check this box. Also, on line 9 enter "Form(s) W-2 only," and on line 11c enter "no charge."

Forms W-2 are available only from 1978 to the present. Form W-2 information is only available 18 months after it is submitted by your employer. But you can get this information even if you request a copy of your tax return and all attachments. See line 7b.

If you are requesting a copy of your spouse's Form W-2, you must have your spouse's signature on the request. If you lost your Form W-2 or have not received it by the time you are ready to prepare your tax return, contact your employer.

Line 10.—Enter the year(s) of the tax form or tax return transcript you are requesting. For fiscal-year filers or requests for quarterly tax forms, enter the date the period ended; for example, 3/31/93, 6/30/93, etc. If you need more than four different tax periods, use additional Forms 4506. Tax forms filed 6 or more years ago may not be available for making copies. However, tax account information is generally still available for these periods.

Line 11c.—Write your social security number or Federal employer identification number and "Form 4506 Request" on your check or money order. If we cannot fill your request, we will refund your payment.

Signature.—Requests for copies of tax forms or tax return transcripts to be sent to a third party must be signed by the person whose name is shown on line 1a or by a person authorized to receive the requested information.

Copies of tax forms or tax return transcripts for a jointly filed return may be furnished to either the husband or the wife. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original tax form. If you changed your name, also sign your current name.

For a corporation, the signature of the president of the corporation, or any principal officer and the secretary, or the principal officer and another officer are generally required. For more details on who may obtain tax information on corporations, partnerships, estates, and trusts, see Internal Revenue Code section 6103.

If you are not the taxpayer shown on line 1a, you must attach your authorization to receive a copy of the requested tax form or tax return transcript. You may attach a copy of the authorization document if the original has already been filed with the IRS. This will generally be a **power of attorney** (Form 2848), or **other authorization**, such as Form 8821, or evidence of entitlement (for Title 11 Bankruptcy or Receivership Proceedings). If the taxpayer is deceased, you must send Letters Testamentary or other evidence to establish that you are authorized to act for the taxpayer's estate.

Note: *Form 4506 must be received by the IRS within 60 days after the date you signed and dated the request.*

Where To File.—Mail Form 4506 with the correct total payment attached, if required, to the **Internal Revenue Service Center** for the place where you lived when the requested tax form was filed.

Note: *You must use a separate form for each service center from which you are requesting a copy of your tax form or tax return transcript.*

If you lived in:	Use this address:
New Jersey, New York (New York City and counties of Nassau, Rockland, Suffolk, and Westchester)	1040 Waverly Ave. Photocopy Unit Stop 532 Holtsville, NY 11742
New York (all other counties), Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	310 Lowell St Photocopy Unit Stop 679 Andover, MA 01810
Florida, Georgia, South Carolina	4800 Buford Hwy Photocopy Unit Stop 91 Doraville, GA 30362
Indiana, Kentucky, Michigan, Ohio, West Virginia	P.O. Box 145500 Photocopy Unit Stop 524 Cincinnati, OH 45250
Kansas, New Mexico, Oklahoma, Texas	3651 South Interregional Hwy. Photocopy Unit Stop 6716 Austin, TX 73301
Alaska, Arizona, California (counties of Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba), Colorado, Idaho, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	P.O. Box 9953 Photocopy Unit Stop 6734 Ogden, UT 84409
California (all other counties), Hawaii	5045 E. Butler Avenue Photocopy Unit Stop 52180 Fresno, CA 93888
Illinois, Iowa, Minnesota, Missouri, Wisconsin	2306 E. Bannister Road Photocopy Unit Stop 57A Kansas City, MO 64999
Alabama, Arkansas, Louisiana, Mississippi, North Carolina, Tennessee	P.O. Box 30309 Photocopy Unit Stop 46 Memphis, TN 38130
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, a foreign country, or A.P.O. or F.P.O address	11601 Roosevelt Blvd. Photocopy Unit DP 536 Philadelphia, PA 19255

Privacy Act and Paperwork Reduction Act Notice.—We ask for the information on this form to establish your right to gain access to your tax form or transcript under the Internal Revenue Code, including sections 6103 and 6109. We need it to gain access to your tax form or transcript in our files and properly respond to your request. If you do not furnish the information, we will not be able to fill your request. We may give the information to the Department of Justice or other appropriate law enforcement official, as provided by law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping	13 min.
Learning about the law or the form	7 min.
Preparing the form	25 min.
Copying, assembling, and sending the form to the IRS. . .	17 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Attention: Reports Clearance Officer, PC:FP, Washington, DC 20224; and the **Office of Management and Budget**, Paperwork Reduction Project (1545-0429), Washington, DC 20503. **DO NOT** send this form to either of these offices. Instead, see **Where To File** on this page.

OMB Approval No. 3245-0188

PERSONAL FINANCIAL STATEMENT

U. S. SMALL BUSINESS ADMINISTRATION

As of _____, 19____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name — Business Phone ( )

Residence Address — Residence Phone ( )

City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS (Omit Cents)		**LIABILITIES** (Omit Cents)	
Cash on hands & in Banks	$	Accounts Payable	$
Savings Accounts	$	Notes Payable to Banks and Others (Describe in Section 2)	$
IRA or Other Retirement Account	$	Installment Account (Auto) Mo. Payments $	$
Accounts & Notes Receivable	$	Installment Account (other) Mo. Payments $	$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	$	Loan on Life Insurance	$
Stocks and Bonds (Describe in Section 3)	$	Mortgages on Real Estate (Describe in Section 4)	$
Real Estate (Describe in Section 4)	$	Unpaid Taxes (Describe in Section 6)	$
Automobile-Present Value	$	Other Liabilities (Describe in Section 7)	$
Other Personal Property (Describe in Section 5)	$	Total Liabilities	$
Other Assets (Describe in Section 5)	$	Net Worth	$
Total	$	**Total**	$

Section 1. Source of Income		**Contingent Liabilities**	
Salary	$	As Endorser or Co-Maker.	$
Net Investment Income	$	Legal Claims & Judgments	$
Real Estate Income	$	Provision for Federal Income Tax	$
Other Income (Decribe below)*	$	Other Special Debt	$

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: Date: Social Security Number:

Signature: Date: Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.

OMB Approval No. 3245-0188

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U. S. SMALL BUSINESS ADMINISTRATION

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Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name | Business Phone ( )

Residence Address | Residence Phone ( )

City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
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Other Personal Property (Describe in Section 5)	$	Total Liabilities	$
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Total	$	**Total**	$

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Present Market Value			
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Mortgage Account Number			
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