



**Environmental Protection Agency**

OMB Control No: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Approval Expires: \_\_\_\_\_

**EPA DBE Certification Application**

*For a Minority Business Enterprise (MBE)/Women-owned Business Enterprise (WBE)  
Under EPA's Disadvantaged Business Enterprise (DBE) Program*

**Community Development Corporation (CDC) Owned Concern**

Name of Parent Community Development Corporation (CDC): \_\_\_\_\_

Address of Parent CDC: \_\_\_\_\_

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: \_\_\_\_\_

What is the firm's (4-digit) primary standard industrial classification code? \_\_\_\_\_

Is the firm certified by the Small Business Administration under its 8(a) Business Development Program? \_\_\_ Yes \_\_\_ No. If yes, provide Pro-Net number \_\_\_\_\_

Is the firm certified by the Small Business Administration under its Small Disadvantaged Business (SDB) Program? \_\_\_ Yes \_\_\_ No. If yes, provide Pro-Net number \_\_\_\_\_

Is the firm certified as a DBE by a Department of Transportation recipient? \_\_\_ Yes \_\_\_ No. If yes, provide State(s) and ID number(s) \_\_\_\_\_

Is the firm certified by a State government, local government, Indian tribal government, or independent private organization? \_\_\_ Yes \_\_\_ No. If yes, provide ID number and a contact point at the certifying entity \_\_\_\_\_

Has your firm ever been denied certification by a Federal agency, State government, local government, Indian tribal government, or independent private organization? \_\_\_ Yes \_\_\_ No. If yes, provide explanation/documentation: \_\_\_\_\_

\_\_\_\_\_

Does the firm have any other certification as a disadvantaged business entity, i.e., MBE, DBE, WBE, etc? \_\_\_ Yes \_\_\_ No. If yes, provide the State(s) and ID number(s) \_\_\_\_\_

\_\_\_\_\_

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## SECTION A Eligibility Statement

### Social and Economic Disadvantage

1. A Community Development Corporation (CDC) is considered to be a socially and economically disadvantaged entity if the parent CDC is a nonprofit organization responsible to residents of the area it serves which has received financial assistance under 42 U.S.C. 9805, et seq.

Does the parent CDC of the applicant concern meet this criteria? \_\_\_ Yes \_\_\_ No. If yes, provide evidence of nonprofit organization and documentation of assistance as Attachment A-1.

## SECTION B Ownership

1. Is the applicant concern at least 51 percent owned by a CDC or a wholly owned business entity of a CDC? \_\_\_ Yes \_\_\_ No. If yes, please provide evidence of ownership as Attachment B-1.

### Corporations Only:

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

	Voting	Non Voting	Total
a) Total number of shares authorized:	_____	_____	_____
b) Total number of shares currently outstanding:	_____	_____	_____

**Limited Liability Companies Only:**

3. If more than one class membership interest, provide information for each class:
- |   | Voting | Non<br>Voting | Total |
|---|--------|---------------|-------|
| a) Total number of memberships authorized:            | _____  | _____         | _____ |
| b) Total number of memberships currently outstanding: | _____  | _____         | _____ |

**Partnerships Only:**

4. 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 5 through 9 are for Corporations & LLCs ONLY:**

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

Name	Title	Ownership Voting	NonVoting	% Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Does the parent CDC 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 B-2.
7. Will the parent CDC 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 B-3.
8. If the corporation dissolves, will the parent CDC or its wholly-owned subsidiary receive at least 51% of the retained earnings and 100% of the unencumbered value of each share of stock owned? \_\_\_Yes \_\_\_ No. If no, please explain as Attachment B-4.

9. Is ownership by the parent CDC 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 CDC? \_\_\_Yes \_\_\_No. If yes, explain as Attachment B-5.

**Corporations, LLCs & Partnerships:**

10. Have there been any changes in ownership in the last year? \_\_\_Yes \_\_\_No. If yes, did ownership affect the disadvantaged status of your firm? Please explain as Attachment B-6.

## SECTION C Control and Management

1. List all individuals who manage or conduct daily business operations of the applicant concern.

Name/Title	Date
_____	_____
_____	_____
_____	_____
_____	_____

2. Are any of the individuals listed in question 1 engaged in or plan to engage in outside employment? \_\_\_ Yes \_\_\_ No. If yes, explain as Attachment C-1.
3. List the total compensation from the applicant firm of all owners and/or key managers of the firm. (If necessary, provide additional information as Attachment C-2).

Name/Title	Compensation from applicant firm (Include salaries, bonuses, etc.)
_____	_____
_____	_____
_____	_____
_____	_____

4. Does the applicant firm operate in an industry which requires bonding or professional licenses? \_\_\_ Yes \_\_\_ No. If yes, identify the qualifying individual(s) for the critical licenses, general indemnity agreement, permits, certifications, and bonding required to operate the applicant firm on Attachment C-3.

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

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

6. Does any individual(s), or entities provide:

- a) Financial support to the applicant firm?  Yes  No
- b) Subcontracts, Joint Ventures, or Teaming Arrangements?  Yes  No
- c) Office space (rent or leased).  Yes  No
- d) Equipment (rent or leased).  Yes  No
- e) Employees (other than from employment agencies).  Yes  No

If the answer is yes to any of the above, please provide specific details (i.e., names, titles, copies of agreements, leases, etc.) of such arrangements as Attachment C- 4.

**Each person signing below:**

- 1. Certifies that the information provided with regard to the applicant firm's social and economic disadvantaged status is true, accurate, and complete to the best of his/her knowledge and belief.**
- 2. Certifies that the information provided with regard to the applicant firm's ownership and control status is true, accurate, and complete to the best of his/her knowledge and belief.**
- 3. Certifies that the information provided with regard to his/her individual disadvantaged status is true, accurate, and complete to the best of his/her knowledge and belief.**
- 4. Certifies that the information provided, including that shown on documents accompanying this application, is true, accurate, and complete to the best of his/her knowledge and belief.**
- 5. Acknowledges that the EPA, at its discretion, may give the information submitted to Federal, State, and local agencies to determine violations of law.**
- 6. Acknowledges that the EPA'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 EPA.**

Name	SSN	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The public reporting and record-keeping burden for this collection of information is estimated to average three (3) hours. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose, or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed EPA DBE Certification Form to this address.