

SBA HUBZone Data Update Form

OMB APPROVAL 3245-0350
Expiration date 02/28/2007

Please complete the following information and reply to this e-mail back to
hubzonestatcollection@sba.gov.

Business Name: _____
Application Number: _____ DUNS Number: _____

Financial Information (From the most recent Financial Statements)	
Assets: Current: \$ _____ Fixed: \$ _____ Other: \$ _____ Receipts: Total Gross: \$ _____	Liabilities: Current: \$ _____ Long Term: \$ _____
Employment Information (From Your Latest Payroll Information)	
*Current Number of Employees for Company: _____	(Should not be 0)
*Current Number of Employees Who Reside In a HUBZone: _____	(Can be 0, BUT can not more than Current Number of Employees answered above)
HUBZone Program Impact Information (From time of initial certification to the current date)	
*Of the Number of Employees, how many were hired as a result of your Firm's HUBZone Certification: (number of employees)	
*Of the Number of HUBZone Resident Employees, how many were hired as a result of your Firm's HUBZone Certification: (number residents)	
Total estimated capital investment increase in your Firm as a result of the Firm's HUBZone Certification.(whole dollar)	\$ _____
Please Note: As noted previously, providing the requested information is required. Also, the estimated burden for completing this form is 30 minutes 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, 409 3 rd Street, S.W., Washington, DC, OMB Approval (3245-0350). PLEASE DO NOT SEND FORMS TO OMB. Instructions: Please complete, verify, and reply to this email with the same email subject line to <u>hubzonestatcollection@sba.gov</u> .	

* full-time/full-time equivalent employees as defined in Regulation §126.103