



**8(a) Business Development (BD) Program Application  
Native Hawaiian Organization-Owned Concern**

To Be Completed by SBA

Date Received \_\_\_\_\_

CTS Number \_\_\_\_\_

**Business Information**

1. Name of Parent Native Hawaiian Organization (NHO) \_\_\_\_\_

2. Address of Parent NHO \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Business Name of Applicant Concern (include any trade or d.b.a. names)\* \_\_\_\_\_

**\* The business must be for profit.**

4. Street Address for Business \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Mailing address (if different from above) \_\_\_\_\_ Telephone (Area Code/#): \_\_\_\_\_

\_\_\_\_\_ Fax Number (Area Code/#): \_\_\_\_\_

\_\_\_\_\_

6. Type of Business:	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Dealer	<input type="checkbox"/> Construction
	<input type="checkbox"/> Professional Service	<input type="checkbox"/> Non-Professional Service	<input type="checkbox"/> Concession
	<input type="checkbox"/> Franchise	<input type="checkbox"/> Wholesaler	

7. IRS Employer's ID Number \_\_\_\_\_ Number of Employees \_\_\_\_\_ Date Established \_\_\_\_\_

8. 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.

9. PRO-Net User ID#, if applicable: \_\_\_\_\_

10. Is the firm located in a HUBZONE area? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know

11. Is the applicant concern certified as a Disadvantaged Business Enterprise (DBE) by a Department of Transportation recipient? \_\_\_\_\_

**If yes, identify States(s) and ID number(s):** \_\_\_\_\_

12. Do you have any other certification as a disadvantaged business entity, I.E. MBE, DBE, WBE, etc.? \_\_\_\_\_

**If yes, by which state or localities?** \_\_\_\_\_

**Ownership and Management Information**

13. The applicant concern is:  Corporation  Partnership  Limited Liability Company

*FOR CORPORATIONS ONLY:*

No. of Shares Authorized by Articles of Incorporation: \_\_\_\_\_ No. of Shares Issued: \_\_\_\_\_

No. of Directors authorized Articles of Incorporation; by-laws; or by amendment to the by-laws: \_\_\_\_\_

14. **List Owners, Directors, Officers, Partners and/or Members.**

Name and Title:	% Owned	Director	Officer?	Partner or Member?	U.S. Citizen?
[Circle]					
Mr./Ms. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mr./Ms. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mr./Ms. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mr./Ms. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mr./Ms. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**FOR ALL CONCERNS:**

15. Does the applicant concern hold in aggregate, more than a 20 percent equity ownership interest in an existing 8(a) BD concern? Yes  No  . **If yes, provide the following information: name, title, business name and addresses, and percentage of ownership. Mark as Attachment 15A.**

16. Does the applicant concern or any nondisadvantaged individual, in aggregate with all immediate family members, or non-participant concern listed above own, a) more than a 10 percent interest in an existing 8(a) BD concern in the developmental stage; or b) more than a 20 percent interest in an existing 8(a) BD concern in the transitional stage? Yes  No  . **If yes, provide the following information: name, title, business name and address of other 8(a) BD concern, percentage of ownership, and whether the firm is in the developmental or transitional stage. Mark as Attachment 16A.**

17. Does another concern in the same or similar line of business as the applicant firm own at least 10 percent of the applicant concern? Yes  No  . **If yes, provide the following information: company name, business address, affiliation with the applicant firm and percentage of ownership. Also, indicate if the firm is a former 8(a) BD program participant. Mark as Attachment 17A.**

18. Has the applicant concern currently or previously participated in the 8(a) BD program? Yes  No  . **If yes, provide the following information: business name of the previous Participant in the 8(a) BD program, individual name, title, address of the previous Participant, dates of participation in the 8(a) BD program and SBA servicing office of record. Mark as Attachment 18A.**

19. Has the applicant concern ever been an owner, stockholder or guarantor for a concern which has received an SBA loan? Yes  No  . **If yes, provide the following information: business name, date approved, current status, and SBA office of record. Mark as Attachment 19A.**

20. Does the applicant concern, not including any firms owned by the NHO, have any subsidiaries or affiliates (see 13 CFR 121§103) or is it a subsidiary or affiliate of another concern? Yes  No . **If yes, provide the following information: name and address of subsidiary and/or affiliate and an explanation of the existing relationship. Mark as Attachment 20A.**
21. Is the applicant concern, any person listed above, or another person, such as key employees with significant authority over the concern, involved in any present or pending lawsuits? Yes  No . **If yes, provide the following information: name of the individual, details of the suit, including current status, and provide a copy of any available documents. Mark as Attachment 21A.**
22. Has the applicant concern filed for bankruptcy or insolvency proceedings within the past seven years? Yes  No  **If yes, provide details and a copy of the bankruptcy court's final dispensation. Mark as Attachment 22A.**
23. Is the applicant concern, any director, officer, partner, member, or any owner of more than 10% (or their spouse), or any immediate family member 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, please provide a list of such individuals identifying their names and positions with said organization. Mark as Attachment 23A.**
24. Does the Tribe own the applicant concern directly or through a wholly-owned subsidiary? \_\_\_\_\_ If through a wholly owned subsidiary, provide the name and address of the wholly owned subsidiary. \_\_\_\_\_

When submitting your application, please provide the original application, including all original SBA and IRS Forms, and a copy of the items listed in the "Checklist of Required 8(a) BD Program Application Documents." All complete applications will be processed; incomplete applications will be returned.

**FOR CORPORATIONS ONLY:**

Corporate Seal (if required by state):

By: President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Attest By: Corporate Secretary's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR ALL CONCERNS (corporations, partnerships and limited liability companies):**

**All officers, directors, partners, members and all owners of more than 10% must sign below.**

By: \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: The estimated burden for completing this form is 5 Hours per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number.**

**Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 3<sup>rd</sup> St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 2050., OMB Approval (3245-0015).**

**PLEASE DO NOT SEND FORMS TO OMB**

The questions on the attached form were abstracted from the previous SBA Form 1010B OMB #3245-0015.

**CHECKLIST OF REQUIRED 8(a) BD PROGRAM APPLICATION DOCUMENTS FOR  
NATIVE HAWAIIAN ORGANIZATION-OWNED CONCERN**

Please 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 SBA Form 1010A, Personal Eligibility Statement - Provide for the entity, specifically the NHO, and any individuals claiming disadvantage status.
- SBA Form 413, Personal Financial Statement - Provide for all individuals claiming disadvantaged status and his/her spouse, splitting all assets and liabilities as appropriate.
- SBA Form 912, Statement of Personal History - Provide for all directors, officers, members of the governing board or business committee of the concern, individuals claiming disadvantaged status and individuals owning *more* than 10%, and any other person, including a hired manager, who has authority to speak for and commit the concern. (Form FD-258, Fingerprint Card, required for affirmative answers to questions 6, 7, and 8).
- If applicable, signed copies of individual Federal income tax returns filed for the past two years, including all W-2 forms and all schedules and attachments. Provide for all individuals owning *more* than 10% and all individuals claiming disadvantaged status. Please provide signed and dated IRS Form 4506, Request for Copy or Transcript of Tax Form.
- A resume of the education, technical training and business and employment experience, including employer's name, dates of employment and nature of employment, for general managers, officers, and key employees (please account for all time).
- If members of the management team, business committee members, officers, and directors 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. Please indicate the number of hours per week and the normal working hours of this outside employment.

**BUSINESS ELIGIBILITY**

***For corporations only:***

- Copy of Articles of Incorporation as filed with the state.
- Copy of all governing documents, such as the tribe's constitution or business charter.
- Copies of all minutes of shareholders meeting electing board of directors and minutes of last shareholders meeting.
- Copies of all minutes of board of directors meetings and all resolutions of the board of directors, including a copy of the resolution to seek 8(a) BD certification.
- Copies of all stock certificates (front and back) and stock register.
- Copy of the current Certificate of Good Standing from state where concern is incorporated. If concern conducts business in a state other than where it was incorporated, a copy of the filing as a Foreign Corporation and a current Certificate of Good Standing from that state are required as well.

**SBA Form 1010B - NHO (7-01)**

**BUSINESS ELIGIBILITY (continued)**

***For partnerships only:***

- Copy of Partnership Agreement.

***For limited liability companies only:***

- Copy of Operating Agreement.
- Copy of Articles of Organization as filed with the state.

***Other business eligibility documents - for all concerns:***

- Copies of buy/sell agreements, conditions precedent, conditions subsequent, executory agreements, voting trusts, shareholder agreements or other similar arrangements which may impact the unconditional ownership of the disadvantaged individuals.
- Copies of current business insurance declaration pages (e.g. comprehensive, liability, worker's compensation, etc.).
- Copies of franchise or trust agreements.
- A brief description and history of the business.
- Current business license (city, county, or state, as required by law).
- Copies of any special licenses (e.g. public accountancy, engineering, architectural, contractor, etc.)
- Copy of any distributorship, licensing or franchise agreement.
- Copy of the current lease agreement(s) and/or proof of ownership for all business facilities.
- Copy of current lease agreement(s) for equipment, if applicable.
- Copies of all loan agreements, including lines of credit.
- Copies of signature cards for all business bank accounts.
- Copies of all management and joint venture agreements, indemnity agreements and consulting agreements, including agreements for assistance in completing this 8(a) BD application.
- Provide a list of contracts held with the Federal government, indicate award date, agency name, description of work and dollar value.
- SBA Form 1623, Certification Regarding Debarment, Suspension, and Other Responsibility Matters.
- 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.
- If bonding is required by your industry, such as construction, a statement of the bonding limit from a surety company, specifying single job limit and aggregate limit.

**FINANCIAL DATA:**

- If there are tax liens, unsatisfied judgments, or lawsuits involving the concern or individuals involved in the applicant concern as directors, general managers, and officers, evidence of repayment arrangement, proof of compliance with repayment arrangements, and latest status of lawsuits are required.
- A current balance sheet and profit and loss statement, including an aging of accounts for the concern no older than 90 days from the filing date of this application, signed, certified and dated by the concern's highest managing individual, if a corporation, usually CEO.
- A balance sheet and profit and loss statement, for each of the three preceding fiscal year-end periods, signed, certified and dated by the concern's highest individual managing individual, if a corporation, usually CEO.
- Signed copies of business Federal tax returns, including all schedules, filed for the past three years, if applicable.
- 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:**

- Provide signature on the attached "Authorization, Certification and Notices."
- "Representatives and Fees." If representatives were used, please complete the attached form.
- Length of Time in Business. See below for additional requirements for applicants that have not been in business for two full years as evidenced by tax returns reporting revenue.

**Length of Time in Business Requirement**

Eligibility criteria requires that an applicant concern must demonstrate that it has been in business in the primary industry classification in which it seeks 8(a) BD certification for two full years prior to the date of its 8(a) BD application by submitting income tax returns showing revenues, for each of the two previous years. If the concern does not meet this requirement, the concern must demonstrate potential for success. In determining potential for success, SBA will look at a number of factors including, but not limited to: [13 C.F.R. 124.110(e)]

- A. Technical and managerial experience and competency of the individual(s) who manage and control the daily operations of the concern;
- B. The financial capacity of the concern; and
- C. The concern's record of performance on any previous Federal or private sector contracts its primary industry classification.

**AUTHORIZATION, CERTIFICATION AND NOTICES**

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

- A. **Authority to Collect Personal Information:** The U.S. Small Business Administration (SBA) is authorized to determine eligibility for the 8(a) BD 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) BD Program. Information submitted may be given to Federal, State and local agencies for law enforcement purposes.
  
- B. **Incomplete Applications:** If the application is not complete, SBA will return the application to you along with a listing of missing or incomplete documentation. You may then reapply when the application is complete.
  
- C. **Disclosure of Information:** All information submitted in connection with this application may be disclosed to Federal procurement agencies considering furnishing contracts to this business.
  
- D. **Payment to SBA Employees:** Payment of any fee or gratuity to SBA employees is illegal and will subject the parties of such a transaction to prosecution.
  
- E. **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.
  
- F. **True and Complete Statements:** By signing this form, you are certifying that all information in your 8(a) BD application, including exhibits, is true and complete to the best of your knowledge and is submitted for consideration of 8(a) BD Program eligibility.

**FOR CORPORATIONS ONLY:**

Corporate Seal (if required by state):

By:            President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Attest By:            Corporate Secretary's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARTNERSHIPS ONLY:**

**All partners must sign:**

Partner: \_\_\_\_\_ Date \_\_\_\_\_  
Partner: \_\_\_\_\_ Date \_\_\_\_\_  
Partner: \_\_\_\_\_ Date \_\_\_\_\_  
Partner: \_\_\_\_\_ Date \_\_\_\_\_  
Partner: \_\_\_\_\_ Date \_\_\_\_\_  
Partner: \_\_\_\_\_ Date \_\_\_\_\_

**FOR LIMITED LIABILITY COMPANIES ONLY:**

**All members must sign:**

Member: \_\_\_\_\_ Date \_\_\_\_\_

Member: \_\_\_\_\_ Date \_\_\_\_\_

Member: \_\_\_\_\_ Date \_\_\_\_\_

Member: \_\_\_\_\_ Date \_\_\_\_\_

Member: \_\_\_\_\_ Date \_\_\_\_\_

**Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as an 8(a) business concern, or makes any other false statement in order to influence the certification process in any way, or to obtain a contract awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act, or any other provision of Federal Law that references Section 8(a) for a definition of program eligibility shall be:**

- 1. Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. Section 1001; and subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. Section 645.**
- 2. Subject to civil and administrative remedies, including suspension and debarment.**
- 3. Ineligible for participation in programs conducted under the authority of the Small Business Act.**

**SBA Form 1010B - NHO (6-98)**



**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.

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 reserves the right to require, at a later date, a full itemization by representatives of actual services rendered. Attach additional sheet(s), if necessary.

<u>NAME AND OCCUPATION OF REPRESENTATIVE</u>	<u>DESCRIPTION OF SERVICES</u>	<u>TOTAL FEES</u>	
		PAID	DUE

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

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

Signature(s) of Representative(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_