

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

Small Disadvantaged Business Certification Application
Tribally-Owned Concern

Name of Indian tribe _____

Address of tribe _____

Name of wholly-owned subsidiary (if applicable) _____

Address of wholly-owned subsidiary _____

Name of applicant firm: _____

Applicant concern is: Corporation Limited Liability Company Partnership

Name of President/Managing Member/Managing Partner _____

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 code? _____

Is the firm certified as a DBE by a Department of Transportation recipient?
___Yes ___No. If yes, provide State(s) and ID number(s) _____

Does the firm 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) _____

Business Eligibility Statement

Part 1 - Social Disadvantage

1. An Indian tribe is considered socially disadvantaged that meets the following criteria:

Indian tribe means any Indian tribe, band, nation or other organized group of community of Indians which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians, or is recognized as such by the State in which the tribe, band, nation, group or community resides.

Provide documentation that the applicant entity meets this criteria as Attachment 1A.

Part 2 - Economic Disadvantage

2. Has the tribe previously established economic disadvantaged to qualify as an 8(a) participant or SDB? ___ Yes ___ No. If yes, provide documentation to verify disadvantaged status as Attachment 2A.

If no, respond to the following questions as Attachment 2A.

- A. What is the number of tribal members on tribal rolls as of the date of application?
- B. What is tribe's present unemployment rate?
- C. What is the per capita income of tribal members excluding judgment awards?
- D. What is the percentage of the local Indian population below the poverty level?
- E. What is the total tribal income for the applicant tribe?
- F. What dollar amount of the total tribal income is the result of judgment awards?
- G. What are the tribes assets as disclosed in a tribal financial statement?
- H. Provide a list of all wholly or partially owned tribal enterprises or affiliates and the primary industry classification of each. The listing should also include the members of the tribe who manage or control such enterprises by serving as officers or directors.

Part 3 - Ownership

Corporation:

3. If more than one class of stock, provide information for each class:

	Voting	Non- Voting	Total
3a. Total number of shares authorized:	_____	_____	_____
3b. Total number of shares currently outstanding:	_____	_____	_____

Limited Liability Company:

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

	Voting	Non- Voting	Total
3a. Total number of memberships authorized:	_____	_____	_____
3b. Total number of memberships currently outstanding:	_____	_____	_____

Partnership:

3. Provide the name, title, and percentage of ownership for each partner of the firm. Does the partnership agreement reflect the ownership of each partner? ___Yes ___ No.

Name	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Questions 4 through 8 are for Corporations & LLCs ONLY:

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

Name	Title	Ownership		%
		Voting	Non-Voting	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Does the tribe or its wholly-owned subsidiary receive at least 51% of the annual distributions of dividends paid on the stock of a corporate applicant firm? ___Yes ___ No. If no, please explain as Attachment 5A.
6. Will the tribal entity or its wholly-owned subsidiary receive 100% of the unencumbered value of each share of stock owned in the event that the stock is sold? ___Yes ___ No. If no, please explain as Attachment 6A.
7. If the corporation dissolves, will the tribal entity or its wholly-owned subsidiary receive at least 51% of the retained earnings and 100% of the unencumbered value of each share of stock it owns? ___Yes ___No If no, please explain as Attachment 7A.
8. Is ownership by the tribe or its wholly-owned subsidiary subject to conditions precedent, conditions subsequent, executory agreements, voting trusts, shareholder agreements or other similar arrangements which may impact the unconditional ownership of the tribe? ___Yes ___No. If yes, explain as Attachment 8A.

Corporations, LLCs & Partnerships:

9. Have there been any changes in ownership in the last year? ___Yes ___ No. If yes, did ownership affect the disadvantaged status of the firm? Please explain as Attachment 9A.

Part 4 - Control

Corporations Only:

10. The tribal entity controls the board of directors by virtue of the fact that: **(select only one below)**

- a) The tribe owns at least 100% of all the **voting** stock of the applicant concern.
- b) The tribe owns at least 51% of all **voting** stock, is on the Board of Directors, and no super majority voting requirements exist for shareholders to approve corporate actions.
- c) The tribe owns at least 51% of all **voting** stock, is on the Board of Directors, and owns at least the percentage of voting stock needed to overcome the super majority voting requirements which exist for shareholders to approve corporate actions.
- d) The tribe controls the Board of Directors through actual numbers of voting directors.
- e) The tribe controls the Board of Directors though weighted voting and such voting is permitted by applicable state law.

Partnerships Only:

10. Are partnership decisions determined by general partners. If no, explain as Attachment 10A.

Corporations, LLCs & Partnerships:

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

Name	Title	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Is the CEO, President, Managing Member, Managing Partner, members of the management team, business committee members, officers or directors 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 12 A.

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

Name	Title
_____	_____
_____	_____

14. Does the concern's articles of incorporation/ articles of organization/ partnership agreement contain express sovereign immunity waiver language or a "sue and be sued" clause which designates United States Federal Courts to be among the courts or competent jurisdiction for all matters relating to SBA's programs? ___Yes ___ No. If yes, provide a complete copy of the documentation as Attachment 14A.

15. Is the management and daily business operations of the concern controlled by the tribe through one or more disadvantaged individual members who possess sufficient management experience of an extent and complexity to run the concern? ___Yes ___No. If yes, provide documentation to verify tribal membership and management competency as Attachment 15A.

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.

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 an eligible Indian tribe or wholly-owned business entity of such tribe. Signing below indicates that the firm meets the above requirements.

For Corporation:

Signature of President/CEO: _____ Date: _____

For LLC:

Signature of Managing Member: _____ Date: _____

For Partnership:

Signature of Managing Partner: _____ 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.

SDB APPLICATION INSTRUCTIONS AND TIPS

Instructions

1. Only small firms that have been found to be owned and controlled by socially and economically disadvantaged individuals and appear on the U.S. Small Business Administration (SBA)-maintained list of qualified Small Disadvantaged Businesses (SDBs) are eligible to participate in Federal SDB set-aside, price evaluation adjustment, evaluation factor of sub-factor, or monetary subcontracting incentive programs, or SBA's section 8(d) subcontracting program.
2. Applications for SDB certification are available at any SBA district office or Private Certifier.
3. Individuals who *are* members of a designated group* need to fill out Section A of this application. Individuals claiming social and economic disadvantaged individuals who *are not* members of a designated group must fill out Section B of SBA Form 2065. All applicant concerns must fill out both Sections C & D of this application. Complete all questions. If a question is not applicable respond with "n/a."
4. SBA Form 2065 has an application for each different business structure (i.e., corporations, partnerships, etc.). Please ensure that the appropriate application is submitted.
5. Additional supporting documents are also required. Please refer to the *SDB Certification Checklist* for a complete list and description of required documents. Incomplete applications cannot be processed and will be returned to the applicant.
6. Completed applications should be sent to the Private Certifier.

*In the absence of evidence to the contrary, the following individuals are presumed to be socially disadvantaged: Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans and Subcontinent Asian Americans.

Helpful Hints:

1. **Submit a Complete Application Package.** Fill out the entire application and send all requested documentation. Carefully read and follow all of the application notes and instructions especially the SDB Certification Checklist.

A Complete Application Package Consist of the Following Forms:

SBA Form 2065 (Application); SBA Form 355 (Size Determination Document); SBA Form 413 (Personal Financial Statement) [**Complete a separate form for your spouse**]; IRS Form 4506 (Tax Transcript).

And additional required information outlined in the SDB Certification Checklist, i.e., personal tax documents with all schedules, history of business statement, banking account signature information, lease and the like.

2. **Sign and Date All Documents.** Check that all sections and documents are signed and dated, as required.
3. **Net Worth Calculation.** The net worth of the individual(s) claiming disadvantaged status should be calculated by excluding that individual's interest in the applicant business and his or her equity in the primary residence from the assets; the liabilities are then subtracted from the assets.

$$\text{Assets} - \text{Liabilities} - \text{Exclusions} = \text{Net Worth}$$

4. **U.S. Citizenship.** Each individual claiming disadvantaged status must be a citizen of the United States, born or naturalized.
5. **Size.** A firm requesting SDB status must qualify as small, per Title 13 Code of Federal Regulations (C.F.R.) Part 121, for the size standard corresponding to the firm's primary four digit Standard Industrial Classification (SIC) Code. The primary SIC code should represent the largest portion of sales from the recently completed fiscal year.
6. **SDB Regulations.** The regulations governing the SDB program (primarily 13 C.F.R. Parts 121 and 124) are located on the SBA Home Page on the Internet (<http://www.sba.gov/>).
7. Additional required information is outlined in the SDB Certification Checklist. However, for each business type, specific sections of the SDB Checklist **must** be completed. For example:

Sole Proprietorship Application – Complete Section I of the SDB Certification Checklist.

Partnerships – Complete Sections I & II.

Corporation – Complete Sections I & III.

Limited Liability Company – Complete Sections I & IV.

For further information, call 1-800-558-0884.

(7/28/99)