

8(a) ANNUAL UPDATE

Under 15 USC 636(j)(10) each Program Participant is required to submit a business plan to SBA as condition of participation and to review that plan with the Agency annually. SBA is collecting this information to ensure continuing eligibility for participation in the 8(a) Business Development Program to the requirements listed in 13 CFR 124.112.

All information collected will be protected to the extent permitted by law, including the Freedom of Information Act, (5 U.S.C. 552), Privacy Act (5 U.S.C. 555a) and the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401).

1. Business Information:

Month / Day/Year

The following fields have been filled with information from SBA records, please review and correct the pre-filled data and enter missing data as appropriate.

Case No.: SBA Customer Number: CCR/DSBS Last Updated:
8(a) Approval Date: Transition Stage Date: 8(a) End Date:
Company Name:
Address:
City: State: ZIP:
E-mail Address: Phone No.: FAX No:

2. **Personal Financial Information** : A Personal Financial Statement, SBA Form 413, must be completed and submitted for each disadvantaged owner upon whom 8(a) certification was based. Each individual reporting must also include their most recent tax return, including all schedules, attachments and supporting 1099 forms. [13 CFR 124.112 (b) (3)]
3. **Annual Compensation Data**: A record of all payments, compensation, and distributions (including loans, advances salaries and dividends) made by the participant to each of its owners, officers or directors, or to any person or entity affiliated with such individuals. Use Individual Compensation Worksheet, Attachment A. [124.112 (b) (5)]
4. **Transferred Assets**: A record from each individual claiming disadvantaged status regarding the transfer of assets for less than fair market value to any immediate family member or to a trust any beneficiary of which is an immediate family member, within two years of the date of this annual review. [124.112 (b) (4)] Have any assets been transferred since last review. Yes No
If yes, please explain on a separate sheet of paper.
5. **Business Tax Return**: A copy of the participant firm's most recent year-end business tax return including all schedules and attachments and a completed copy of IRS Form 4506, request for copy or transcript of Tax Form must be included with this 8(a) annual update. [124.112 (b) (7)]
6. **Business Structure/Ownership Changes**: Have there been any changes in the Partnership Agreement, Articles of Incorporation, By-Laws or stock issues since your firm was certified for 8(a) participation that have not been previously reported to SBA? Yes No If yes, please submit information about those changes with this annual update. [124.112 (a)]
7. **Adverse Actions**: Are there any pending adverse actions (such as lawsuits, delinquent taxes, bankruptcy filings, creditor problems, contract disputes, etc.) which may affect your business operation? Yes No If yes, please explain on a separate sheet of paper. [124.112 (b) (2)]
8. **Business Financials**: Copy of latest firm's Balance Sheet and Income Statements.
9. **Access to credit and Capital**: List all loans, lines of credit or other sources of capital available to the participant firm. [124.302 (b) (3)]

9.

Continued: Loan(s): Provide the following information for each loan.

Source: _____ Date of Loan: _____
Month / Day /Year

Purpose of Loan: _____

Original Amount: \$ _____ Balance: \$ _____ Status of Loan: _____

Secured by: _____ Terms: _____

Line(s) of Credit: Provide the following information for each line of credit.

Source: _____ Date of Loan: _____
Month / Day /Year

Purpose of Loan: _____

Original Amount: \$ _____ Balance: \$ _____ Status of Loan: _____

Secured by: _____ Terms: _____

10. Other Sources of Capital: Please list all other sources of capital available to participant firm.

Source: _____ Date of Loan: _____
Month / Day /Year

Purpose of Loan: _____

Original Amount: \$ _____ Balance: \$ _____ Status of Loan: _____

Secured by: _____ Terms: _____

11. Bonding Information: If a construction firm, what is current bonding limit? [124.302 (b) (4)]

Single job: \$ _____ Aggregate: \$ _____

Individual Surety: _____ Corporate Treasury Listed Surety: _____

Is SBA guaranty required? _____ Yes No Sometimes

12. Business Activity Report: On a separate sheet of paper provide a report of all non-8(a) contracts, options and modifications affecting price executed during the program year. Indicate below, total of all non-8(a) revenue and 8(a) revenue earned during the program year. [124.509 (c) (ii)]

This report will be made for the program year starting on _____ and ending _____
Month/ Day/ Year Month/ Day/ Year

Non-8(a) sales:	\$	(%)
8(a) sales	\$	(%)
Total sales	\$	(%)
for program year:	\$	(100 %)

How many competitive solicitations (private, federal, state or local) have you responded to within the last program year?

Commercial: Local government: State government:
Federal Non-8(a): Federal 8(a): Total:

Please explain on a separate sheet of paper the efforts made by your firm to pursue non-8(a) sales during the last program year.

13. Number of Employees: Please indicate how many employees you have.

Full time Part time as of
Month/Day/Year

14. Mentor/Protégé: For the program year being reviewed were you a participant in an SBA approved or any approved mentor/protégé agreement? [124.520] Yes No If yes please complete Attachment "B" Mentor/Protégé Worksheet:

15. Joint Venture: Are you a participant in a joint venture (JV) agreement(s)? [124.513]
Yes No For each joint venture indicate:

JV Partner JV Name Award date Prime Contract #

16. Taxes: Indicate taxes your firm paid for fiscal year ending by jurisdiction:

Federal: \$
State: \$
Local: \$

17. Contract Forecast: Each participant must annually forecast its needs for contract awards for the next program year. The forecast must include the aggregate dollar value of 8(a) contracts broken down by sole source and competitive opportunities where possible; the aggregate dollar value of non-8(a) contract; the types of contract opportunities identified by product or service. [124.403 (b)]

8(a) Forecast Non-8(a) Forecast
Sole Source \$ \$
Competitive \$ \$
Total \$ \$

Total Forecast (includes both 8(a) and Non-8(a)): \$

Briefly identify the types of contract opportunities sought.

Transition Management Plan

Beginning in the first year of the transitional stage of program participation (years 5 through 9) each participant must annually submit a transition management strategy to be incorporated into its business plan. This transition management strategy must describe: 124.403 ©

How you plan to meet the applicable non-8(a) business activity targets, imposed by 124.509 during the transitional stage.
[124.403 (c) (1)]

Indicate the specific steps you intend to take to continue business growth and promote profitable business operations after the expiration of your program term. [124.403 (c) (2)]

CERTIFICATIONS

PARTICIPANT FIRMS OWNED BY INDIAN TRIBES, ALASKA NATIVE CORPORATIONS, NATIVE HAWAIIAN ORGANIZATIONS OR COMMUNITY DEVELOPMENT CORPORATIONS SHALL CERTIFY THEY MEET ALL THE 8(a) PROGRAM ELIGIBILITY REQUIREMENTS AS SET FORTH IN 13 CFR 124.112 TO THE EXTENT THAT THEY ARE NOT INCONSISTENT WITH 124.109, 110 AND 111.

PARTICIPANT FIRMS NOT OWNED BY THOSE ENTITIES SPECIFIED ABOVE SHALL CERTIFY THEY MEET THE REQUIREMENTS OF 13CFR 124.101 THROUGH 124.108.

I CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS 8(a) ANNUAL UPDATE, ATTACHMENTS, AND THE PERSONAL FINANCIAL STATEMENT IS TRUE, CORRECT AND ACCURATE.

Signature of President, Partner or Proprietor

Date

INDIVIDUAL COMPENSATION WORKSHEET

Annual Compensation Data : To be provided for each proprietor, partner, officer, director, and each stock holder owning 10% or more of the company stock. Annual compensation includes all payments, compensation, and distributions, including loans, advances, salaries and dividends. Each individual reporting must include a signed and dated copy of their most recent tax return, including all schedules and attachments. In addition, all supporting 1099 forms must be provided. If a filing extension has been requested, provide a copy of IRS Form 4868, Individual extension request, and a copy of their most recently signed and dated tax return. Tax information provided may be verified with IRS.[124.112(b)(5)]

Name: _____ Title: _____ Ownership % _____
 Company Name: _____ SBA Customer Number: _____

Loans: Does your firm have any outstanding loan(s) to you? Yes No If yes, please provide the following information for each

Source: an	Date of Loan: Month/Day/Year	Status:
Original Amount: \$	Balance: \$	Secured by:
Terms:	Purpose of Loan:	

Annual Compensation:

Salary \$

Bonus(es) \$

Advances \$

Dividends \$

Distributions \$

Other compensation, please specify \$

\$

\$

Total Compensation for period of _____ Through _____ \$
Month/Day/Year Month/Day/Year

Total Compensation for previous year ending _____ \$
Month/Day/Year

MENTOR/PROTÉGÉ WORKSHEET

Your firm participated in or continues to participate in an any approved mentor/protégé agreement with whom:

Date this agreement was approved:

Period of agreement:

Is your firm the mentor or the protégé? ? If your firm is the protégé, the following information must be provided. [124.520 (f)]

List all technical and/or management assistance provided by the mentor to the protégé.

List all loans to and/or equity investments made by the mentor in the protégé.

List all subcontracts awarded to the protégé by the mentor and the value of each subcontract.

List all federal contracts awarded to the mentor/protégé relationship as a joint venture (designating each as an 8(a), small business set aside, or unrestricted procurement), the value of each contract, and the percentage of revenue accruing to each party to the joint venture.

Provide a narrative describing the success such assistance has had in addressing the developmental needs of the protégé and addressing any problems encountered.

The protégé must annually certify to SBA whether there has been any change in the terms of the mentor protégé agreement. If there were no changes, please state so, or if there were changes, please indicate.

PLEASE NOTE: The estimated burden for completing this form is 2 hours. 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, 409 3rd 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. 20503. OMB Approval (3245-0205). **PLEASE DO NOT SEND FORMS TO OMB.**

8(a) PARTICIPANT BENEFITS REPORT

Who Submits this Benefits Report Form?: All 8(a) Participant firms owned by a Tribe, ANC, NHO, or CDC. The parent corporation can submit the requested information on behalf of all the individual subsidiary 8(a) participant firms owned by the respective Tribe, ANC, NHO, or CDC.. For this benefits report, the entity completing this form (either the individual Participant firm or the parent corporation) is considered the “Reporting Entity.” All responses must correlate to the annual business financial statements submitted to SBA.

CATEGORIES OF BENEFITS

When completing Section II refer to the following six (6) categories that represent an area where benefits are potentially provided to the Native or other communities through the subsidiaries’ or the Participant firm’s participation in the 8(a) program.

Each of the following categories solely applies to this reporting requirement and this form.

- Category 1: Health, Social and Cultural Support

The following types of contributions fall within the category of “Health, Social, and Cultural Support” benefits that the Reporting Entity should report below in **Section II**:

- *Monetary donations or contributions* made by the Reporting Entity including 8(a) Program Participants for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries’ participation in the 8(a) program.
- *Social programs* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries’ participation in the 8(a) program.
- *Cultural programs* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries’ participation in the 8(a) program. This may include language revitalization programs, cultural camps, and after school programs.
- *Beneficiary outreach and communication efforts* established and/or funded by the Reporting Entity as a direct or indirect result of its subsidiaries’ participation in the 8(a) program. This may include newsletters, websites, conferences, informational meetings, gatherings, and annual meetings of Native or community members.
- *Death benefits* established and/or funded by the Reporting Entity as a direct or indirect result of its subsidiaries’ participation in the 8(a) program. This may include funeral benefits, life insurance proceeds, and potlatch funds.

- Category 2: Education and Development

The following types of programs fall within the category of “Education and Development” benefits that the Reporting Entity should report in **below in Section II**:

- *Scholarship programs* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries’ participation in the 8(a) program.

- *Life skills programs* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
 - *School program support* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
 - *Apprentice programs* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
 - *Intern programs* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
 - *Training programs* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program, including Board, Tribal Council, and Management training programs and mentor programs.
- Category 3: Lands

The following types of programs and initiatives fall within the category of “Lands” benefits that the Reporting Entity should report in **below in Section II**:

- *Land management programs* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
 - *Subsistence programs (e.g., agriculture farming)* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
 - Contributions made by the Reporting Entity as a direct or indirect result of its subsidiaries' participation in the 8(a) program to improve *resource management and enforcement* for the benefit of the Native or other communities.
 - Contributions made by the Reporting Entity as a direct or indirect result of its subsidiaries' participation in the 8(a) program to improve *water management* for the benefit of the Native or other communities.
- Category 4: Economic and Community Development
- The following types of programs and initiatives fall within the category of “Economic and Community Development” benefits that the Reporting Entity should report in **below in Section II**:
 - *Investment in new businesses* made by the Reporting Entity as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
 - *Community infrastructure* established and/or funded by the Reporting Entity for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
 - *Support to small businesses or entrepreneurs* given by the Reporting Entity as a direct or indirect result of its subsidiaries' participation in the 8(a) program benefitting the Native or other communities.
 - *Federal and state tax payments* made by the Reporting Entity that directly benefited the Native or other communities.
 - *Housing Assistance* given by the Reporting Entity as a direct or indirect result of its subsidiaries' participation in the 8(a) program benefitting Native or other communities.

- *Energy Assistance* given by the Reporting Entity as a direct or indirect result of its subsidiaries' participation in the 8(a) program benefiting Native or other communities.

- Category 5: Employment

The following types of programs and initiatives fall within the category of “Employment” benefits that the Reporting Entity should report in **below in Section II**:

- *Total number of jobs* directly or indirectly created by the Reporting Entity Subsidiaries' participation in the 8(a) program benefiting the Native or other communities.
- Programs or initiatives created for *employment assistance and support* benefiting the Native or other communities as a direct or indirect result of the Reporting Entity subsidiaries' participation in the 8(a) program.

- Category 6: Economic Benefits

- The following types of contributions and investments fall within the category of “Economic Benefits” that the Reporting Entity should report in **below in Section II**:
- Investment or payments made by the Reporting Entity for the support of *elder trusts* as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
- Investment or payments made by the Reporting Entity for the support of *settlement trusts* as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
- Investment or payments made by the Reporting Entity towards *permanent funds or restricted funds* as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
- *Dividends* paid by the Reporting Entity as a direct or indirect result of its subsidiaries' participation in the 8(a) program.
- *Increase in the value of the equitable interest* in the Reporting Entity as a direct or indirect result of its subsidiaries' participation in the 8(a) program for the past fiscal year.

SECTION I - ENTITY INFORMATION –

1. Eligibility: Check all categories that apply (including whether the Reporting Entity is representative of an American Indian Tribe, ANC, NHO, or CDC or whether the Reporting Entity is owned through a wholly-owned holding company):

- American Indian Tribe ANC NHO
 CDC Wholly-Owned Holding Company

2. Name of Reporting Entity (if different legal entity than the Participant Firm) – American Indian Tribe, ANC, NHO, CDC, or Wholly-Owned Holding Company Owner of Participant(s):

Address of Reporting Entity: _____

City: _____ County: _____

State: _____ Zip Code: _____

3. Reporting Entity Point of Contact Information:

Name: _____ Position Held: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Business Telephone: _____ Fax Number: _____

4. List the names of the current 8(a) Program Participants owned by the Reporting Entity during the applicable fiscal year and the years in which the firms were certified in the 8(a) program. If more space is needed, provide in an attachment marked as “Attachment – Names of current 8(a) Participant Firms.” If the Reporting Entity and the Participant firm are the same legal entity, then only complete the first line below with information for the one firm.

Name	8(a) Participant Number	Year Certified	Total Revenue	8(a) Revenue	Non-8(a) Revenue

5. Actual net income generated by all 8(a) Program Participant(s): _____

a) Estimated net income generated by Reporting Entity’s 8(a) contracts, excluding non-8(a) work from “6.” above:

b) Summarize the methodology utilized in determining the estimate of the net income generated above. If more space is needed, provide in an attachment marked as Attachment I.6.a.

c) Is a portion of the net income generated by the 8(a) Program Participant(s) being reinvested into the corporate entities owned by the Reporting Entity? Net income is considered to be reinvested if the Reporting Entity keeps the earnings in the 8(a) firm or in any another subsidiary of the Reporting Entity to increase its capital accounts or make the funds available in a capital investment, hiring of personnel, or otherwise expand the existing corporate entities’ businesses and/or market share.

Yes No If yes, what percentage? _____

SECTION II – SBA BENEFITS REPORTING CATEGORIES

Below are six (6) specific categories SBA has identified as potentially providing benefits to the Native or other communities through the firm’s participation in the 8(a) program. Answer each question, making sure to list and describe all applicable programs, initiatives, donations, and investments of funds through the 8(a) participant or other business enterprise.

Each category has a section where the Reporting Entity is provided the opportunity to offer a narrative statement describing both tangible and intangible contributions 8(a) program participant(s) have made to the Native or other communities.

The seventh category allows the Reporting Entity to self-identify and report any contribution or benefit not encompassed in the prior six (6) specific categories.

Background Narrative

a) Provide a narrative statement describing the community, culture, and history of the Native or community organization associated with the Reporting Entity. If more space is needed, provide in an attachment marked as “Benefits Attachment Background Narrative.”

b) If Reporting Entity and/or Participant Firm is Native-owned, state the number of tribal members, shareholders, or Native Hawaiians in Tribe, ANC, or NHO: _____

c) If Reporting Entity and/or Participant Firm is a CDC, state the number of members in the community serviced by CDC:

1. Health, Social and Cultural Support - Category 1

This category encompasses contributions made by the Reporting Entity and/or Participant Firm to the Health, Social, and Cultural Support of the Native or other communities. The Reporting Entity and/or Participant Firm should identify the total financial contribution made for all programs under this category. List the programs supported and, if known, estimate the total number of beneficiaries and total financial contribution of each identified program.

Total financial contribution: _____

Program	Beneficiaries	Financial Contribution

Provide any additional narrative/information describing Health, Social, and Cultural Support programs established and/or funded by the Reporting Entity and/or Participant Firm for the benefit of the Native or other communities and beneficiaries as a direct or indirect result of its subsidiaries' participation in the 8(a) program, including intangible benefits to the beneficiaries. If more space is needed, provide in an attachment marked "Benefits Attachment Category 1."

2. Education and Development – Category 2

This category encompasses programs funded by the Reporting Entity and/or Participant Firm to support the Education and Development of the Native or other communities. The Reporting Entity and/or Participant Firm should identify the total financial contribution made for all programs under this category. List the programs supported, and, if known, estimate the total number of beneficiaries and total financial contribution for each identified program.

Total financial contribution: _____

Program	Beneficiaries	Financial Contribution

Provide any additional narrative/information describing Education and Development programs established and/or funded by the Reporting Entity and/or Participant Firm for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program, including intangible benefits to the beneficiaries. If more space is needed, provide in an attachment marked "" Benefits Attachment Category 2".

3. Lands Category 3

This category encompasses programs and initiatives funded by the Reporting Entity and/or Participant Firm to support the Lands of the Native or other communities. The Reporting Entity and/or Participant Firm should identify the total financial contribution made for all programs under this category. List the programs supported, and, if known, estimate the total number of beneficiaries and total financial contribution of each identified program.

Total financial contribution: _____

Program	Beneficiaries	Financial Contribution

Provide any additional narrative/information describing Lands programs and initiatives established and/or funded by the Reporting Entity and/or Participant Firm for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program, including intangible benefits to the beneficiaries. If more space is needed, provide in an attachment marked "" Benefits Attachment -Category 3".

4. Economic and Community Development Category 4

This category encompasses programs and initiatives funded by the Reporting Entity and/or Participant Firm to support the Economic and Community Development of the Native or other communities. The Reporting Entity and/or Participant Firm should identify the total financial contribution made for all programs under this category. List the programs supported, and if known, estimate the total number of beneficiaries and total financial contribution for each identified program.

Total financial contribution: _____

Program	Beneficiaries	Financial Contribution

Provide any additional narrative/information describing Economic and Community Development programs and initiatives established and/or funded by the Reporting Entity and/or Participant Firm for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program, including intangible benefits to the beneficiaries. If more space is needed, provide in an attachment marked "Benefits Attachment - Category 4".

5. Employment Category 5

This category encompasses programs and initiatives funded by the Reporting Entity and/or Participant Firm to support Employment in the Native or other communities. The Reporting Entity and/or Participant Firm should identify the total financial contribution made for all programs under this category, including the estimated total amount of wages paid to Natives and amount of employment taxes by the Reporting Entity and/or Participant Firm or its subsidiaries as a direct or indirect result of the subsidiaries' participation in the 8(a) program (including the Reporting Entity and/or Participant Firm's and subsidiaries' Board or Tribal Council for service).

Total Financial Contribution: _____
 Estimated Total Amount of Wages Paid to Natives, Members, etc. _____
 Estimated Total Amount of Employment Taxes: _____

- i) Report the total number of jobs created by the Reporting Entity and/or Participant Firm's subsidiaries (include the total number of individuals employed, regardless of location of employment):

Total jobs created: _____

Total jobs to Natives, Members, etc.: _____

Total jobs to Non-Natives, non-Members, etc.: _____

- ii) Report the total number of jobs directly or indirectly created in the respective communities as a result of the Reporting Entity subsidiaries' and/or Participant Firm's participation in the 8(a) BD program, including the sectors of the economy (identified by NAICS codes) in which these jobs were created. If more space is needed, provide an attachment:

Total jobs created in the community: _____

- iii) List and describe any programs or initiatives created for *employment assistance and support* benefiting the Native or other communities as a direct or indirect result of the Reporting Entity subsidiaries' participation in the 8(a) program. The Reporting Entity should list programs supported and estimated total number of beneficiaries.

Program	Beneficiaries

Provide any additional narrative/information describing Employment programs and initiatives established and/or funded by the Reporting Entity and/or Participant Firm for the benefit of the Native or other communities as a direct or indirect result of its subsidiaries' participation in the 8(a) program, including intangible benefits to the beneficiaries. If more space is needed, provide in an attachment marked "Benefits Attachment – Category 5."

6. Economic Benefits Category 6

This category encompasses Economic Benefits, including investments, payments, and dividends, derived from participation in the 8(a) program. The Reporting Entity and/or Participant Firm should identify the total financial contribution made for all programs under this category. List the programs supported, and if known, estimate the total number of beneficiaries served and total financial contribution for each identified program.

Total financial contribution: _____

Program	Beneficiaries	Financial Contribution

Provide any additional narrative/information describing Economic Benefits, including both investments, payments, and dividends, derived from participation in the 8(a) program benefiting the Native or other communities, including intangible benefits to the beneficiaries. If more space is needed, provide in an attachment marked “Benefits Attachment – Category 6.”

7. Other Activities – Category 7

This category encompasses any other benefits derived from participation in the 8(a) program not covered by the specific six categories above. The Reporting Entity and/or Participant Firm should identify the total financial contribution made for all programs under this category. List the programs supported, and, if known, estimate the total number of beneficiaries served and total financial contribution for each identified program.

Total financial contribution: _____

Program	Beneficiaries	Financial Contribution

Provide a narrative statement detailing any other benefits the Reporting Entity and/or Participant Firm provides to the Native or other communities not encompassed by the categories above, as a result of its subsidiaries’ participation in the 8(a) program, including intangible benefits to the beneficiaries. If more space is needed, provide in an attachment marked “Benefits Attachment – Category 7.”

SECTION III – SUMMARY OF BENEFITS

The following information should reflect an aggregation of the information provided above in Section II.

1. Provide the percentage of the estimated 8(a) government contracting net income applied to all benefits listed within Section II above: _____
2. Provide any additional narrative/information describing how the Reporting Entity and/or Participant Firm determines net income allocations towards benefits, reinvestment into the corporate entities, or utilized to invest in new business opportunities. If more space is needed, provide in an attachment marked Attachment: Section III Summary of Benefits, 2.

SECTION IV – CERTIFICATION on BENEFITS REPORTING

This certification is to be completed by the highest officer of the parent corporation. (CEO or President).

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form are true and complete to the best of my knowledge. I understand that SBA will rely on this information regarding each subsidiary’s participation in the SBA 8(a) Business Development program and I understand that failure to submit this form may result in termination of all subsidiaries from the SBA 8(a) Business Development (BD) program.

 Name of Reporting Entity

By: _____
 Signature of Highest Officer of Parent/Reporting Entity
 (CEO or President)

Name and Title: _____

Date of Signing: _____