



APPLICATION FOR CERTIFICATE OF COMPETENCY

COC Case Number:

Instructions: The Certificate of Competency (COC) program allows a small business to appeal a contracting officer's determination that it is unable to fulfill the requirements of a specific government procurement (or sale) contract on which it is the apparent successful offeror. This form (SBA Form 1531) should be completed by a small business concern seeking a COC determination from SBA affirming that it is responsible to perform the specific contract. The small business must complete questions 10-18 in Part I. (SBA will complete questions 1-9 and 19), all questions in Parts II and III, and the certification in Part IV. The completed form must be submitted to an SBA Area Director serving your geographic area. For more information visit, <http://www.sba.gov/content/certificate-competency-program>

PART I

1. U.S. Small Business Administration (Office)

Basis of Referral:

Capacity	Credit	T&P	Int.	Other	Explain
D	D	D	D	D	

Procurement Designation (Solicitation Number)

SetAside D Unrestricted D

2. Next Apparent Successful Offeror-- Whether large or small business, price difference.

3. Name and Address of Contracting Agency

Buyer _____
 Phone _____
 C/O _____
 Phone _____
 Email _____
 Fax _____

a. Quantity _____
 b. Increase Option _____
 c. Unit Price _____
 d. Total Bid _____
 e. Progress Payments Available? _____

4. Name of Company, Address (Street, City State, ZIP Code)

Principal Company Officials (Attach Resumes)

Name	Title

5. Telephone No. (Include Area Code) County:

Email Address:

Website:

6. Work Performance Location, if different from the above address (street, City, State, ZIP Code)

Functions at Location

7. Telephone No. (Include Area Code) County:

Contact Name:

Email:

8. Brief Description of Solicited Items or Services

9. What are contract delivery and special provision requirements of contract?

9a. Was Pre-award Survey Conducted? Yes No If so, date of Pre-award Survey Performed _____

10. Applicant's directly related experience to solicited items/services

10 (a) Is this a Small Business Set-Aside?

Yes No

If Yes answer all that apply below.

- Is this small business a Non-manufacturer? Yes No
- Is this a Supply contract? Yes No
- Has a NonManufacturer Rule Waiver been issued? Yes No

11. Percentage of Government contracts in relation to total sales over 3 yrs			%	Attach a list of all current commercial contracts and all government contracts for past 3 years		
12. Number of Employees	Without CoC Contract	With CoC Contract	Hours of Work	Without CoC Contract	With CoC Contract	
Administrative and Management			No. of Shifts Hours per Shift Employees per Shift Days per Week Total Labor hours per week			
Production						
Other						
Total						
13. Are special skills required?			Are Employees w1th necessary skills available?			
D Yes D No				D Yes D No		

FACILITIES AND EQUIPMENT

14. Facility Area in sq. ft.	Present	Add'l. for CoC Contract	List Machinery & Equipment required for this CoC Contract currently available. List separately additional equipment to be acquired. Use separate sheet if necessary.
(1) Administrative			
(2) Manufacturing			
(3) Storage- inside			
-outside			
(4) Other- (specify)			
Total			

- o 15. Give percentage (dollarwise) of Inventory on hand for the proposed contract ___%.
- o 15a. Is the inventory proposed for this contract surplus inventory from another contract? Yes ___ No ___

16. Total amount of proposed contract to be subcontracted \$ _____ %.

PLANT LOADING AND PRODUCTION SCHEDULES

17. Total Projected Plant Load Chart (Use a separate line for each existing and proposed contract and each item of present and projected commercial production. Show start and finish of each item by drawing a line between the month or week started and the month or week to be finished. Use separate spread sheet if greater detail is needed to evaluate capacity.)

Schedule Periods are in Months. Weeks.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. Commercial																								
B. Government																								
C. CoC Application Contract																								
D. Other																								

Present explanation for production and scheduling overlaps; explain delinquent contracts

COST ANALYSIS

18. Check basis Unit Price, Total Contract

Direct Material	_____	_____
Direct Labor	_____	_____
Overhead	_____	_____
Subcontracting	_____	_____
G&A	_____	_____

SBA USE ONLY

19. Based on data contained in the foregoing and in the attached enclosures a CoC is I Concur
 Recommended Not Recommended I Do Not Concur (State reasons in items)

By _____

Signature _____

Title _____

Date _____

Reviewing Official _____

Title _____
Date _____

PART II

1. Name of Applicant _____

CoC Case# _____

2. Type of Business (Check)

- Individual Ownership
- Partnership
- Corporation
- Joint Venture
- Cooperative
- Other (Explain) _____

3. Date Business Was Stablished

Month _____ Year _____

FINANCIAL STATEMENT

A. THE FOLLOWING MUST BE FILLED OUT *Q.B* ITS EQUIVALENT ATTACHED

Balance Sheet As Of _____, Fiscal Year Ends _____
(Statement must be dated within 90 day_s_o-ft-he-fi-ling of this application. Om-it....\$-0-0)

Audited or Unaudited: _____ Prepared By: _____

ASSETS			LIABILITIES		
Cash on Hand and in Banks _____		\$ _____	Accounts Payable for Merchandis" _____		\$ _____
* Notes Receivable _____			Notes Payable- Payments Due Within One Year		
*Accounts Receivable (Trade) _____ \$			To Banks _____		
Less Reserve for Doubtful Account _____			For Merchandise _____		
Inventories (How valued- Cost <input checked="" type="checkbox"/> or Market <input type="checkbox"/>)			To Officers, Directors and Stockholders _____		
Finished _____ \$			To Others _____		
Stock in Process _____			Mortgages Payable- Payments Due Within One Ye r		
Raw Material _____			Contracts Payable- Payment Due Within One Year _____		
*Other Current Assets _____			*Accounts Due Officers or Stockholder _____		
Total Current Assets _____			Accounts and Notes Due Affiliates _____		
Cost	Depr.		Income Taxes _____		
Land _____			Withholding and Other Taxes _____		
Buildings _____			*Other Accruals _____		
Mach. & Equip. _____			*Other Current Liabilities _____		
F&F _____			Total Current Liabilities _____		\$ _____
Autos & Trucks _____			Notes Payable- Payments Due After One Yea_r _____		
Net Fixed Assets (Cost Less Depr.) _____		\$ _____	Mortgages Payable- Payments Due After One Year _____		
*Due from Affiliates or Subsidiaries _____			Contracts Payable- Payments Due After One Yer _____		
* Due from Officers, Directors, and Stockholders _____			SBA Loan- Payments Due After One Year _____		
Life Insurance (Cash Surrender Value) _____			*Other Liabilities _____		
* Other Assets _____			Total Liabilites _____		\$ _____
			Capital Stock Outstanding _____ \$		
			Earned Surplus _____ \$		
			Capital Surplus _____ \$		
			Capital Account (If individual or partnership) _____		
			Total Liabilities and Net Worth _____		\$ _____
Total Assets _____		\$ _____			

*ITEMIZE ON A SEPARATE SHEET ALL ITEMS MARKED WITH AN ASTERISK.

Contingent Liabilities: Accounts or notes receivable discounted or sold with endorsement or guarantee and all other contingent liabilities, including terms of any leases, should be explained on a separate sheet. Also, describe any pending or imminent litigation, claims against U.S. Government or others. Give present status.

Ageing	Accounts Receivable	Accounts Payable
Under 30 days	\$ _____	\$ _____
30- 60 days	_____	_____
60- 90 days	_____	_____
90- 120 days	_____	_____
Over 120 days	_____	_____
Uncollectible	_____	_____
Totals	\$ _____	\$ _____

Contracts,Notes and Mortgages Payable:	Original Amt.	Present Balance	Rate of Interest	Maturity	Monthly Payment	Security
<u>To Whom Payable</u>						

state Specific Sources for funds to finance this proposed contract:
(Attach letters of credit and/or your personal financial statements, if necessary)

COMPARATIVE STATEMENTS OF SALES, PROFIT OR LOSS, ETC. Detailed Profit and Loss statements Must Be Attached

	Fiscal Year Ends (Give Date): MM/DD/YY		
If a Corporation, Use This Block:			to date
Net Sales (Gross sales less returns and allowances)			
Depreciation			
Income Taxes			
Compensation of Officers (Included in expenses)			
Net Profit (After depreciation and Income Taxes)			
Dividends Paid			
If a Partnership or Proprietorship, Use This Block:			to date
Net Sales (Gross sales less returns and allowances)			
Depreciation			
Withdrawals (For Income Taxes)			
Personal Withdrawals by Owner or Partners			
Net Profit (After depreciation and withdrawals)			

B. MANAGEMENT

Information to be furnished as to each officer, partner, or proprietor of applicant

Name	<u>% of Ownership</u>	<u>Net Worth Outside of Applicant</u>
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PART III AGREEMENT

In order to comply with the provisions of Section 13, 15 U.S.C 642 of the Small Business Act, the applicant does hereby certify to and agree as follows:

- A. In the event SBA issues the Certificate of Competency herein applied for, then for a period of two years from the date upon which such Certificate shall have been issued, the applicant and his subsidiaries and affiliates agree to refrain from employing, tendering any offer of employment to, or retaining for professional services, any person who, on such date, or within one year prior thereto, shall have served as an officer, attorney, agent, or employee of SBA occupying a position or engaging in activities which SBA shall have determined involve discretion with respect to the granting of assistance under the above Act
- B. The names of all attorneys, accountants, appraisers, engineers, consultants, agents, or other persons engaged by or on behalf of the applicant for the purpose of expeditino this application or obtainino a Certificate of Competency and the fees and/or other compensation paid to an11 person, are as follows

Name	Occupation	Address (Include Zip Code)	Compensation

- C. The names of any members of the National or District Small Business Advisory Council who have any direct or indirect financial interest whatsoever in the applicant (such interest to include any direct or indirect financial interest in any other business entity or enterprise which is, in any way, connected with the undersigned) are to the best of my knowledge, information, and belief as follows:

Name	Address (Include Zip Code)

- D. To notify SBA in writing within five (5) days of any changes in items Band C above.
- E. The applicant further agrees, in order to insure the continued recognition of the integrity of the SBA Certificate of Competency program if the Certificate of Competency herein applied for is issued, to permit authorized employees or representatives of SBA access to the applicant's financial, production, or other business records and to the applicant's facilities at all reasonable times during the performance of the contract described in item 8.
- F. That all the statements and all other information set forth in this application and in all exhibits and documents submitted with or in connection with this application are, to the best of the applicant's information and belief, true and correct and are submitted for the purpose of inducing SBA to grant a Certificate of Competency to the applicant.

Any documents that you provide as part of this request for a Certificate of Competency, including bid or proposal information or source selection information, are prohibited from being released prior to the award of a contract. See, FAR § 3.104-3. After award of a contract, all information and/or documents may be disclosed but will be protected to the fullest extent permitted by law, including the Privacy Act 5 U.S.C. § 552a and Freedom of Information Act, 5 U.S.C. § 552.

PART IV -Certifications

By signing below, I hereby certify that all statements and all other information set forth on this form, and in all exhibits and documents submitted with or in connection with this application are complete and accurate. I understand that the SBA is relying on the accuracy of this information in determining whether to issue the Certificate of Competency (COC) and that issuance of the COC can entitle me and/or my company to obtain future governmental payments or other benefits. **WARNING:** Any false information or misrepresentation regarding the accuracy and completeness of the information provided may result in criminal, civil and/or administrative sanctions including, but not limited to: 1) fines of up to \$500,000 and imprisonment of up to 10 years, or both, under 18 U.S.C. § 1001, as well as penalties under other criminal laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. §§ 3729-3733; and 3) suspension and/or debarment from all Federal procurement and non-procurement transactions.

Date _____

Signature

NOTE: Corporate applicants must execute application in corporate name, by duly authorized officer, and partnership applicants must execute application in firm name, together with signature of a general partner.

Section 16 of the Small Business Act, 15 U.S.C. 645, makes it a criminal offense punishable by fine of not more than \$5,000 or by imprisonment for not more than \$5,000 or by imprisonment for not more than two (2) years, or both, to make a statement knowing it to be false or make any misrepresentation to the Small Business Administration for the purpose of influencing in any way the action of the Administration.

According to the paperwork Reduction Act you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The number for this collection is 3245-0225. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing this form is 8 hours per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington DC 20416 and/or SBA Desk officer, Office of Management and Budget, New Executive Office Bldg, Room 10202, Washington DC 20503 PLEASE DO NOT SUBMIT COMPLETED FORMS TO OMB