



APPLICATION FOR CERTIFICATE OF COMPETENCY

COC Case Number:

**Instructions:** The Certificate of Competency (COC) program allows a small business to appeal a contracting officer's determination that it is unable to fulfill the requirements of a specific government procurement (or sale) contract on which it is the apparent low bidder. This form (SBA Form 1531) should be completed by a small business concern seeking a COC determination from SBA that it is responsible to perform the specific contract. Applicants must complete items 11-19 and Parts II and III of this form (SBA will complete items 1-10). The completed form must be submitted to an Area Director serving your area. Visit [http://www.sba.gov/aboutsba/sbaprograms/gc/programs/gc\\_certificate\\_competency.html](http://www.sba.gov/aboutsba/sbaprograms/gc/programs/gc_certificate_competency.html) and click on the following "Contacts and Representatives" and Certificate of Competency Program to locate an Area Director in your area.

Basis of Referral:

Capacity      Credit      T&P      Int.

Procurement Designation (IFB, RFP or other number)

Restricted      Unrestricted

**PART I**

1. U.S. Small Business Administration (Office)

2. Next Low Bidder -- Whether large or small business, price difference.

3. Name and Address of Contracting Agency	Buyer _____	a. Quantity _____
	Phone _____	b. Increase Option _____
	C/O _____	c. Unit Price _____
	Phone _____	d. Total Bid _____
		e. Progress Payments Available? _____

4. Name of Company, Address (Street, City State, ZIP Code)	Principal Company Officials (Attach Resumes)	
	Name	Title

5. Telephone No. (Include Area Code)      County:

6. Work Performance Location, if different from the above address (Street, City, State, ZIP Code)	Functions at Location
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7. Telephone No. (Include Area Code)      County:      Contact Name:

8. Brief Description of Solicited Items or Services

9. What are contract delivery and special provision requirements of contract?

10. Applicant's directly related experience to solicited items/services

11. Percentage of Government contracts in relation to total sales over 3 yrs      %      Attach a list of all current commercial contracts and all government contracts for past 3 years.

12. Number of Employees	Without CoC Contract		With CoC Contract		Hours of Work	
	Without CoC Contract	With CoC Contract	Without CoC Contract	With CoC Contract	Without CoC Contract	With CoC Contract
Administrative and Management			No. of Shifts			
Production			Hours per Shift			
Other			Employees per Shift			
			Days per Week			
Total			Total Manhours per week			

13. Are special skills required?       Yes       No      Are Employees with necessary skills available?       Yes       No

**FACILITIES AND EQUIPMENT**

14. Facility Area in sq. ft.	Present	Add'l. for CoC Contract	List Machinery & Equipment required for this CoC Contract currently available. List separately additional equipment to be acquired. Use separate sheet if necessary.
(1) Administrative			
(2) Manufacturing			
(3) Storage - inside			
- outside			
(4) Other - (specify)			
Total			

15. Give percentage (dollarwise) of Inventory on hand for the proposed contract \_\_\_\_\_ %.

16. Total amount of proposed contract to be subcontracted \$ \_\_\_\_\_ %.

**PLANT LOADING AND PRODUCTION SCHEDULES**

17. Total Projected Plant Load Chart (Use a separate line for each existing and proposed contract and each item of present and projected commercial production. Show start and finish of each item by drawing a line between the month or week started and the month or week to be finished. Use separate spread sheet if greater detail is needed to evaluate capacity.)

Schedule Periods are in  Months.  Weeks.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. Commercial																								
B. Government																								
C. CoC Application Contract																								
D. Other																								

Present explanation for production and scheduling overlaps; explain delinquent contracts

**COST ANALYSIS**

18. Check basis  Unit Price,  Total Contract

Direct Material _____	Contingencies _____
Direct Labor _____	Other (Specify) _____
Overhead _____	
Subcontracting _____	Profit _____
G & A _____	Total _____

**SBA USE ONLY**

19. Based on data contained in the foregoing and in the attached enclosures a CoC is  I Concur  
 Recommended  Not Recommended  I Do Not Concur (State reasons in items)

By \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Reviewing Official \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**PART II**

1. Name of Applicant \_\_\_\_\_

CoC Case # \_\_\_\_\_

2. Type of Business (Check)

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Ownership | <input type="checkbox"/> Joint Venture      |
| <input type="checkbox"/> Partnership          | <input type="checkbox"/> Cooperative        |
| <input type="checkbox"/> Corporation          | <input type="checkbox"/> Other<br>(Explain) |

3. Date Business Was Stablished

Month \_\_\_\_\_ Year \_\_\_\_\_

**FINANCIAL STATEMENT**

A. **THE FOLLOWING MUST BE FILLED OUT OR ITS EQUIVALENT ATTACHED**

Balance Sheet As Of \_\_\_\_\_, \_\_\_\_\_, Fiscal Year Ends \_\_\_\_\_  
(Statement must be dated within 90 days of the filing of this application. Omit \$.00)

Audited or Unaudited: \_\_\_\_\_ Prepared By: \_\_\_\_\_

ASSETS		LIABILITIES	
Cash on Hand and in Banks .....	\$ _____	Accounts Payable for Merchandise .....	\$ _____
* Notes Receivable .....		Notes Payable - Payments Due Within One Year	
* Accounts Receivable (Trade) .....	\$ _____	To Banks .....	
Less Reserve for Doubtful Accounts .....		For Merchandise .....	
Inventories (How valued - Cost <input type="checkbox"/> or Market <input type="checkbox"/> )		To Officers, Directors and Stockholders .....	
Finished .....	\$ _____	To Others .....	
Stock in Process .....		Mortgages Payable - Payments Due Within One Year	
Raw Material .....		Contracts Payable - Payment Due Within One Year .....	
* Other Current Assets .....		* Accounts Due Officers or Stockholders .....	
Total Current Assets .....		Accounts and Notes Due Affiliates .....	
Cost .....		Income Taxes .....	
Depr. ....		Withholding and Other Taxes .....	
Land .....		* Other Accruals .....	
Buildings .....		* Other Current Liabilities .....	
Mach. & Equip. ....		Total Current Liabilities .....	\$ _____
F & F .....		Notes Payable - Payments Due After One Year .....	
Autos & Trucks .....		Mortgages Payable - Payments Due After One Year .....	
Net Fixed Assets (Cost Less Depr.) .....	\$ _____	Contracts Payable - Payments Due After One Year .....	
* Due from Affiliates or Subsidiaries .....		SBA Loan - Payments Due After One Year .....	
* Due from Officers, Directors, and Stockholders .....		* Other Liabilities .....	
Life Insurance (Cash Surrender Value) .....		Total Liabilities .....	\$ _____
* Other Assets .....		Capital Stock Outstanding .....	\$ _____
Total Assets .....	\$ _____	Earned Surplus .....	\$ _____
		Capital Surplus .....	\$ _____
		Capital Account (If individual or partnership) .....	
		Total Liabilities and Net Worth .....	\$ _____

\* ITEMIZE ON A SEPARATE SHEET ALL ITEMS MARKED WITH AN ASTERISK.

Contingent Liabilities: Accounts or notes receivable discounted or sold with endorsement or guarantee and all other contingent liabilities, including terms of any leases, should be explained on a separate sheet. Also, describe any pending or imminent litigation, claims against U.S. Government or others. Give present status.

Ageing	Accounts Receivable	Accounts Payable
Under 30 days	\$ _____	\$ _____
30 - 60 days	_____	_____
60 - 90 days	_____	_____
90 - 120 days	_____	_____
Over 120 days	_____	_____
Uncollectible	_____	_____
Totals	\$ _____	\$ _____

Contracts, Notes and Mortgages Payable:	Original Amt.	Present Balance	Rate of Interest	Maturity	Monthly Payment	Security
<u>To Whom Payable</u>						

State Specific Sources for funds to finance this proposed contract:  
(Attach letters of credit and/or your personal financial statements, if necessary)

**COMPARATIVE STATEMENTS OF SALES, PROFIT OR LOSS, ETC.** Detailed Profit and Loss Statements Must Be Attached

	Fiscal Year Ends (Give Date): MM/DD/YY			
<b>If a Corporation, Use This Block:</b>				to date
Net Sales (Gross sales less returns and allowances)				
Depreciation				
Income Taxes				
Compensation of Officers (Included in expenses)				
Net Profit (After depreciation and Income Taxes)				
Dividends Paid				
<b>If a Partnership or Proprietorship, Use This Block:</b>				to date
Net Sales (Gross sales less returns and allowances)				
Depreciation				
Withdrawals (For Income Taxes)				
Personal Withdrawals by Owner or Partners				
Net Profit (After depreciation and withdrawals)				

**B. MANAGEMENT**

Information to be furnished as to each officer, partner, or proprietor of applicant

<u>Name</u>	<u>% of Ownership</u>	<u>Net Worth Outside of Applicant</u>
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**PART III CERTIFICATION AND AGREEMENT**

In order to comply with the provisions of Section 13, 15 U.S.C 642 of the Small Business Act, the applicant does hereby certify to and agree as follows:

- A. In the event SBA issues the Certificate of Competency herein applied for, then for a period of two years from the date upon which such Certificate shall have been issued, the applicant and his subsidiaries and affiliates agree to refrain from employing, tendering any offer of employment to, or retaining for professional services, any person who, on such date, or within one year prior thereto, shall have served as an officer, attorney, agent, or employee of SBA occupying a position or engaging in activities which SBA shall have determined involve discretion with respect to the granting of assistance under the above Act
- B. The names of all attorneys, accountants, appraisers, engineers, consultants, agents, or other persons engaged by or on behalf of the applicant for the purpose of expediting this application or obtaining a Certificate of Competency and the fees and/or other compensation paid to any person, are as follows:

Name	Occupation	Address (Include Zip Code)	Compensation

- C. The names of any members of the National or District Small Business Advisory Council who have any direct or indirect financial interest whatsoever in the applicant (such interest to include any direct or indirect financial interest in any other business entity or enterprise which is, in any way, connected with the undersigned) are to the best of my knowledge, information, and belief as follows:

Name	Address (Include Zip Code)

- D. To notify SBA in writing within five (5) days of any changes in items B and C above.
- E. The applicant further agrees, in order to insure the continued recognition of the integrity of the SBA Certificate of Competency program if the Certificate of Competency herein applied for is issued, to permit authorized employees or representatives of SBA access to the applicant's financial, production, or other business records and to the applicant's facilities at all reasonable times during the performance of the contract described in item 8.
- F. That all the statements and all other information set forth in this application and in all exhibits and documents submitted with or in connection with this application are, to the best of the applicant's information and belief, true and correct and are submitted for the purpose of inducing SBA to grant a Certificate of Competency to the applicant. To the best knowledge and belief of the applicant, neither the applicant nor any key employee of applicant (of an individual or if individually owned) nor any officer, partner, or key employee of the applicant (if a corporation, partnership, firm or other business entity) is now or ever has been a member of any organization, party, association, movement, group, or combination of persons which advocates the overthrow or destruction of the Government of the United States of America, or of any organization, party, association, movement, group, or combination of persons which has adopted a policy advocating, approving, or encouraging commissions of acts of force or violence to bring about the overthrow or destruction of the Government of the United States of America.

Date \_\_\_\_\_, \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: Corporate applicants must execute application in corporate name, by duly authorized officer, and partnership applicants must execute application in firm name, together with signature of a general partner.

Section 16 of the Small Business Act, 15 U.S.C. 645, makes it a criminal offense punishable by fine of not more than \$5,000 or by imprisonment for not more than \$5,000 or by imprisonment for not more than two (2) years, or both, to make a statement knowing it to be false or make any misrepresentation to the Small Business Administration for the purpose of influencing in any way the action of the Administration.