



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) _____

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
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 | | % Total |
|-------|-------|-----------|-----------|------------|
| | | Voting | NonVoting | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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.