

<b>To be completed by Private Certifier or SBA</b>	
Name of Private Certifier _____	Private Certifier ID Number _____
Date Application Received: _____	SDB Case #: _____

*Small Disadvantaged Business Certification Application*

**For Limited Liability Company**

**Business Profile:**

Name of applicant firm: \_\_\_\_\_

Name of Managing Members: \_\_\_\_\_

EIN: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Is the firm located in a HUBZONE area? \_\_\_\_\_ Yes \_\_\_\_\_ No.

What is the firm's 4 digit primary standard industrial classification (SIC) code? \_\_\_\_\_

Are you certified as a DBE by a Department of Transportation recipient? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, provide State(s) and ID number(s) \_\_\_\_\_

Do you have any other certification as a disadvantaged business entity, i.e., MBE, DBE, WBE, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, provide State(s) and ID number(s) \_\_\_\_\_

Is this firm at least 51% owned by a \_\_\_\_\_ Veteran or \_\_\_\_\_ Disabled Veteran?

**In accordance with 13 CFR §124.1002, designated group members are presumed to be socially and economically disadvantaged. Designated group members are individuals who hold themselves out to be and are identified by others as Black Americans, Native Americans, Hispanic Americans, Subcontinent Asian Americans, and Asian Pacific Americans. If an individual is a member of a designated group, complete Section A of this application. If the individual is not a member of a designated group, complete Section B of this application and specify the basis of the disadvantaged status. All applicants must complete Sections C and D of this application.**

**SECTION A**  
**Eligibility Statement - Designated Group Members**

**Social Disadvantage**

1. List all individuals claiming disadvantaged status.

Name of Individual	Group Membership	U.S. Citizen Y/N	Other Last Names Used	Place of Birth	Sex M/F
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1a. If you are a naturalized Citizen, please provide the following as Attachment 1A: (a) naturalization number; (b) date of citizenship; and, (c) county, state and court.

**Economic Disadvantage**

2. Has any individual(s) claiming disadvantaged status transferred any assets within two years, in full or in part, to a spouse or any other person or entity, including a trust? \_\_\_ Yes \_\_\_ No. If yes, provide the following information as Attachment 2A: the date of transfer; to whom the assets were transferred; amount paid for the assets; and the market value of the assets at the time of transfer. **Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions, such as birthdays, graduations, anniversaries and retirements. Individuals may also exclude any transfers to an immediate family if for educational, medical or essential support purposes.**
3. All individuals claiming disadvantaged status must list their personal net worth, excluding equity in their primary residence and ownership in the applicant firm.

Name of Individual	Personal Net Worth
_____	_____
_____	_____
_____	_____

Each individual claiming disadvantage status must sign the following certification:

*I certify that I am a member of one of the designated groups and I am identified as a member of one of the designated groups. I also certify that my net worth is less than \$750,000, excluding my ownership interest in the applicant firm and my equity in the primary residence. (please sign)*

\_\_\_\_\_

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**SECTION B**  
**Eligibility Statement - Non Designated Group Members**

1. List all individuals claiming disadvantaged status.

Name of Individual	U.S. Citizen Y/N	Race	Sex M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1a. If you are a naturalized Citizen, please provide the following as Attachment 1B:  
 (a) naturalization number; (b) date of citizenship; and, (c) county, state and court.

**For this section, each individual claiming social and economic disadvantage must provide a separate response.**

**Social Disadvantage**

2. I, \_\_\_\_\_ have personally suffered social disadvantage based on my identification as \_\_\_\_\_.  
**(A claim of social disadvantage must include at least one objective feature that has contributed to social disadvantage, such as race, ethnic origin, gender, physical handicap, long-term residence in an environment isolated from the mainstream of American society, or other similar causes not common to individuals who are not socially disadvantaged).**

3. **Attach a narrative describing how you personally experienced social disadvantage in American society.** When writing your narrative, be as specific and detailed as possible. Where applicable, each statement of alleged discrimination should be supported by documented evidence such as affidavits, denials of loan applications, denials of employment opportunities (including non-selection for particular jobs, denials of promotions, or unequal work environment or treatment) , and documents to support any formal action taken by you because of alleged discrimination. You must demonstrate how your identification, as described in the paragraph above, has negatively impacted on your entry into or advancement in the business. You must address disadvantage in education, employment, and business history, where applicable. Examples of discrimination include, but are not limited to: unequal access to colleges or professional schools; exclusion from professional or business associations; being denied educational honors or recognition; experiencing discriminatory social pressure which discouraged you from pursuing a professional or higher education or forced you into non-professional or non-business fields; discrimination in employment opportunities or pay and fringe benefits; unequal access to business credit or capital; and discrimination in the awarding, bidding process, or negotiating of government or private sector contracts.

**SECTION B (cont'd.)  
Economic Disadvantage**

4. I, \_\_\_\_\_, certify that 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 or similar line of business who are not socially disadvantaged.
5. Document how your ability to compete in the free enterprise system has been impaired by such things as inability to obtain adequate bonding, credit or financing; inability to obtain licenses or leases; restrictions of your markets to certain racial, ethnic or social groups; underemployment or unemployment, etc., as compared to others in the same or similar line of business who are not socially disadvantaged. Provide as Attachment 5B.
6. List the personal net worth, excluding the ownership interest in the applicant firm and the equity in the primary residence, of each individual(s) claiming disadvantaged status.

Name	Average 2-year Income	Personal Net Worth	Total Assets
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Has any individual(s) claiming disadvantaged status transferred any assets within two years, in full or in part, to a spouse or any other person or entity, including a trust? \_\_\_ Yes \_\_\_No. If yes, provide the following information as Attachment 7B: the date of transfer; to whom the assets were transferred; amount paid for the assets; and the market value of the assets at the time of transfer. **Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions, such as birthdays, graduations, anniversaries and retirements. Individuals may also exclude any transfers to an immediate family if for educational, medical or essential support purposes.**

**SECTION C**  
**(All applicant firms must complete)**

**Ownership**

1. If more than one class membership interest, provide information for each class:

	Voting	Non Voting	Total
1a. Total number of interests authorized:	_____	_____	_____
1b. Total number of interests currently outstanding:	_____	_____	_____

2. List all individuals, entities, and/or trusts which have an membership interest in the applicant firm.

Name	Title	Voting	Membership NonVoting	% Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Do disadvantaged individuals receive at least 51% of the annual distributions of dividends paid on the membership interest of a LLC applicant firm? \_\_\_ Yes \_\_\_ No \_\_\_ N/A. If no or not applicable (N/A), please explain as Attachment 3C.

4. Will disadvantaged individuals receive 100% of the unencumbered value of each share of membership interest in the event that the interest is sold? \_\_\_ Yes \_\_\_ No. If no, please explain as Attachment 4C.

5. If the LLC dissolves, will disadvantaged individuals receive at least 51% of the retained earnings and 100% of the unencumbered value of each membership he or she owns? \_\_\_ Yes \_\_\_ No. If no, please explain as Attachment 5C.

6. Is ownership by any individual claiming disadvantaged status subject to conditions precedent, conditions subsequent, executory agreements, voting trusts, shareholder agreements or other similar arrangements which may impact the unconditional ownership of such individuals? \_\_\_ Yes \_\_\_ No. If yes, explain as Attachment 6C.

7. Have there been any changes in ownership in the last year? \_\_\_ Yes \_\_\_ No. If yes, did ownership affect the disadvantaged status of your firm? Please explain as Attachment 7C.

8. Do any of the married disadvantaged owners whose spouse is not claiming disadvantaged status reside in a community property state? \_\_\_ Yes \_\_\_ No. If yes, complete the following chart and provide evidence of a transfer or relinquishment of interest that would give to the individual claiming disadvantaged status majority interest as Attachment 8C.

Name of Disadvantaged Owner	State	%Transferred
_____	_____	_____
_____	_____	_____

**SECTION D**  
**(All applicant firms must complete)**

**Control**

1. List the titles of all officers, management members and key managers and the hours devoted, by such individual(s) to the management of the applicant firm.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

2. Is the managing member or any disadvantaged full-time manager engaged in or plan to engage in outside employment? \_\_\_ Yes \_\_\_ No. If yes, provide details as to the extent of outside employment or other business dealings to include daily hours of employment, location and explanation as to how this outside employment does not conflict with the ability to manage and control the daily operations of the application concern. Mark as Attachment 2D.
3. Have any of the nondisadvantaged individuals involved in the management of the applicant firm, and/ or their immediate family members, had a prior business relationship with any individual claiming disadvantage status? This includes such relationships as employer-employee, supervisor-employee, co-workers, investor-employee, etc. \_\_\_ Yes \_\_\_ No. If yes, identify the person(s) and the type of business relationship as Attachment 3D.
4. Does any nondisadvantaged individual receive compensation in any form, including dividends, as a director, officer, or employee that exceeds the compensation received by the disadvantaged Management Member? \_\_\_ Yes \_\_\_ No. If yes, provide the total compensation received by the disadvantaged management member, and the name(s) and the amount of the total compensation paid to the nondisadvantaged individual(s). If any nondisadvantaged individual is higher compensated, provide a statement which justifies the need for the nondisadvantaged individual(s) to receive a higher compensation. Mark as Attachment 4D.
5. Does the applicant firm operate in an industry which requires bonding or professional licenses? \_\_\_ Yes \_\_\_ No. If yes, identify the qualifying individual(s) for the critical licenses, general indemnity agreement, permits, certifications, and bonding required to operate the applicant firm on Attachment 5D.

6. List the names of all individuals who have access to the firm's bank account.

Name

Title

_____	_____
_____	_____

7. Does any individual(s), (other than the individual(s) claiming disadvantaged status) or entities provide:

- (a) Financial support to the applicant firm?      \_\_\_ Yes \_\_\_ No
- (b) Subcontracts, Joint Ventures or Teaming Arrangements?      \_\_\_ Yes \_\_\_ No
- (c) Office space (rent or leased).      \_\_\_ Yes \_\_\_ No
- (d) Equipment (rent or leased)      \_\_\_ Yes \_\_\_ No
- (e) Employees (other than from employment agencies).      \_\_\_ Yes \_\_\_ No
- (f) Provide business bank account      \_\_\_ Yes \_\_\_ No

If you answered yes to any of the above, please provide details of such arrangements.

Each person signing below:

1. Certifies that the information he or she provided, including that shown on documents accompanying this application, is true, accurate and complete to the best of his or her knowledge and belief.
2. Acknowledges that SBA, at its discretion, may give the information submitted to Federal, state and local agencies for determining violations of law.
3. Acknowledges that SBA's or a Private Certifier's approval of an application does not affect the Government's right to pursue criminal prosecution for incorrect or incomplete information given on the application form, even if correct information has been included in other materials submitted to SBA or a Private Certifier

### Individual Eligibility Certification

Each individual claiming disadvantaged status must sign the certification below:

I certify that I am socially and economically disadvantaged in accordance with the requirements found under Title 13 Code of Federal Regulations (CFR), Part 124. If claiming individual disadvantage, I certify that the information provided in my narrative describing my personal experiences is true, accurate and complete to the best of my knowledge and belief.

Name	SSN	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Business Eligibility Certification

To be eligible for SDB certification, a firm must be a small business which is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals who manage the daily operations of the applicant firm and are citizens of the United States. Signing below indicates that the firm meets the above requirements.

Signature of President/CEO: \_\_\_\_\_ 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 a Small Disadvantaged 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.

PLEASE NOTE: The estimated burden hours for the completion of this form is 3 hours per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspect of this information collection, please contact the U.S. Small Business Administration, Chief, Administration Information Branch,



**Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0317), Washington, DC 20503.**