

Warning for a non HUBZone
Principal office



HUBZone Online Certification - Page 1



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OMB Approval No. 3245-0320
Expiration Date: 10/31/2012

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A SECTION A - LOCATION IN QUALIFIED HUBZone

WARNING:

Except for concerns owned by Tribal Governments, and all other owners are either U.S. citizens or small businesses, [13 C.F.R. 126.103](#) requires the business' principal office be located in a qualified HUBZone census tract, non-metropolitan county, Indian reservation, BRAC or redesignated area. Firms that are owned in whole or in part by Indian Tribal Governments or corporations wholly owned by Indian Tribal Governments may, at the time of application [13 C.F.R. 126.200](#) , either:

- (i) Maintain a principal office located in a HUBZone and ensure that at least 35% of its employees reside in a HUBZone; or
- (ii) Certify that when performing a HUBZone contract, at least 35% of its employees engaged in performing that contract will reside within any Indian reservation governed by one or more of the Indian Tribal Government owners, or reside within any HUBZone adjoining such Indian reservation. A HUBZone and Indian reservation are adjoining when the two areas are next to and in contact with each other; and
- (iii) The concern will "attempt to maintain" ([see 126.103](#)) that applicable employment percentage stated above during the performance of any HUBZone contract it receives.

We have determined the following for the geographical location of the [principal office](#) address of "DDA"

- Located in a qualified census tract? **No**
- Located in a qualified non-metropolitan County based on income? **No**
- Located in a qualified non-metropolitan County based on unemployment? **No**
- Located within the external boundary of a Federally recognized Indian reservation? **No**
- Located within the BRAC Former Military Base? **No**
- Located in a [redesignated](#) area? **No**

We have determined that "DDA" does not qualify based on the geographical location of its [principal office](#). If for any reason you disagree with this determination, please

explain why below:

***** Edit the **mailing address** of "DDA" if different from its **principal office** address

| | | |
|-------------------------------------|---|-----------------|
| Address, line1: 9246 Long Run Dr | Address, line2: <input type="text"/> | City: Juneau |
| State: AK | ZIP Code: 99801 - <input type="text"/> | |

B SECTION B - GENERAL BUSINESS INFORMATION - Contact Person:

| | | | | |
|---------------|-----------------|--------------------|--|------------------------------|
| Contact Name: | Prefix Ms. | First jdjdjdjdj | MI <input type="text"/> | Last djddj |
| Title: | presidnet | | Phone No: (999) 999 9999 333 - 333 - 3333 | Ext. <input type="text"/> |
| E-mail: | djddj@yahoo.com | | Fax No: (999) 999 9999 <input type="text"/> - <input type="text"/> - <input type="text"/> | Ext. <input type="text"/> |

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HUBzone qualified PO



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A SECTION A - LOCATION IN QUALIFIED HUBZone

we have determined the following for the geographical location of the principal office address of "DDA"

- Located in a qualified census tract? No
- Located in a qualified non-metropolitan County based on income? No
- Located in a qualified non-metropolitan County based on unemployment? No
- Located within the external boundary of a Federally recognized Indian reservation? No
- Located within the Difficult Development Area?
• DDA description: **Juneau AK** Yes
- Located within the BRAC Former Military Base? No
- Located in a redesignated area? No

We have determined that "DDA" does not qualify based on the geographical location of its principal office. If for any reason you disagree with this determination, please explain why below:

Edit the **mailing address** of "DDA" if different from its principal office address

Address, line1: Address, line2: City:

State: ZIP Code: -

B SECTION B - GENERAL BUSINESS INFORMATION - Contact Person:

| | | | | |
|---------------|-----------------|----------------|--|---------------|
| Contact Name: | Prefix Mr. | First jjjjj | MI | Last jjjjj |
| Title: | jjjjj | | Phone No: (999) 999 9999 333 - 333 - 3333 | Ext. |
| E-mail: | jjjjj@yahoo.com | | Fax No: (999) 999 9999 | Ext. |

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B SECTION B - GENERAL BUSINESS INFORMATION - Continued

| | |
|---|--|
| Organizational Structure: <input type="text" value="Sole Proprietorship"/> | <input checked="" type="radio"/> For Profit <input type="radio"/> Non Profit <small>(This option is allowed for "Small Agricultural Cooperatives" only) See 121.105(a) & (b)</small> |
| Business Established: Date: (mm/dd/yyyy) <input type="text" value="10/31/1966"/> | Business Fiscal Year Ending: (mm/dd) <input type="text" value="01/11"/> |
| State: <input type="text" value="HI"/> | |

Description of principal products and/or services of "DDA":

characters left: 223

*** Primary NAICS Code details:**

| | | |
|--|--|--|
| Primary NAICS Code: 517110 Effective Year: 2012 | Size: Limited to 1500 by 'Number of Employees' See 126.103 | Description: Wired Telecommunications Carriers |
|--|--|--|

*** Ownership by other entities:**

| | |
|--|--|
| Is "DDA" wholly owned by one or more Indian Tribal Governments; wholly owned by a corporation that is wholly owned by one or more Indian Tribal Governanets; and/or owned in part by one or more Indian Tribal Governments and all other owners are either United States citizens or small business concerns? See 126.200(a) | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| If yes, at the time of this submission does the firm: <ul style="list-style-type: none"> i. Maintain a principal office located in a HUBZone and ensure that at least 35% of its employees reside in a HUBZone | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Or:

- ii. Certify that when performing a HUBZone contract, at least 35% of its employees engaged in performing that contract will reside within any Indian reservation governed by one or more of the Indian Tribal Government owners, or reside within any HUBZone adjoining such Indian reservation. A HUBZone and Indian reservation are adjoining when the two areas are next to and in contact with each other, AND;
- iii. The concern will "attempt to maintain" ([See 126.103](#)) that applicable employment percentage stated above during the performance of any HUBZone contract it receive.

Yes
 No

Is "DDA" wholly owned by a Community Development Corporation (CDC) or owned in part by one or more CDCs and all other owners are either U.S. citizens or small businesses?

Yes
 No

Is "DDA" an Alaskan Native Corporation (ANC) owned and controlled by Natives (determined pursuant to section 29(e)(1) of the ANCSA); or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of ANCSA, if that subsidiary, joint venture, or partnership is owned and controlled by Natives (determined pursuant section 29(e)(2)) of the ANCSA)?

Yes
 No

Is "DDA" Applying for HUBZone Certification as a small agricultural cooperative organized or incorporated in the United States, a concern wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States provided all other owners are either U.S. citizens or small businesses?

Yes
 No

*** Size and HUBZone Residency Information:**

Number of individuals employed by "DDA" on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, at time of application:

10

Sum of number of employees of your concern at each office location and the number of employees of your concern who work at off-site, contract specific location(s) [See 126.103](#)

Number of individuals employed by "DDA" on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, who reside in a HUBZone at time of application: [See 126.103](#)

5

Average number of employees on the payroll of "DDA" during the last 12 calendar months: [See 121.106](#)

0

Average Annual Receipts for "DDA" over its last three Fiscal Years: [See 121.104](#)

\$ 0

*** Debarment information:**

Is "DDA" currently debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government?

Yes
 No

If 'yes' to the above question, provide the following information for each such instance:

ListDebarring

[Need Help ?](#)

Date of Action:

Type of Action:

Agency Taking Action:

Enter

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C SECTION C- OWNERSHIP AND CONTROL - SOLE PROPRIETORSHIP

This section must be completed using the current company information. "DDA" (the Business Concern Applying for HUBZone Certification) is responsible for ensuring that all pertinent information is maintained and available to support and verify all persons ([126.201](#)) who own and maintain a controlling interest in "DDA". ([126.202](#))

Note: With the exception of the following, all Business Concerns applying for HUBZone certification must be at least 51% owned and controlled by persons who are U.S. Citizens. All business concerns applying for HUBZone certification must be:

1. An ANC owned and controlled by Natives or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of the ANCSA,
2. A Business Concern wholly owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments,
3. A Business Concern owned in part by one or more Indian Tribal Governments or in part by a corporation that is wholly owned by one or more Indian Tribal Governments, if all other owners are either United States citizens or SBCs,
4. A Business Concern wholly owned by a CDC or owned in part by one or more CDCs, if all other owners are either United States citizens or SBCs.
5. A small agricultural cooperative organized or incorporated in the United States or wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States, provided that all other owners are small business concerns or United States citizens.

You must still complete the following information for each "individual" that is currently a stockholder, owner, director or officer of the business concern seeking certification into the program.

For the owner and ALL officers of "DDA", provide the information below

If there is more than one, select the ' Next Individual ' button at the bottom and enter the requested information.

Please start by identifying the highest ranking individual in the organization, proceeding to the next highest ranking and so on for all individuals.

*** Individual(s):**

| | | | | |
|--|--|--------------------------|--------------------------------------|--|
| Name: | | First [ggggggggggg] | MI [] | Last [ggggggggggggg] |
| | | Title [nnnnnnnnnnnnn] | E-mail Address [jifjif@yahoo.com] | |
| Select all that apply to this individual: | <p>*Must select one!</p> <input checked="" type="checkbox"/> Owner* <small>[Select only one person as owner]</small> | | U.S. Citizenship: | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <p>* Individual's interest in other business:</p> | | | | |
| Does this individual have a financial interest or hold a management position in any other business? | | | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Does "DDA" share facilities, equipment, or personnel with any other business in which this individual has a financial interest or holds a management position? | | | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <p><i>If 'Yes' to either of the above two questions, provide the following information for each of such business:</i></p> | | | | |
| <p style="text-align: center;"> <input type="text" value="OtherBusiness"/> Need Help ? </p> | | | | |
| Business name: | Title or Position: | % of Ownership | | |
| [] | [] | [] | | |
| Street: | City: | State: | ZIP Code: | |
| [] | [] | [] | [] - [] | |
| Average Number of employees for the last 12 months | | | | [] |
| Average Annual Revenue for this business over the last three Fiscal Years See 121.104 | | | | [] |
| [Enter] | | [Modify] | | [Delete] |
| <p>* Individual debarment information:</p> | | | | |
| Is this individual currently debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government? | | | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <p><i>If 'yes' to the above question, provide the following information for each such instance:</i></p> | | | | |
| <p style="text-align: center;"> <input type="text" value="Debarring"/> Need Help ? </p> | | | | |
| Date of Action: | Type of Action: | | Agency Taking Action: | |
| [] | [] | | [] | |
| [Enter] | | [Delete] | | |
| [Next Individual] | | [Delete] | | |

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B SECTION B - GENERAL BUSINESS INFORMATION - Continued

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|---|---|
| <p>Organizational Structure: <input type="text" value="Partnership"/></p> | <p><input checked="" type="radio"/> For Profit <input type="radio"/> Non Profit <small>(This option is allowed for "Small Agricultural Cooperatives" only) See 121.105(a) & (b)</small></p> |
| <p>Business Established: Date: (mm/dd/yyyy) State:</p> <p><input type="text" value="10/31/1966"/> <input type="text" value="HI"/></p> | <p>Business Fiscal Year Ending: (mm/dd)</p> <p><input type="text" value="01/11"/></p> |

Description of principal products and/or services of "DDA":

characters left: 260

*** Primary NAICS Code details:**

| | | |
|---|---|---|
| <p>Primary NAICS Code: 517110 Effective Year: 2012</p> | <p>Size: Limited to 1500 by 'Number of Employees' See 126.103</p> | <p>Description: Wired Telecommunications Carriers</p> |
|---|---|---|

*** Ownership by other entities:**

| | |
|--|---|
| <p>Is "DDA" wholly owned by one or more Indian Tribal Governments; wholly owned by a corporation that is wholly owned by one or more Indian Tribal Governmanets; and/or owned in part by one or more Indian Tribal Governments and all other owners are either United States citizens or small business concerns? See 126.200(a)</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> |
| <p>If yes, at the time of this submission does the firm:</p> <p>i. Maintain a principal office located in a HUBZone and ensure that at least 35% of its employees reside in a HUBZone</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> |

Or:

| | | |
|---|--|--|
| <p>ii. Certify that when performing a HUBZone contract, at least 35% of its employees engaged in performing that contract will reside within any Indian reservation governed by one or more of the Indian Tribal Government owners, or reside within any HUBZone adjoining such Indian reservation. A HUBZone and Indian reservation are adjoining when the two areas are next to and in contact with each other, AND;</p> <p>iii. The concern will "attempt to maintain" (See 126.103) that applicable employment percentage stated above during the performance of any HUBZone contract it receive.</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>Is "DDA" wholly owned by a Community Development Corporation (CDC) or owned in part by one or more CDCs and all other owners are either U.S. citizens or small businesses?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>Is "DDA" an Alaskan Native Corporation (ANC) owned and controlled by Natives (determined pursuant to section 29(e)(1) of the ANCSA); or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of ANCSA, if that subsidiary, joint venture, or partnership is owned and controlled by Natives (determined pursuant section 29(e)(2)) of the ANCSA)?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>Is "DDA" Applying for HUBZone Certification as a small agricultural cooperative organized or incorporated in the United States, a concern wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States provided all other owners are either U.S. citizens or small businesses?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>* Size and HUBZone Residency Information:</p> | | |
| <p>Number of individuals employed by "DDA" on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, at time of application: Sum of number of employees of your concern at each office location and the number of employees of your concern who work at off-site, contract specific location(s) See 126.103</p> | <p style="text-align: center;">10</p> | |
| <p>Number of individuals employed by "DDA" on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, who reside in a HUBZone at time of application: See 126.103</p> | <p style="text-align: center;">5</p> | |
| <p>Average number of employees on the payroll of "DDA" during the last 12 calendar months: See 121.106</p> | <p style="text-align: center;">0</p> | |
| <p>Average Annual Receipts for "DDA" over its last three Fiscal Years: See 121.104</p> | <p style="text-align: center;">\$ 0</p> | |
| <p>* Debarment Information:</p> | | |
| <p>Is "DDA" currently debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p><i>If 'yes' to the above question, provide the following information for each such instance:</i></p> | | |
| <p style="text-align: center;"> <input style="width: 500px; height: 30px;" type="text" value="ListDebarring"/> Need Help ? </p> | | |
| <p>Date of Action: <input style="width: 100px; height: 20px;" type="text"/></p> | <p>Type of Action: <input style="width: 100px; height: 20px;" type="text"/></p> | <p>Agency Taking Action: <input style="width: 100px; height: 20px;" type="text"/></p> |

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C SECTION C- OWNERSHIP AND CONTROL - PARTNERSHIP

This section must be completed using the current company information. "DDA" (the Business Concern Applying for HUBZone Certification) is responsible for ensuring that all pertinent information is maintained and available to support and verify all persons (126.201) who own and maintain a controlling interest in "DDA". (126.202)

Note: With the exception of the following, all Business Concerns applying for HUBZone certification must be at least 51% owned and controlled by persons who are U.S. Citizens. All business concerns applying for HUBZone certification must be:

1. An ANC owned and controlled by Natives or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of the ANCSA,
2. A Business Concern wholly owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments,
3. A Business Concern owned in part by one or more Indian Tribal Governments or In part by a corporation that is wholly owned by one or more Indian Tribal Governments, if all other owners are either United States citizens or SBCs,
4. A Business Concern wholly owned by a CDC or owned in part by one or more CDCs, if all other owners are either United States citizens or SBCs.
5. A small agricultural cooperative organized or incorporated in the United States or wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States, provided that all other owners are small business concerns or United States citizens.

You must still complete the following information for each "individual" that is currently a stockholder, owner, director or officer of the business concern seeking certification into the program.

For ALL limited partners, for ALL general partners and for ALL officers of "DDA", provide the information below

If there is more than one, select the ' Next Individual ' button at the bottom and enter the requested information.

Please start by identifying the highest ranking individual in the organization, proceeding to the next highest ranking and so on for all individuals.

*** Individual(s):**

Please use help at the bottom of the page when adding, deleting or modifying individuals.

| | | | |
|-------|-------|----|------|
| Name: | First | MI | Last |
|-------|-------|----|------|

| | | |
|---|---|---|
| | <input type="text" value="9999999999"/> | <input type="text" value="999999999999"/> |
| | Title <input type="text" value="nnnnnnnnnnnn"/> | E-mail Address <input type="text" value="jffjf@yahoo.com"/> |
| Select all that apply to this individual: | *Must select at least one! <input checked="" type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Officer | U.S. Citizenship: <input checked="" type="radio"/> Yes <input type="radio"/> No |

*** Individual's interest in other business:**

Does this individual have a financial interest or hold a management position in any other business? Yes No

Does "DDA" share facilities, equipment, or personnel with any other business in which this individual has a financial interest or holds a management position? Yes No

If 'Yes' to either of the above two questions, provide the following information for each of such business:

[Need Help ?](#)

| | | | |
|--|---------------------------|-----------------------|----------------------|
| Business name: | Title or Position: | % of Ownership | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Street: | City: | State: | ZIP Code: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Average Number of employees for the last 12 months | | | <input type="text"/> |
| Average Annual Revenue for this business over the last three Fiscal Years | | | <input type="text"/> |
| | | | <input type="text"/> |

*** Individual debarment information:**

Is this individual currently debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government? Yes No

If 'yes' to the above question, provide the following information for each such instance:

[Need Help ?](#)

| | | |
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| Date of Action: | Type of Action: | Agency Taking Action: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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|--|--|
| <input type="button" value="Modify/Add New Individual"/> <input type="button" value="Delete"/> | Entered Individual(s) <input type="text" value="999999999"/> |
|--|--|

↓ Help me on Individuals ↓

- To **MODIFY** an already Entered Individual, select the corresponding individual's name from the list of 'Entered Individual(s)' above, make the necessary modifications and select the **Modify/Add New Individual** button. Select 'Next Page' button at the bottom when you are done.
- To **ADD** a new individual to the list, select **Modify/Add New Individual** button, a blank

form will be presented. Enter the new individual's information and select **Next Individual** button to continue adding more. Select 'Next Page' button at the bottom when you are done.

- To **DELETE** an already entered individual, select the corresponding individual's name from the list of 'Entered Individual(s)' **above**, then select **Delete** button. This Individual should then disappear from the list of 'Entered Individual(s)'. Select 'Next Page' button at the bottom when you are done.

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B SECTION B - GENERAL BUSINESS INFORMATION - Continued

| | |
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| <p>Organizational Structure: <input type="text" value="Limited Liability Company(LLC)"/></p> | <p><input checked="" type="radio"/> For Profit <input type="radio"/> Non Profit (This option is allowed for "Small Agricultural Cooperatives" only) See 121.105(a) & (b)</p> |
| <p>Business Established: Date: (mm/dd/yyyy) <input type="text" value="10/31/1966"/> State: <input type="text" value="HI"/></p> | <p>Business Fiscal Year Ending: (mm/dd) <input type="text" value="01/11"/></p> |

Description of principal products and/or services of "DDA":

characters left: 260

ff

*** Primary NAICS Code details:**

| | | |
|--|--|--|
| Primary NAICS Code: 517110 Effective Year: 2012 | Size: Limited to 1500 by 'Number of Employees' See 126.103 | Description: Wired Telecommunications Carriers |
|--|--|--|

*** Ownership by other entities:**

Is "DDA" wholly owned by one or more Indian Tribal Governments; wholly owned by a corporation that is wholly owned by one or more Indian Tribal Governmanets; and/or owned in part by one or more Indian Tribal Governments and all other owners are either United States citizens or small business concerns? [See 126.200\(a\)](#)

Yes
 No

If yes, at the time of this submission does the firm:

i. Maintain a principal office located in a HUBZone and ensure that at least 35% of its employees reside in a HUBZone

Yes
 No

Or:

| | | |
|---|--|---|
| <p>ii. Certify that when performing a HUBZone contract, at least 35% of its employees engaged in performing that contract will reside within any Indian reservation governed by one or more of the Indian Tribal Government owners, or reside within any HUBZone adjoining such Indian reservation. A HUBZone and Indian reservation are adjoining when the two areas are next to and in contact with each other, AND;</p> <p>iii. The concern will "attempt to maintain" (See 126.103) that applicable employment percentage stated above during the performance of any HUBZone contract it receive.</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>Is "DDA" wholly owned by a Community Development Corporation (CDC) or owned in part by one or more CDCs and all other owners are either U.S. citizens or small businesses?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>Is "DDA" an Alaskan Native Corporation (ANC) owned and controlled by Natives (determined pursuant to section 29(e)(1) of the ANCSA); or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of ANCSA, if that subsidiary, joint venture, or partnership is owned and controlled by Natives (determined pursuant section 29(e)(2)) of the ANCSA)?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>Is "DDA" Applying for HUBZone Certification as a small agricultural cooperative organized or incorporated in the United States, a concern wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States provided all other owners are either U.S. citizens or small businesses?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>* Size and HUBZone Residency Information:</p> | | |
| <p>Number of individuals employed by "DDA" on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, at time of application: Sum of number of employees of your concern at each office location and the number of employees of your concern who work at off-site, contract specific location(s) See 126.103</p> | <p>10</p> | |
| <p>Number of individuals employed by "DDA" on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, who reside in a HUBZone at time of application: See 126.103</p> | <p><input type="text" value="5"/></p> | |
| <p>Average number of employees on the payroll of "DDA" during the last 12 calendar months: See 121.106</p> | <p><input type="text" value="0"/></p> | |
| <p>Average Annual Receipts for "DDA" over its last three Fiscal Years: See 121.104</p> | <p>\$ <input type="text" value="0"/></p> | |
| <p>* Debarment information:</p> | | |
| <p>Is "DDA" currently debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p><i>If 'yes' to the above question, provide the following information for each such instance:</i></p> | | |
| <p><input type="text" value="ListDebarring"/> Need Help ?</p> | | |
| <p>Date of Action: <input type="text"/></p> | <p>Type of Action: <input type="text"/></p> | <p>Agency Taking Action: <input type="text"/></p> |

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Move cursor over a task to see name of the task.

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Your session will time out in **57:14**



SECTION C- OWNERSHIP AND CONTROL - LIMITED LIABILITY COMPANIES

This section must be completed using the current company information. "DDA" (the Business Concern Applying for HUBZone Certification) is responsible for ensuring that all pertinent information is maintained and available to support and verify all persons ([126.201](#)) who own and maintain a controlling interest in "DDA". ([126.202](#))

Note: With the exception of the following, all Business Concerns applying for HUBZone certification must be at least 51% owned and controlled by persons who are U.S. Citizens. All business concerns applying for HUBZone certification must be:

1. An ANC owned and controlled by Natives or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of the ANCSA,
2. A Business Concern wholly owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments,
3. A Business Concern owned in part by one or more Indian Tribal Governments or in part by a corporation that is wholly owned by one or more Indian Tribal Governments, if all other owners are either United States citizens or SBCs,
4. A Business Concern wholly owned by a CDC or owned in part by one or more CDCs, if all other owners are either United States citizens or SBCs.
5. A small agricultural cooperative organized or incorporated in the United States or wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States, provided that all other owners are small business concerns or United States citizens.

You must still complete the following information for each "individual" that is currently a stockholder, owner, director or officer of the business concern seeking certification into the program.

For ALL members and ALL managers of "DDA", provide the information below

If there is more than one, select the ' Next Individual ' button at the bottom and enter the requested information.

Please start by identifying the highest ranking individual in the organization, proceeding to the next highest ranking and so on for all individuals.

Individual(s):

Please use help at the bottom of the page when adding, deleting or modifying individuals.

| | | | |
|---|---|--------------------------------------|---|
| Name: | First [ggggggggggg] | MI [] | Last [ggggggggggggg] |
| | Title [nnnnnnnnnnnnn] | E-mail Address [jffjff@yahoo.com] | |
| Select all that apply to this individual: | *At least one key individual must be a member! <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member | | U.S. Citizenship: <input checked="" type="radio"/> Yes <input type="radio"/> No |

*** Individual's interest in other business:**

| | |
|--|--|
| Does this individual have a financial interest or hold a management position in any other business? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Does "DDA" share facilities, equipment, or personnel with any other business in which this individual has a financial interest or holds a management position? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

If 'Yes' to either of the above two questions, provide the following information for each of such business:

| | | | |
|--|--------------------|----------------|-----------|
| <div style="border: 1px solid black; padding: 2px;">OtherBusiness</div> Need Help ? | | | |
| Business name: | Title or Position: | % of Ownership | |
| [] | [] | [] | |
| Street: | City: | State: | ZIP Code: |
| [] | [] | [] | [] - [] |
| Average Number of employees for the last 12 months | | | [] |
| Average Annual Revenue for this business over the last three Fiscal Years See 121.104 | | | [] |
| [Enter] | | [Modify] | |
| [Delete] | | | |

*** Individual debarment information:**

| | |
|--|--|
| Is this individual currently debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|--|--|

If 'yes' to the above question, provide the following information for each such instance:

| | | |
|---|-----------------|-----------------------|
| <div style="border: 1px solid black; padding: 2px;">Debarring</div> Need Help ? | | |
| Date of Action: | Type of Action: | Agency Taking Action: |
| [] | [] | [] |
| [Enter] | | [Delete] |

Entered Individual(s)

Modify/Add New Individual

Delete

gggggggggg

↓ Help me on Individuals ↓

- To **MODIFY** an already Entered Individual, select the corresponding individual's name from the list of 'Entered Individual(s)' **above**, make the necessary modifications and select the **Modify/Add New Individual** button. Select 'Next Page' button at the bottom when you are done.
- To **ADD** a new individual to the list, select **Modify/Add New Individual** button, a blank form will be presented. Enter the new individual's information and select **Next Individual** button to continue adding more. Select 'Next Page' button at the bottom when you are done.
- To **DELETE** an already entered individual, select the corresponding individual's name from the list of 'Entered Individual(s)' **above**, then select **Delete** button. This Individual should then disappear from the list of 'Entered Individual(s)'. Select 'Next Page' button at the bottom when you are done.

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| | | |
|---|--|---|
| <p>ii. Certify that when performing a HUBZone contract, at least 35% of its employees engaged in performing that contract will reside within any Indian reservation governed by one or more of the Indian Tribal Government owners, or reside within any HUBZone adjoining such Indian reservation. A HUBZone and Indian reservation are adjoining when the two areas are next to and in contact with each other, AND;</p> <p>iii. The concern will "attempt to maintain" (See 126.103) that applicable employment percentage stated above during the performance of any HUBZone contract it receive.</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>Is "DDA" wholly owned by a Community Development Corporation (CDC) or owned in part by one or more CDCs and all other owners are either U.S. citizens or small businesses?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>Is "DDA" an Alaskan Native Corporation (ANC) owned and controlled by Natives (determined pursuant to section 29(e)(1) of the ANCSA); or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of ANCSA, if that subsidiary, joint venture, or partnership is owned and controlled by Natives (determined pursuant section 29(e)(2)) of the ANCSA)?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>Is "DDA" Applying for HUBZone Certification as a small agricultural cooperative organized or incorporated in the United States, a concern wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States provided all other owners are either U.S. citizens or small businesses?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p>* Size and HUBZone Residency Information:</p> | | |
| <p>Number of individuals employed by "DDA" on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, at time of application: Sum of number of employees of your concern at each office location and the number of employees of your concern who work at off-site, contract specific location(s) See 126.103</p> | <p>10</p> | |
| <p>Number of individuals employed by "DDA" on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, who reside in a HUBZone at time of application: See 126.103</p> | <p><input type="text" value="5"/></p> | |
| <p>Average number of employees on the payroll of "DDA" during the last 12 calendar months: See 121.106</p> | <p><input type="text" value="0"/></p> | |
| <p>Average Annual Receipts for "DDA" over its last three Fiscal Years: See 121.104</p> | <p>\$ <input type="text" value="111111111111"/></p> | |
| <p>* Debarment information:</p> | | |
| <p>Is "DDA" currently debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government?</p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> | |
| <p><i>If 'yes' to the above question, provide the following information for each such instance:</i></p> | | |
| <p><input type="text" value="ListDebarring"/> Need Help ?</p> | | |
| <p>Date of Action: <input type="text"/></p> | <p>Type of Action: <input type="text"/></p> | <p>Agency Taking Action: <input type="text"/></p> |

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Your session will time out in **59:16**

C SECTION C- OWNERSHIP AND CONTROL - CORPORATION

This section must be completed using the current company information. "DDA" (the Business Concern Applying for HUBZone Certification) is responsible for ensuring that all pertinent information is maintained and available to support and verify all persons ([126.201](#)) who own and maintain a controlling interest in "DDA". ([126.202](#))

Note: With the exception of the following, all Business Concerns applying for HUBZone certification must be at least 51% owned and controlled by persons who are U.S. Citizens. All business concerns applying for HUBZone certification must be:

1. An ANC owned and controlled by Natives or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of the ANCSA,
2. A Business Concern wholly owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments,
3. A Business Concern owned in part by one or more Indian Tribal Governments or in part by a corporation that is wholly owned by one or more Indian Tribal Governments, if all other owners are either United States citizens or SBCs,
4. A Business Concern wholly owned by a CDC or owned in part by one or more CDCs, if all other owners are either United States citizens or SBCs.
5. A small agricultural cooperative organized or incorporated in the United States or wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States, provided that all other owners are small business concerns or United States citizens.

You must still complete the following information for each "individual" that is currently a stockholder, owner, director or officer of the business concern seeking certification into the program.

For ALL stockholders, ALL members of the board of directors and ALL officers of "DDA", provide the information below

If there is more than one, select the ' Next Individual ' button at the bottom and enter the requested information.

Please start by identifying the highest ranking individual in the organization, proceeding to the next highest ranking and so on for all individuals.

*** Individual(s):**

| | | | |
|---|---|--------------------------------------|---|
| Name: | First [xxxxxxxxxxxxxx] | MI [] | Last [xxxxxxxxxxxxxx] |
| | Title [xxxxxxxxxxxxxx] | E-mail Address [fjffjf@yahoo.com] | |
| Select all that apply to this individual: | *Must select at least one! <input checked="" type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Board Member <input type="checkbox"/> Officer | | U.S. Citizenship: <input checked="" type="radio"/> Yes <input type="radio"/> No |

*** Individual's interest in other business:**

Does this individual have a financial interest or hold a management position in any other business? Yes No

Does "DDA" share facilities, equipment, or personnel with any other business in which this individual has a financial interest or holds a management position? Yes No

If 'Yes' to either of the above two questions, provide the following information for each of such business:

OtherBusiness [Need Help ?](#)

| | | | |
|--|--------------------|---------------------------------------|---------------------------------------|
| Business name: | Title or Position: | % of Ownership | |
| [] | [] | [] | |
| Street: | City: | State: | ZIP Code: |
| [] | [] | [] | [] - [] |
| Average Number of employees for the last 12 months | | | [] |
| Average Annual Revenue for this business over the last three Fiscal Years See 121.104 | | | [] |
| <input type="button" value="Enter"/> | | <input type="button" value="Modify"/> | <input type="button" value="Delete"/> |

*** Individual debarment information:**

Is this individual currently debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government? Yes No

If 'yes' to the above question, provide the following information for each such instance:

Debarring [Need Help ?](#)

| | | |
|--------------------------------------|-----------------|---------------------------------------|
| Date of Action: | Type of Action: | Agency Taking Action: |
| [] | [] | [] |
| <input type="button" value="Enter"/> | | <input type="button" value="Delete"/> |

Next Individual

Delete

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C SECTION C - OWNERSHIP AND CONTROL - CORPORATION- Continued - 4

Are at least 51% of the current directors and officers of "DDA" U.S. Citizens? Yes No

Note:

With the exception of the following, all Business Concerns applying for HUBZone certifications must be at least 51% owned and controlled by persons who are U.S. Citizens.

1. An ANC owned and controlled by Natives or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of the ANCSA,
2. A Business Concern wholly owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments,
3. A Business Concern owned in part by one or more Indian Tribal Governments or in part by a corporation that is wholly owned by one or more Indian Tribal Governments, if all other owners are either United States citizens or SBCs,
4. A Business Concern wholly owned by a CDC or owned in part by one or more CDCs, if all other owners are either United States citizens or SBCs.
5. A small agricultural cooperative organized or incorporated in the United States or wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States, provided that all other owners are small business concerns or United States citizens.

Are at least 51% of issued shares of stock in "DDA" owned by person(s) who are U.S. Citizens? (Including common/preferred, voting/non-voting.) Yes No

Is any stock of "DDA" voted under a proxy agreement, a trust or voting trust? Yes No

• If 'Yes' to the above, are at least 51% of proxy holders, trustees and beneficiaries U.S. Citizens? Yes No

Has "DDA" agreed to combine with or merge with another concern(s) in the future by sale of stock or assets? Yes No

- If yes to the above, please answer the following:
 - Name of the concern(s) with which "DDA" has agreed to merge with
 Business name:
 [use comma(,) to separate if more than one]
 - Date on which the merger will take place: (mm/dd/yyyy)
- | | |
|---|--|
| • Once merged will "DDA" be at least 51% owned and controlled by persons who are U.S. Citizens? | <input type="radio"/> Yes <input type="radio"/> No |
| • Will the merger result in an entity that continues to qualify as a Small Business Concern under SBA Size Standards? | <input type="radio"/> Yes <input type="radio"/> No |
| Does "DDA" have any outstanding convertible debentures? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| • If yes to the above, if the convertible debenture are given present effect, will "DDA" be at least 51% owned and controlled by U.S. Citizens? | <input type="radio"/> Yes <input type="radio"/> No |
| Does "DDA" have any outstanding Stock Options? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| • If yes to the above, if the stock options are exercised, will "DDA" be at least 51% owned and controlled by U.S. Citizens? | <input type="radio"/> Yes <input type="radio"/> No |
| Does "DDA" have an Employee Stock Ownership Plan (ESOP)? | <input type="radio"/> Yes <input type="radio"/> No |
| • If yes to the above, are each stock trustees and plan members U.S. Citizens? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

D SECTION D - FINANCIAL INFORMATION

The following must be taken from the most recently filed Federal Tax Return for "DDA"

| | |
|--|---|
| Last Fiscal Year Date: <input type="text" value="01/12/2011"/> (mm/dd/yyyy) | Tax Return Filing Date: <input type="text" value="12/12/2012"/> (mm/dd/yyyy) |
| Total Receipts: \$ <input type="text" value="999999"/> | Net Profit: \$ <input type="text" value="9999"/> |
| Note: DO NOT use commas or doilar sign. | |

The following balance sheet information must be taken from the most recent, official financial statements of "DDA"

| | | | |
|--|--|---|--|
| Current Assets: \$ <input type="text" value="0.00"/> | Fixed Assets: \$ <input type="text" value="0.00"/> | Other Assets: \$ <input type="text" value="0.00"/> | Total Assets: \$ <input type="text" value="0"/> |
| Current Liabilities: \$ <input type="text" value="0.00"/> | Long-term Liabilities: \$ <input type="text" value="0.00"/> | Total Liabilities: \$ <input type="text" value="0"/> | Net Worth: \$ <input type="text" value="0"/> |

If for any reason, you are unable to provide

E SECTION E - HUBZone EMPLOYMENT - INDIVIDUAL EMPLOYMENT DATA

The question below refers to each individual employee who currently works for your business. In calculating the percentage of employees who are HUBZone residents, you must include 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. [13 CFR Section 126.103](#) Further, in verifying employee residence, be sure to use the actual resident addresses: post office boxes are not acceptable.

| | |
|--|-----------|
| "DDA" has researched the resident status of its employees and has determined that at least 35% of 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, are HUBZone residents. | Yes No |
|--|-----------|

| | |
|--|-----------|
| "DDA" has calculated the percentage of HUBZone residents utilizing current employment records as of the date of this application and will ensure that these records and all other pertinent information are maintained to document that at least 35% of 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, are HUBZone residents. | Yes No |
|--|-----------|

F SECTION F - AFFILIATION

In order to determine the affiliation (as defined pursuant to [13 CFR Section 121.103](#)) of "DDA", please answer the following two questions.

Note:

An affiliation with other [entity](#)(ies) can be established by virtue of one or more of the following:

- Joint Venture agreement(s)
- Franchise or License agreement(s)
- Stock Holding, Partnership, Membership or Ownership
- Identity of Interest
- Sharing of Equipment/Facilities/Employees
- Sharing or use of Special license(s) required for operation of "DDA"
- Bonding Assistance Indemnification or guarantee to "DDA"
- Other contractual relationships

| | |
|--|-----------|
| Does "DDA" have one or more affiliation interest(s) listed 13 CFR Section 121.103 in any other business? | Yes No |
|--|-----------|

| | |
|--|-----------|
| Does any other entity (ies) have one or more affiliation interest(s) listed 13 CFR 121.103 in "DDA"? | Yes No |
|--|-----------|

If 'Yes,' to either of the above questions, give the details of each such entity on the next page.

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Your session will time out in **59:54**

F SECTION F - AFFILIATION

*Please provide the following information for ALL affiliates of "DDA."
Provide details of Affiliate(s) in which "DDA" owns interest.
If you have more than one affiliate, use the 'Enter' button at the bottom of the screen and enter the information for the next affiliate.
When you are done with ALL entries, select 'Next Page' button at the bottom of the page.*

Affiliate's Business Name:

*** Affiliate's business address:**

Street Address:

City: State: ZIP Code: -

*** Affiliate's business type:**

Select ONE of the following that applies to this affiliate:

If this affiliate is a Community Development Corporation (CDC), provide the date on which it received the Financial Assistance under Part 1 of Subchapter A of the Community Economic Development Act of 1981, 42 U.S.C. 9805-9808. Date: (mm/dd/yyyy)

*** Affiliate's relationship with "DDA":**

Identify the relationship(s) of this affiliate to "DDA". (Answer the following).

| | |
|---|---|
| • Joint Venture agreement(s) | <input type="radio"/> Yes <input type="radio"/> No |
| • Franchise or License agreement(s) | <input type="radio"/> Yes <input type="radio"/> No |
| • Stock Holder, Partner, Member or Owner | <input type="radio"/> Yes <input type="radio"/> No |
| • Sharing of Equipment / Facilities / Employees | <input type="radio"/> Yes <input type="radio"/> No |

- Sharing or use of Special license(s) required for operation of "DDA" Yes
 No
- Bonding Assistance Indemnification or guarantee to "DDA" Yes
 No
- Other, i.e., affiliation based on identity of interest; newly organized concern rule, etc. Yes
 No

*** Affiliate's business information:**

What percentage of voting stock, interest or ownership does "DDA" hold in this affiliate? %

What percentage of voting stock, interest or ownership does this affiliate hold in "DDA"? %

See definition of HUBZone SBC in ([Title 13 C.F.R Sec 126.103](#)).

If "DDA" is owned in part by
 (1) an Indian Tribal Government, or
 (2) a corporation that is wholly owned by one or more Indian Tribal Governments, or
 (3) a CDC
 (4) a Small Agricultural Cooperative
 and one or more of the other owners is a business concern, then please certify the following: Yes
 No

You have researched and hereby certify that the business concern, which owns part of the applicant ("DDA"), is a "small business concern" pursuant to 13 C.F.R. part 121.

The average number of employees of the affiliate for the last 12 months:

The average annual receipts of the affiliate for the last three fiscal years: \$

↓ Help me on Affiliates ↓

Entered Affiliate[s]

Select Enter Button to add new affiliate

Select Modify Button to modify an existing affiliate

Select Delete Button to delete an existing affiliate

IstFirmAffiliateList

Enter

Modify

Delete

Affiliates - How To

- To **MODIFY** an already Entered Affiliate, select the corresponding affiliate's name from the list of 'Entered Affiliate[s]' **above**, make the necessary modifications and select the **Modify** button. Select 'Next Page' button at the bottom when you are done with affiliate modifications.
- To **ADD** a new affiliate, select **-- Add New Affiliate --** from the Entered Affiliate[s] list, a blank form will be presented. Fill-out the new affiliate's information and select **Enter** button to add that affiliate. Select 'Next Page' button at the bottom when you are done with affiliate additions.
- To **DELETE** an existing affiliate, select the corresponding affiliate's name from the list of 'Entered Affiliate[s]' **above**, then select **Delete** button. This Affiliate should then disappear from the list of 'Entered Affiliate[s]'. Select 'Next Page' button at the bottom when you are done with affiliate deletions.

Navigation Links: > [1](#) | [2](#) | [3](#) | [4](#) | [5](#)

Back

Next Page

Exit



Notice of Verificator



HUBZone Online Certification - Page II



Caution: DO NOT use the browser BACK button or you may lose previously entered data. Use the BACK button at the bottom of this page to re-visit previous page.

Not Completed Completed Current

OMB Approval No. 3245-0320
Expiration Date: 10/31/2012

Move cursor over a task to see name of the task.

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|

Your session will time out in **59:52**

Step 3 Notice of Verification

The SBA will need to verify your ability to represent "DDA" for HUBZone certification. To facilitate this process, the system is designed to automatically identify the highest-ranking officer named earlier in Section C of this application. You can choose to override this designation with another 'Key Person,' that is an officer, by using the drop down menu, but this action will be recorded and may prompt an inquiry. You may also choose to identify someone other than a 'Key Person,' and this would be entered in the section titled 'Other.'

Identify the person that can verify that you have the authority to submit this form on behalf of the Firm (Additional Point of Contact):

The responding officer will need to have the SBA Customer password for "DDA" and his/her e-mail address available. The e-mail notice he/she receives will provide the HUBZone application number automatically.

Key Person List

Other:

Contact Name:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| First | MI | Last | Suffix Jr,Sr etc. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Title

| | | |
|--------------|--|---------------------------|
| Phone Number | <input type="text"/> - <input type="text"/> - <input type="text"/> | Ext. <input type="text"/> |
|--------------|--|---------------------------|

E-mail Address







HUBZone OnLine Certification Summary Page 1



Not Completed Completed Current

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Move cursor over a task to see name of the task.

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|

Your session will time out in **59:38**

What happened?

- You have successfully completed **steps 1 to 3** of the HUBZone Electronic Application.
- Carefully read this page and follow instructions for next action. We **strongly** suggest you **PRINT** this page using the 'File-Print' option of your internet browser and retain it for your records.

Potential Decline Factor(s)

We have determined that the following factors can cause your application to be 'Declined.' Carefully review the following **Potential Decline Factor(s)**.

- Section A- Principal Office does not appear to be located in a qualified HUBZone

What else is there to do?

- Please proceed to the next page and complete **steps 4 & 5**, in order to complete your application.

We strongly suggest you print this page for your records and proceed to the next page for the next steps in completing the application

To proceed to the next steps, select the 'next page' button below.

next page





HUBZone OnLine Certification Summary Page 2



Not Completed Completed Current

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Move cursor over a task to see name of the task.

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|

Your session will time out in **59:53**

Step 4 Download **COMPLETED** Application

- Your HUBZone Application has been submitted. The application number is **32973**
- You must now view your COMPLETED application and make sure that all the information appearing is accurate.
- You can **'Edit Your Application'** as many times as you want before responding to the 'Electronic Verification.' Once we receive the Electronic Verification, we will not allow you to make further edits to the application.
- To view your **COMPLETED** application, click the 'display my application' button below. We strongly recommend you Save & Print the Application for your records.



Step 5 Check List

- Have you printed out your completed application? If not, print and retain it now for your records.
- In order for us to further proceed with your application, you must ensure that the officer of the applicant firm identified by you in Step 3 completes the 'Electronic Verification' process using the information provided in the E-mail notification sent to him/her. If this is not done within 10 calendar days, your application will be 'Deleted.'
- Click FINISH to proceed.



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Display Application

application



| | |
|---|---|
| <h2 style="margin: 0;">HUBZone</h2> <p style="margin: 0;">Historically Underutilized Business Zones</p> | <p>Application No.: 32973 Business Name: DDA</p> |
|---|---|

| | |
|---|---|
| SECTION A - LOCATION IN QUALIFIED HUBZONE | |
| <p>Principal office address: 9246 Long Run Dr, Juneau, AK, 99801</p> | <p>Other Address:(Mailing) 9246 Long Run Dr, Juneau, AK, 99801</p> |
| <i>We have determined the following for the geographical location of the Principal Office address of "DDA"</i> | |
| Located in a qualified census tract? | No |
| Located in a qualified non-metropolitan County based on income (median household income is less than 80% of the non-metropolitan state median household income)? | No |
| Located in a qualified non-metropolitan County based on unemployment (unemployment rate that is not less than 140% of the state-wide average unemployment rate for the state in which the county is located)? | No |
| Located within the external boundary of a Federally recognized Indian reservation? | No |
| Located within the BRAC Former Military Base? | No |
| Located in a redesignated area? | No |

| | | | |
|--|------------------------------|------------------------------|-------|
| SECTION B - GENERAL BUSINESS INFORMATION | | | |
| Business Name: | DDA | | |
| Tax Identification Number or Employer Identification Number | EIN: 541390370 | | |
| Contact Name & Title: | Mr. ffffffff ffffff, ffffff. | | |
| Phone: | 3333333333 - | | |
| Fax: | - | | |
| E-mail: | fffffff@yahoo.com | | |
| Organizational Structure of Business: | Corporation | For Profit | |
| NAICS Code: | 517110 | CAGE Code(Optional): | 0N511 |
| Date Business Established: | 10/31/1966 | Business fiscal year ending: | 01/11 |
| State Business Incorporated / Established: | MH | | |
| Description of concern's principal products and/or services: | ffffffffffffffffffffffff | | |
| Is "DDA" owned in whole or part by one or more Indian Tribal Governments, or owned in whole or part by a corporation that is wholly owned by one or more Indian Tribal Governments? | No | | |
| Is "DDA" wholly owned by a Community Development Corporation (CDC) or owned in part by one or more CDCs? | No | | |
| Is "DDA" an Alaskan Native Corporation (ANC) owned and controlled by Natives (determined pursuant to section 29(e)(1) of the ANCSA); or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of ANCSA, if that subsidiary, joint venture, or partnership is owned and controlled by Natives (determined pursuant section 29(e)(2) of the ANCSA)? | No | | |
| Is "DDA" Applying for HUBZone Certification a small agricultural cooperative organized or incorporated in the United States, wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States? | No | | |
| Number of individuals employed on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, at time of application who work at off-site, contract specific job sites: | 0 | | |
| Number of individuals employed on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, at time of application: | 10 | | |
| Number of individuals employed on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours per month, who reside in a HUBZone at time of application: | 5 | | |
| Average number of employees on your concern's payroll during the last 12 calendar months: | 0 | | |
| Average annual receipts for the applicant concern over its last three Fiscal Years: | \$111,111,110,656.00 | | |
| Has the applicant ever been debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or | No | | |

agency of the Federal Government?

| SECTION C - OWNERSHIP AND CONTROL- CORPORATION | |
|---|--|
| Are at least 51% of issued shares of stock owned by a person(s) who are U.S. citizens? (Including common/preferred, voting/non-voting.) | Yes |
| Are at least 51% of the current directors and officers U.S. citizens? | No |
| Is any stock voted under a proxy agreement, a trust or voting trust? | No |
| Has the applicant concern agreed to combine with or merge with another concern(s) in the future by sale of stock or assets? | No |
| Does the applicant concern have any outstanding convertible debentures? | No |
| Does the applicant concern have any outstanding stock options? | No |
| Does the applicant concern have an Employee Stock Option Plan (ESOP)? | No |
| List of ALL stockholders, ALL board of directors and officers | |
| Name: ffffffff ffffffff | Title: ffffffff |
| Email: fjjjff@yahoo.com | <ul style="list-style-type: none"> • Stock Holder • Board Member |
| U.S. Citizenship | Yes |
| Does this individual have a financial interest or hold a management position in any other business? | No |
| Does the applicant concern share facilities, equipment or personnel with any other business in which this individual has a financial interest or holds a management position? | No |
| Has this individual ever been debarred, suspended, voluntarily excluded or otherwise rendered ineligible from any department or agency of the Federal Government? | No |

| SECTION F - AFFILIATION | |
|--|----|
| Does the applicant concern own an interest in any other business? | No |
| Does any other business own an interest in the applicant concern? | No |
| If Yes to either of the above and/or If applicant concern is owned in part or full by ANC/CDC/Indian Tribal Government(s)/Agricultural Cooperatives established in Section B, List of affiliates | |

| SECTION D - FINANCIAL INFORMATION | | | |
|-----------------------------------|-------------------|-------------------------|-------------------|
| Last fiscal year: | 01/12/2011 | Tax return filing Date: | 12/12/2012 |
| Total Receipts: \$ | 999999.00 | Net profit: \$ | 9999.00 |
| Assets | Value (\$) | Liabilities | Value (\$) |
| Current | 0 | Current | 0 |
| Fixed | 0 | Long-Term | 0 |
| Other | 0 | Total liabilities | 0 |
| Total | 0 | Net Worth | 0 |

If for any reason, you are not able to supply the complete financial information, please explain why: dd

| SECTION E - HUBZONE EMPLOYMENT-INDIVIDUAL EMPLOYMENT DATA | |
|--|-----|
| The applicant concern has researched the resident status of its employees and has determined that at least 35% of 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, are HUBZone residents. | Yes |
| The applicant concern calculated the percentage of HUBZone residents utilizing current employment records as of the date of this application and will ensure that these records and all other pertinent information are maintained to document that at least 35% of 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, are HUBZone residents. | Yes |

| Contact Information for Person Entering the Application Data | |
|--|-------------------|
| Name: | Mr. 11111 11111 |
| Title or Position: | 1111111 |
| Phone No.: | 3333333333 Ext.:0 |
| E-mail: | 11111@yahoo.com |

[PLEASE "SAVE & PRINT" IT FOR YOUR RECORDS]

Edit Application



HUBZone Electronic Application - Main Menu



[View Your Correspondence](#)
[Logout of HUBZone \(Exit to GLS\)](#)

Application: 32962 Your application has been withdrawn. This reflects status as of **Monday, April 30, 2012**.

Application: 32963 Your application has been withdrawn. This reflects status as of **Wednesday, May 02, 2012**.

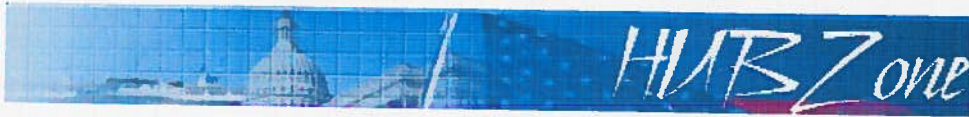
Application: 32967 Your application has been withdrawn. This reflects status as of **Tuesday, October 02, 2012**.

Application: 32968 Your application has been withdrawn. This reflects status as of **Wednesday, October 03, 2012**.

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Thank You



Not Completed Completed Current

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Expiration Date: 10/31/2012

Move cursor over a task to see name of the task.

| | | | | | | | | | | | | | | | | |
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|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|

- You have successfully submitted your application for HUBZone certification.
- You may visit our website at www.sba.gov/hubzone at any time and use the following options.
 - Edit Your Application*
 - Check Application Status
 - Cancel Your Application
- If additional information/clarification is required, we will email/fax the request to the individual listed as the point of contact in the application.

NOTE:

You may cancel the application at any time before we receive the Electronic Verification response allowing us to proceed with your application or if you receive a "System Rejected" message or if you feel that you have made a mistake in the application. You are welcome to re-submit a new application for re-evaluation.

*You can '**Edit Your Application**' as many times as you want before responding to the 'Electronic Verification.' Once we receive the Electronic Verification, we will not allow you to make further edits to the application.

END

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Cancel application



 **HUBZone Application - Cancel**



% complete status bar
| 0%

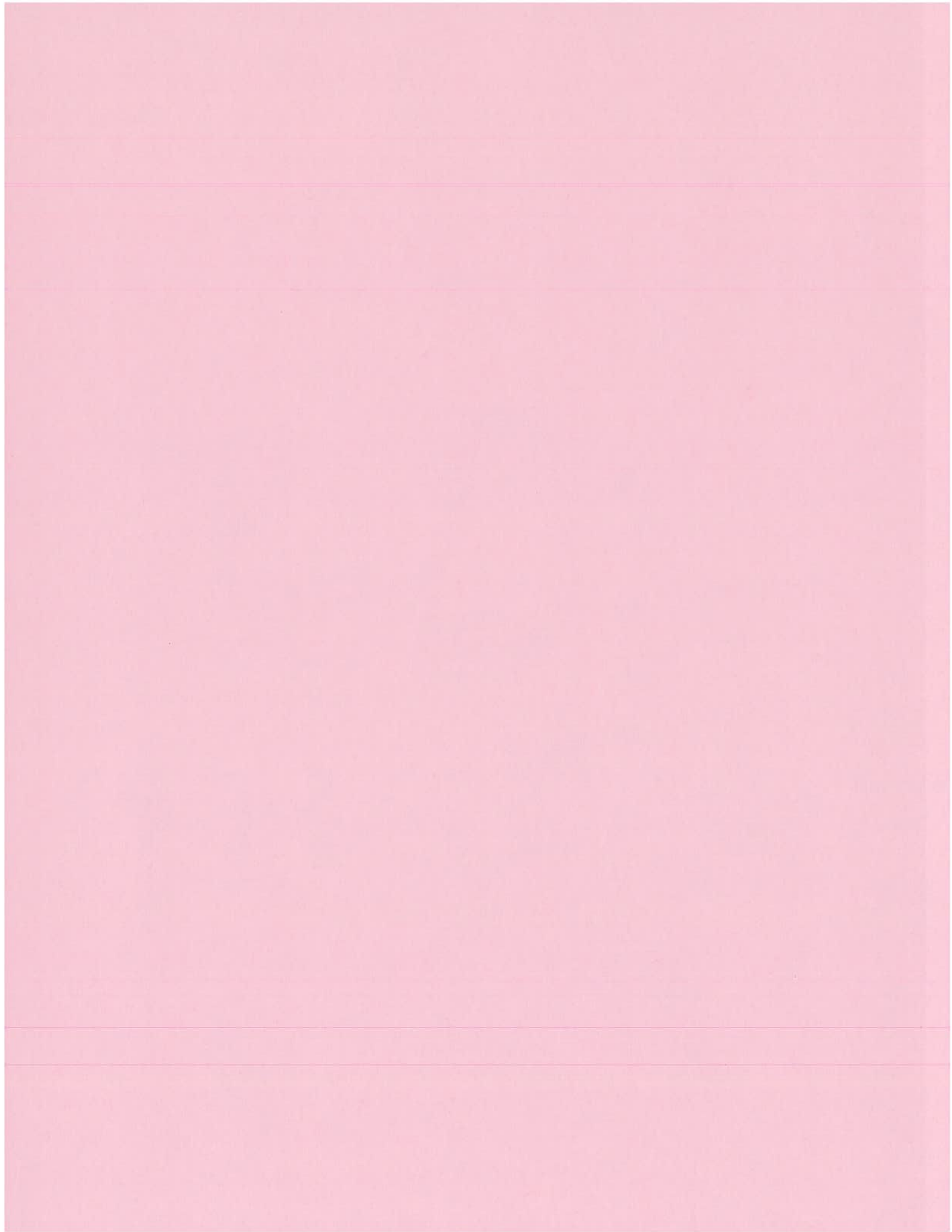
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| |
|--|
| Do you really want to cancel your application? |
| <input type="button" value="Yes"/> <input type="button" value="No"/> |
| <p>Note: This will discontinue the processing of your current application and you will not be able to restore it. You are welcome to re-submit a new application for re-evaluation.</p> |

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Application: 32962 Your application has been withdrawn. This reflects status as of **Monday, April 30, 2012**

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Electronic Verifier



HUBZone Application - Authorize Application Processing



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OMB Approval No. 3245-0320
Expiration Date: 10/31/2012

*** Authorize Application Processing**

---[ADVISORY]---

1. **SECURITY SETTINGS:** Your 'Internet Service Provider' (ISP) or your internet browser may have the Security/Privacy settings preset to a level that might NOT allow the HUBZone System to perform correctly. Before you attempt to log in, please select this link '[How to verify my browser settings?](#)' and make sure you have the right settings. After you establish that you have the right settings you may log in and complete the required steps.
2. **BROWSER REQUIERMENTS:** You MUST Use Microsoft Internet Explorer or Netscape version less than 6.x.
Do NOT use any of these browsers as these may not be compatible with our application system:
Firefox or Safari and Versions of Netscape 6.x and above
3. **OPERATING SYSTEM:** This system may encounter problems if you are using a **Windows XP** operating system or a Wireless connection.

Our form uses Pop-Ups which are by default blocked by the **Windows XP** operating system. To enable our form to work correctly, please select this link '[Block Pop-up Windows with Internet Explorer](#)' and follow the instructions under "To change Pop-up Blocker settings".

Enter your Log-In Information Below

HUBZone Application Number:

Your E-mail Address:

**For 'HUBZone' assistance,
e-mail us at 'HUBZone@sba.gov'**

or

call **202-205-8885**

NOTE: Once the firm has completed the electronic verification, SBA will send the firm a document request list. The firm must provide all required documents in order for SBA to

determine the firms' HUBZone eligibility. The firm must also sign and have notarized the SBA signature sheet for firms Owned by Indian Tribal Government, firms owned by Small Agricultural Cooperative, and firms Owned by U.S. Citizens, ANCs or CDCs.

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Pop ups

1. Firm entered info that did not meet a particular requirement
2. Firm may choose to retain mailing address in next page
3. Firm answered "Not Profit"
4. Application warns the firm that it does not have the required number of HZ employees based on the total number of employees
5. Firm answered ~~not~~ no to .
6. firm answered no to citizenship
7. Notice to firm prior to electronic verification

1.

Message from webpage

Click 'OK' to cancel application process or 'Cancel' if you wish to continue.

OK Cancel

2.

Message from webpage

Click 'OK' if you want to retain the mailing address same as appearing above. Click 'Cancel' to edit it.

OK Cancel

3.

Message from webpage

Except for small agricultural cooperatives, a business concern eligible for assistance from SBA as a small business is a business entity organized for profit, with a place of business located in the United States, and which operates primarily within the United States or which makes a significant contribution to the U.S. economy through payment of taxes or use of American products, materials or labor. Title 13 C.F. R. Section 121.105 (a)(1)

OK Cancel

4.

Message from webpage

We have determined that only 10% of your employees reside in a HUBZone. This may result in your application being 'Declined,' however;

A. The requirement that at least 35% of the concern's employees reside in a HUBZone at the time of the certification does not apply to business concerns that are:-

- (1) wholly owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments; or
- (2) owned in part by one or more Indian Tribal Governments or in part by a corporation that is wholly owned by one or more Indian Tribal Governments, if all other owners are either United States citizens or SBCs,

If the business concern meets these conditions, please select 'OK' to proceed.

B. For all other business concerns, 13 C.F.R. 126.200 requires that at least 35 percent of the concern's employees reside in a HUBZone. Select 'OK' to proceed or 'Cancel' if you do not want to proceed with this application.

OK Cancel

Message from webpage



We have determined that only 25% of your employees reside in a HUBZone. This may result in your application being 'Declined,' however;

A. The requirement that at least 35% of the concern's employees reside in a HUBZone at the time of the certification does not apply to business concerns that are:-

- (1) wholly owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments; or
- (2) owned in part by one or more Indian Tribal Governments or in part by a corporation that is wholly owned by one or more Indian Tribal Governments, if all other owners are either United States citizens or SBCs,

If the business concern meets these conditions, please select 'OK' to proceed.

B. For all other business concerns, 13 C.F.R. 126.200 requires that at least 35 percent of the concern's employees reside in a HUBZone.

Select 'OK' to proceed or 'Cancel' if you do not want to proceed with this application.

OK

Cancel

Message from webpage



The regulations, 13 C.F.R. 126.401(b) require every qualified HUBZone Small Business concern to retain documents showing satisfaction of the employee residence and other qualifying requirements for 6 years from the date of certification by SBA. At least 35% of the HUBZone Small Business concerns employees must reside in qualified HUBZone locations. 126.200 (b)(4)

Select 'OK' to proceed or 'Cancel' if you do not want to proceed with this application.

OK

Cancel

Message from webpage



You have answered 'No' to this question on U.S. Citizenship. This may result in your application being 'Declined,' however;

A. A HUBZone Small Business concern can be:

- a) at least 51% owned and controlled by individuals who are U.S. Citizens (citizen means a person born or naturalized in the U.S.);
- b) an ANC owned and controlled by Natives or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(3(1) of the ANCSA; or owned in part by one or more ANCs, if all other owners are either U.S. citizens or SBCs;
- c) a Business Concern wholly owned by one or more Indian Tribal Government or by a corporation that is wholly owned by one or more Indian Tribal Government;
- d) a Business Concern owned in part by one or more Indian Tribal Government or in part by a corporation that is wholly owned by one or more Indian Tribal Government, if all other owners are either U.S. citizens or SBCs;
- e) a Business concern wholly owned by a CDC or owned in part by one or more CDCs, if all other owners are either U.S. citizens or SBCs;
- f) a small agricultural cooperative organized or incorporated in the United States, a Business Concern wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States or owned in part by one or more small agricultural cooperatives organized or incorporated in the United States.

If the business concern meets these conditions, please select 'OK' to proceed.

Select 'Cancel' if you do not want to proceed with this application.

OK

Cancel



EXTREMELY CRITICAL

It is important to verify the accuracy of all the information contained in this HUBZone application. Once the electronic authorization process is completed, the application cannot be changed by the business concern. SBA regulations do not provide for reconsideration by SBA of a denial of certification resulting from the information contained in this application.

In some circumstances, a HUBZone analyst may need to clarify a portion of an application and the business concern may be given a chance to submit this clarification using the online system, but this condition cannot be used by you (the business concern) to change information already submitted.

If you feel for any reason that this application may not represent an accurate description of your business concern's standing relative to the HUBZone eligibility criteria, you are strongly advised to withdraw the application until such time that you are certain of the contents. Withdrawing a pending HUBZone application permits a company to resubmit at any time in the future. A business concern's application that undergoes full scrutiny and is formally denied means the company must wait 90 days before reapplying for HUBZone certification.

Thank you,

The HUBZone management and staff.

OK

7

Certification signature
sheets



HUBZone Program Certification for Applicants Owned by Indian Tribal Governments

Please read carefully the following certification statements and have the authorized officer or officers of the applicant sign and date the form. The U.S. Small Business Administration (SBA) relies on the information in the applicant's online submission, this form and any documents or supplemental information submitted in connection with this application to determine whether the applicant qualifies as a HUBZone small business concern (SBC). The definitions for the terms used in this certification and throughout this application are set forth in the Small Business Act (15 U.S.C. § 632), SBA regulations (13 C.F.R. Part 126), and also any statutory and regulatory provisions referenced in those authorities. In addition, please note that SBA will request further clarification or supporting documentation in order to assist in the verification of any of the information provided and that each person signing this certification may be prosecuted if they have provided false information. Any action taken with respect to this application does not affect the Government's right to pursue criminal, civil or administrative remedies for incorrect or incomplete information given on the application form, even if correct information has been included in other materials submitted to SBA.

The undersigned has reviewed, verified and certifies that (all boxes must be checked):

- The applicant meets SBA Ownership Requirements because (check the applicable line):
 - The applicant is wholly owned by one or more Indian Tribal Governments.
 - The applicant is wholly owned by a corporation that is wholly owned by one or more Indian Tribal Governments.
 - The applicant is owned in part by one or more Indian Tribal Governments and all other owners are either United States citizens or SBCs.
 - The applicant is owned in part by a corporation, which is wholly owned by one or more Indian Tribal Governments, and all other owners are either United States citizens or SBCs.
- The applicant meets SBA size requirements because the applicant, with its affiliates, meet the size standard corresponding to its primary industry classification as defined in 13 C.F.R. Part 121.
- The applicant meets one of the following conditions (check the applicable line):
 - The applicant maintains a principal office located in a HUBZone, ensures that at least 35% of its employees reside in a HUBZone as provided in 13 C.F.R. § 126.200(b)(4).
 - The applicant certifies that when performing a HUBZone contract, at least 35% of its employees engaged in performing that contract will reside within any Indian reservation governed by one or more of the Indian Tribal Government owners, or reside within any HUBZone adjoining such Indian reservation. A HUBZone and Indian reservation are adjoining when the two areas are next to and in contact with each other.
- The applicant will make good faith efforts to "attempt to maintain" (see 13 C.F.R. § 126.103) the applicable employment percentage stated above during the performance of any HUBZone contract it receives.
- The applicant represents that it will ensure that it will comply with contract performance requirements in connection with contracts awarded to it as a qualified HUBZone SBC, as set forth in 13 C.F.R. § 126.700, and/or the non-manufacturer rule as set forth in 13 C.F.R. § 126.601(f).
- The applicant has not been declined or decertified from the HUBZone program within 90 days of the date of this application.
- All the statements and information provided in the applicant's online application, this form and any attachments are true, accurate and complete. If assistance was obtained in completing this form and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that these statements are made for the purpose of determining eligibility and continuing eligibility in the HUBZone Program. In addition, the applicant will immediately notify the SBA of any material change which could affect the applicant's HUBZone SBC eligibility.
- I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law and other purposes. The certifications in this document are continuing in nature. Each HUBZone prime contract or subcontract for which an applicant submits an offer/quote or receives an award while a HUBZone SBC constitutes a restatement and reaffirmation of these certifications. I understand that the applicant may not misrepresent its status as a HUBZone SBC to: 1) obtain a contract under the Small Business Act; or 2) obtain any benefit under a provision of Federal law that references the HUBZone Program for a definition of program eligibility.
- I am an **officer** of the applicant authorized to represent the applicant and sign this certification on its behalf.



Warning: By signing this certification you are representing on your own behalf, and on behalf of the applicant, that the information provided in this certification, the application and any document or supplemental information submitted in connection with this application, is true and correct as of the date set forth opposite your signature. Any intentional or negligent misrepresentation of the information contained in this certification 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 nonprocurement transactions; and 5) program termination.

| | |
|----------------------------------|----------|
| Signature | Date / / |
| Print Name (First, Middle, Last) | |
| Title | |
| Business Name | |

Note: This certification must be verified in front of a notary. In addition, if the applicant is a corporation, please have the Corporate Secretary witness these signatures and affix the corporate seal, if required by state statute or corporate charter.

VERIFICATION ON OATH OR AFFIRMATION

State of _____
(County) of _____ Signed and sworn to (or affirmed) before me on
the _____ day of _____ 20____, by _____
(Seal, if any)

Signature of notarial officer [My commission expires: _____]

CORPORATE CERTIFICATE

I, _____, certify that I am the Secretary _____; that _____, who signed this Agreement for this corporation, was then _____ of this corporation; and that this Agreement was duly signed for and on behalf of this corporation by authority of its governing body and within the scope of its corporate powers. Witness my hand and the seal of this corporation this _____ day of _____ 20____.

By _____

PLEASE NOTE: The estimated time burden for compiling, preparing and submitting the requested information is 3 hours. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. The OMB Approval number for this collection of information is 3245-0320. Comments on the estimated burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. PLEASE DO NOT SEND FORMS TO OMB.



HUBZone Program Certification for Applicants Owned by Small Agricultural Cooperatives

Please read carefully the following certification statements and have the authorized officer or officers of the applicant sign and date the form. The U.S. Small Business Administration (SBA) relies on the information in the applicant's online submission, this form and any documents or supplemental information submitted in connection with this application to determine whether the applicant qualifies as a HUBZone small business concern (SBC). The definitions for the terms used in this certification and throughout this application are set forth in the Small Business Act (15 U.S.C. § 632), SBA regulations (13 C.F.R. Part 126), and also any statutory and regulatory provisions referenced in those authorities. In addition, please note that SBA will request further clarification or supporting documentation in order to assist in the verification of any of the information provided and that each person signing this certification may be prosecuted if they have provided false information. Any action taken with respect to this application does not affect the Government's right to pursue criminal, civil or administrative remedies for incorrect or incomplete information given on the application form, even if correct information has been included in other materials submitted to SBA.

The undersigned has reviewed, verified and certifies that (all boxes must be checked):

- The applicant meets SBA ownership requirements because (check the applicable line):
 - The applicant is a small agricultural cooperative organized or incorporated in the United States.
 - The applicant is a small business concern wholly owned by one or more small agricultural cooperatives organized or incorporated in the United States.
 - The applicant is a small business concern owned in part by one or more small agricultural cooperatives organized or incorporated in the United States, provided that all other owners are small business concerns or United States citizens.
- The applicant meets the size standard corresponding to its primary industry classification as defined in 13 C.F.R. Part 121.
- The applicant's principal office is located in a HUBZone.
- At least 35% of the applicant's employees reside in a HUBZone. When determining the percentage of employees that reside in a HUBZone, if the percentage results in a fraction, the applicant has rounded up to the nearest whole number;
- The applicant represents that it will make good faith efforts to "attempt to maintain" (see 13 C.F.R. § 126.103) having 35% of its employees reside in a HUBZone during the performance of any HUBZone contract it receives.
- The applicant represents that it will ensure that it will comply with certain contract performance requirements in connection with contracts awarded to it as a qualified HUBZone SBC, as set forth in 13 C.F.R. § 126.700 and/or the nonmanufacturer rule as set forth in 13 C.F.R. § 126.601(f).
- The applicant has not been declined or decertified from the HUBZone Program within 90 days of the date of this application.
- All the statements and information provided in the applicant's online application, this form and any attachments are true, accurate and complete. If assistance was obtained in completing this form and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that these statements are made for the purpose of determining eligibility and continuing eligibility in the HUBZone Program. In addition, the applicant will immediately notify the SBA of any material change which could affect the applicant's HUBZone SBC eligibility.
- I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law and other purposes. The certifications in this document are continuing in nature. Each HUBZone prime contract or subcontract for which the applicant submits an offer/quote or receives an award while a HUBZone SBC constitutes a restatement and reaffirmation of these certifications. I understand that the applicant may not misrepresent its status as a HUBZone SBC to: 1) obtain a contract under the Small Business Act; or 2) obtain any benefit under a provision of Federal law that references the HUBZone Program for a definition of program eligibility.
- I am an **officer** of the applicant authorized to represent the applicant and sign this certification on its behalf.



OMB Approval No. 3245-0320
Expiration Date: 10/31/2012

Warning: By signing this certification you are representing on your own behalf, and on behalf of the applicant, that the information provided in this certification, the application and any document or supplemental information submitted in connection with this application, is true and correct as of the date set forth opposite your signature. Any intentional or negligent misrepresentation of the information contained in this certification 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 nonprocurement transactions; and 5) program termination.

| | |
|---|-----------------|
| <i>Signature</i> | <i>Date / /</i> |
| <i>Print Name (First, Middle, Last)</i> | |
| <i>Title</i> | |
| <i>Business Name</i> | |

Note: This certification must be verified in front of a notary. In addition, if the applicant is a corporation, please have the Corporate Secretary witness these signatures and affix the corporate seal, if required by state statute or corporate charter.

VERIFICATION ON OATH OR AFFIRMATION

State of _____
(County) of _____ Signed and sworn to (or affirmed) before me on
the _____ day of _____ 20____, by _____
(Seal, if any)

Signature of notarial officer [My commission expires: _____]

CORPORATE CERTIFICATE

I, _____, certify that I am the Secretary _____; that _____, who signed this Agreement for this corporation, was then _____ of this corporation; and that this Agreement was duly signed for and on behalf of this corporation by authority of its governing body and within the scope of its corporate powers. Witness my hand and the seal of this corporation this _____ day of _____ 20____.

By _____

PLEASE NOTE: The estimated time burden for compiling, preparing and submitting the requested information is 3 hours. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. The OMB Approval number for this collection of information is 3245-0320. Comments on the estimated burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. PLEASE DO NOT SEND FORMS TO OMB.



HUBZone Program Certification for Applicants Owned by U.S. Citizens, ANCs or CDCs

Please read carefully the following certification statements and have the authorized officer or officers of the applicant sign and date the form. The U.S. Small Business Administration (SBA) relies on the information in the applicant's online submission, this form and any documents or supplemental information submitted in connection with this application to determine whether the applicant qualifies as a HUBZone small business concern (SBC). The definitions for the terms used in this certification and throughout this application are set forth in the Small Business Act (15 U.S.C. § 632), SBA regulations (13 C.F.R. Part 126), and also any statutory and regulatory provisions referenced in those authorities. In addition, please note that SBA will request further clarification or supporting documentation in order to assist in the verification of any of the information provided and that each person signing this certification may be prosecuted if they have provided false information. Any action taken with respect to this application does not affect the Government's right to pursue criminal, civil or administrative remedies for incorrect or incomplete information given on the application form, even if correct information has been included in other materials submitted to SBA.

The undersigned has reviewed, verified and certifies that (all boxes must be checked):

- The applicant meets SBA ownership requirements because (check the applicable line):
 - The applicant is at least 51% unconditionally and directly owned and controlled by persons who are United States citizens.
 - The applicant is an ANC owned and controlled by Natives (determined pursuant to section 29(e)(1) of the ANCSA); or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of ANCSA, if that subsidiary, joint venture, or partnership is owned and controlled by Natives (determined pursuant to section 29(e)(2)) of the ANCSA).
 - The applicant is wholly owned by a CDC, or owned in part by one or more CDCs, if all other owners are either United States citizens or SBCs.
- The applicant meets SBA size requirements because, together with its affiliates, the applicant qualifies as a small business under the size standard corresponding to its primary industry classification as defined in 13 C.F.R. Part 121.
- The applicant's principal office is located in a HUBZone.
- At least 35% of the applicant's employees reside in a HUBZone. When determining the percentage of employees that reside in a HUBZone, if the percentage results in a fraction, the applicant has rounded up to the nearest whole number.
- The applicant represents that it will make good faith efforts to "attempt to maintain" (see 13 C.F.R. § 126.103) having 35% of its employees reside in a HUBZone during the performance of any HUBZone contract it receives.
- The applicant represents that it will ensure that it will comply with contract performance requirements in connection with contracts awarded to it as a qualified HUBZone SBC, as set forth in 13 C.F.R. § 126.700, and/or the non-manufacturer rule as set forth in 13 C.F.R. § 126.601(f).
- The applicant has not been declined or decertified from the HUBZone Program within 90 days of the date of this application.
- All the statements and information provided in the applicant's online application, this form and any attachments are true, accurate and complete. If assistance was obtained in completing this form and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that these statements are made for the purpose of determining eligibility and continuing eligibility in the HUBZone Program. In addition, the applicant will immediately notify the SBA of any material change which could affect the applicant's HUBZone SBC eligibility.
- I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law and other purposes. The certifications in this document are continuing in nature. Each HUBZone prime contract or subcontract for which the applicant submits an offer/quote or receives an award while a HUBZone SBC constitutes a restatement and reaffirmation of these certifications. I understand that the applicant may not misrepresent its status as a HUBZone SBC to: 1) obtain a contract under the Small Business Act; or 2) obtain any benefit under a provision of Federal law that references the HUBZone Program for a definition of program eligibility.
- I am an **officer** of the applicant authorized to represent the applicant and sign this certification on its behalf.



OMB Approval No. 3245-0320
Expiration Date: 10/31/2012

Warning: By signing this certification you are representing on your own behalf, and on behalf of the applicant, that the information provided in this certification, the application and any document or supplemental information submitted in connection with this application, is true and correct as of the date set forth opposite your signature. Any intentional or negligent misrepresentation of the information contained in this certification 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 nonprocurement transactions; and 5) program termination.

| | |
|---|-----------------|
| <i>Signature</i> | <i>Date / /</i> |
| <i>Print Name (First, Middle, Last)</i> | |
| <i>Title</i> | |
| <i>Business Name</i> | |

Note: This certification must be verified in front of a notary. In addition, if the applicant is a corporation, please have the Corporate Secretary witness these signatures and affix the corporate seal, if required by state statute or corporate charter.

VERIFICATION ON OATH OR AFFIRMATION

State of _____
(County) of _____ Signed and sworn to (or affirmed) before me on
the _____ day of _____ 20____, by _____
(Seal, if any)

Signature of notarial officer [My commission expires: _____]

CORPORATE CERTIFICATE

I, _____, certify that I am the Secretary _____; that _____, who signed this Agreement for this corporation, was then _____ of this corporation; and that this Agreement was duly signed for and on behalf of this corporation by authority of its governing body and within the scope of its corporate powers. Witness my hand and the seal of this corporation this _____ day of _____ 20____.

By _____

PLEASE NOTE: The estimated time burden for compiling, preparing and submitting the requested information is 3 hours. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. The OMB Approval number for this collection of information is 3245-0320. Comments on the estimated burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. PLEASE DO NOT SEND FORMS TO OMB.