



**U.S. SMALL BUSINESS ADMINISTRATION  
WASHINGTON, D.C. 20416**

OMB Control No. 3245-0350  
Expiration date 04/30/2010

**Annual Survey of SBA HUBZone Small Business Concerns  
Awarded HUBZone Contracts**

Please complete the following information and reply back to this e-mail via URL xxxx. The form should be filled out by the firm that is performing the contract. Providing the requested information, as authorized by the program regulations at 13 CFR 126.403(b), will help SBA assess the economic impact of the HUBZone Program..

**Assurance of Confidentiality:** Your responses will be automatically encrypted and accessible to a limited number of HUBZone personnel authorized to access the information on a need-to-know basis only. Any paper copies of respondent information will be stored in locked cabinets. SBA will keep the information confidential to the full extent permitted by law, including the Freedom of Information Act, 5 U.S.C 552. And the Right to Financial Privacy Act, 12 U.S.C. 3401.

**Section I**

Name of firm:       (Provided by DSBS)      

*Note: Is this name the one used for this firm on its latest Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return? Yes  No  If you answer no, please provide the different name below).*

Different name of firm: \_\_\_\_\_

Doing Business As (DBA): (DSBS)\_\_\_\_\_

SBA ID Number (DSBS Number):       (Provided by DSBS)      

Employer identification Number (EIN):       (Provided by DSBS)      

*Note: Is this number the one used for this firm on its latest Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return? Yes  No  If you answer no, please provide new number.*

*Note: This is the ID number that appears in the URL address of the firm in DSBS.*

New Employer identification Number (EIN): \_\_\_\_\_

DUNS Number of the office of the firm:       (Provided by DSBS)

Address of the firm:

*(Note: Address will be provided from the Contract information to be reviewed by the firm)*

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Additional DUNS numbers of the Vendor:

*Please identify additional DUNS numbers related to the firm, identify the main office and branches, and finally identify the DUNS corresponding to the HUBZone principal Office.*

DUNS Number	HUBZone Principal Office (Mark with an X)

**Place of Contract Performance:**

*Note: If the contract is performed in one or more job sites, please provide the address of the primary office the employees should report to, and the address(es) of each job site.*

Office	Address 1	Address 2	City	State	Zip code
Primary Office of performance of the contract					
Job site 1					
Job Site 2					
Job Site 3					

*IF needed, please continue adding lines.*

**Section 2**

Please provide the Total gross Revenue from the last three years of financial statements of the firm.

<b>Total Gross Revenue</b> <i>Includes the total sales, shipments, receipts, revenue, or business done by the firm (in dollars):</i>	<b>2007</b>	<b>2008</b>	<b>2009</b>
	\$	\$	\$
<b>Average Total Gross Revenue (3 years)</b>	AutoCalculated		

Please provide the following information about employees. Please follow the instructions.

<b>Employment and Payroll</b> <i>Include Full and part time employees working at this office whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown above or corrected)</i>		
<b>Number of Employees (From line 1, Part 1 Form 941):</b>	<b>2009</b>	<b>2008</b>
1. March 12		
2. June 12		
3. September 12		
4. December 12		
<b>Average Annual Employees</b>	AutoCalculated	Autocalculated

<b>Number of HUBZone Employees in Payroll</b> <i>From the number of employees in the previous table, please identify the HUBZone employees as defined in the HUBZone Program. (Definition: Employee means all individuals employed on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month):</i>		
<b>HUBZone Employees in payroll</b>	<b>2009</b>	<b>2008</b>
1. March 12		
2. June 12		
3. September 12		
4. December 12		
<b>Average Annual HUBZone Employees in Payroll</b>	Auto calculated	Auto calculated

<b>Number of Leased Employees</b>		
<i>Vendors with "leased employees" (those whose payroll is filed with the IRS by an employee leasing company, not the company where their work is performed-however, they are considered employees of the vendor in the HUBZone Program)</i>		
:		
<b>Total Number of Leased Employees</b>	<b>2009</b>	<b>2008</b>

<b>Number of HUBZone Leased Employees</b>	<b>2009</b>	<b>2008</b>
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<b>Other Type of non-Payroll Employees</b>		
<i>This includes contract employees, employees obtained from a temporary employee agency, or through a union agreement or co-employed pursuant to a professional employer organization agreement.</i>		
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<b>Number of Other Type of Non-Payroll Employees</b>	<b>2009</b>	<b>2008</b>

<b>Number of HUBZone Other Type of Non-Payroll Employees</b>	<b>2009</b>	<b>2008</b>
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<b>Annual Payroll</b>		
<i>(Exclude Employer's Cost for fringe benefits)</i>		
<b>Annual Payroll (From Part I of the 941 Form) in dollars</b>	<b>2009</b>	<b>2008</b>

**Section 3**

<b>Job retention and Creation related to Awarded HUBZone Contracts</b>	
Type of Contract	<i>(Populated from FPDS-NG)</i>
Type of HUBZone Set-Aside ( <i>Set-Aside or Sole Source</i> )	<i>(Populated from FPDS-NG)</i>
HUBZone Evaluation Preference	<i>(Populated from FPDS-NG)</i>
Actions	<i>(Populated from FPDS-NG)</i>
Total Contract Value (in dollars)	<i>(Populated from FPDS-NG)</i>
Action Obligations (in dollars)	<i>(Populated from FPDS-NG)</i>
Effective date	<i>(Populated from FPDS-NG)</i>
Completion date	<i>(Populated from FPDS-NG)</i>
How many payroll employees will be hired or retained as a result of this contract?	Retained:
	New:
How many HUBZone payroll employees will be hired or retained as a result of this contract?	Retained:
	New:
How many non payroll employees will be hired or retained as a result of this contract?	Retained:
	New:
How many non payroll HUBZone employees will be hired or retained as a result of this contract?	Retained:
	New:
Capital expenditure as a result of this contract (in dollars) <i>Note: This item includes permanent additions and major alterations as well as new and used machinery and equipment. Please see definitions for more detail.</i>	\$

**Please Note:** The estimated burden for completing this questionnaire is 30 minutes per response. You are not required to respond to this request for information unless it displays a currently valid OMB Control number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3<sup>rd</sup> Street, S.W., Washington, DC, 20416, and Desk Officer for Small Business Administration, Office of Management and Budget, New Executive Bldg., Rm 10202 Washington, DC 20503. OMB Control # (3245-0350). PLEASE DO NOT SEND FORMS TO OMB.

## CERTIFICATION

**WARNING:** By submitting this information you are representing on your own behalf and on behalf of the HUBZone Small Business Concern that the information provided in the responses to this survey and any document or supplemental information submitted is true and correct as of today's date. Any intentional or negligent misrepresentation of the information contained in your responses may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines of up to \$500,000, and imprisonment of up to 10 years, or both, as set forth in 15 U.S.C. § 645 and 18 U.S.C. § 1001, as well as any other applicable criminal laws; 2) treble damages and civil penalties under the False Claims Act; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act; 4) suspension and/or debarment from all Federal procurement and non-procurement transactions; and 5) program termination.

**Your name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_