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OMB Approval No. 3245-

Expiration Date: xx/xx/xxxx

Community Development Corporation Information

The Community Development Corporation that owns the applicant business concern must complete this form. 13 C.F.R. § 124.111.

YOUR SIGNATURE ON THIS FORM INDICATES THAT YOU FULLY UNDERSTAND ALL QUESTIONS AND CERTIFIES THAT ALL RESPONSES AND DOCUMENTS ARE TRUTHFUL AND ACCURATE.

Name of Applicant Business Concern (include any trade or d.b.a. names):

Name of Parent Community Development Center (CDC): _____

Note: A CDC means a nonprofit organization responsible to residents of the area it serves which has received financial assistance under 42 U.S.C. 9805, et seq. 13 C.F.R. § 124.3.

Telephone: () _____ Fax: () _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

E-mail: _____ @ _____

Mailing Address (if different from above)

Address: _____

City: _____ State: _____ Zip: _____

CDC percent ownership of applicant: _____

Please answer the following questions and provide the required documents:

1. Does the CDC or subsidiary of the CDC own 50% or more of another business other than the applicant business concern? If yes, identify the names of any other business concern(s), the primary NAICS code of the other business concern(s), and which (if any) of the other business concerns have ever participated in the 8(a) BD Program. []Yes []No
2. Does the CDC own the applicant concern directly (rather than through a subsidiary)? []Yes []No
3. Does the CDC own the applicant business concern through a subsidiary? If yes, provide the name and address of that subsidiary. []Yes []No

Please provide the following documents:

- Documentation which demonstrates the legal status of the CDC.
- Documentation showing the CDC's ownership of the applicant business concern.

NOTICE OF CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS: Under Title 18 U.S.C. § 1001 and Title 15 U.S.C. § 645, any person who misrepresents a business concern's status as an 8(a) Program participant, or makes any other false statement in order to influence

the certification process in any way, or to obtain a contract awarded under the preference programs established pursuant to section 8(a), 8(d), 9 or 15 of the Small Business Act, or any other provision of Federal Law that reference Section 8(d) for a definition of program eligibility shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to **\$500,000** and imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

CERTIFICATIONS: By signing this form, I certify that all information in this application, including all supporting documents, is true and complete to the best of my knowledge, and that I understand that SBA is relying on this information in making its determination of my company's eligibility for the 8(a) BD Program.

Form must be signed by the CDC's President or CEO.

Signature

Print Name

Date

PLEASE NOTE: The estimated burden for completing this form is 1 Hour per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416.

SBA Form 1010-CDC (-)