



**Environmental Protection Agency**

OMB Control No: 2090-0030  
Approval Expires: XX/XX/XX

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

**Native Hawaiian Organization Owned Concern**

Name of Parent Native Hawaiian Organization: \_\_\_\_\_

Address of Parent Native Hawaiian Organization: \_\_\_\_\_

Name of wholly-owned subsidiary (if applicable): \_\_\_\_\_

Address of wholly-owned subsidiary: \_\_\_\_\_

**Name of applicant firm:** \_\_\_\_\_

Applicant concern is:    Corporation    Limited Liability Company    Partnership

Name of President/Managing Member/Managing Partner: \_\_\_\_\_

EIN: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

*Business Eligibility*

**SECTION A**

**Social Disadvantage**

1. A Native Hawaiian Organization that meets the following criteria is considered socially disadvantaged:

Native Hawaiian Organization means any community service organization serving Native Hawaiians in the State of Hawaii, which is a not-for profit organization, chartered by the State of Hawaii. A Native Hawaiian Organization is controlled by Native Hawaiians whose business activities will principally benefit such Native Hawaiians.

Provide documentation that the applicant entity meets these criteria as Attachment A-1.

**SECTION B**

**Economic Disadvantage**

1. Is the net worth of all individual(s) claiming disadvantaged status less than \$750,000, excluding ownership interest in the applicant firm and equity in the individual(s) primary residence?  Yes  No.
2. For individual(s) claiming disadvantaged status, list your personal net worth, excluding the ownership interest in the applicant firm and the equity in the individual(s) primary residence.

Name	Average 2-year Income	Personal Net Worth	Total U.S. Assets	U.S. Citizen (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Each individual listed in number 2 above certifies that, because of racial and/or ethnic prejudice, and/or cultural bias, his/her ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business that are not socially disadvantaged.
4. Personal Financial Statement - All individuals claiming disadvantaged status and his/her spouse, please provide documentation verifying your assets and liabilities (split your assets and liabilities, if married) as Attachment B-1.
5. All individuals claiming disadvantaged status or individuals owning more than 10% of the concern please provide the following documentation as Attachment B-2:
  - a) Signed copies of individual Federal income tax returns filed for the past two years, including all W-2 forms and all schedules and attachments.
  - b) Signed and dated IRS Form 4506 (Request for Copy or Transcript of Tax Form)

## SECTION C

### Ownership

1. Do Native Hawaiians own a majority of both the total equity of the Native Hawaiian Organization and the total voting powers to elect directors of the Native Hawaiian Organization? \_\_\_ Yes \_\_\_ No. If yes, provide verification of the percentage of Native Hawaiian ownership as attachment C-1.
2. Is the applicant concern at least 51 percent owned by a Native Hawaiian Organization? \_\_\_ Yes \_\_\_ No. If yes, please provide evidence of ownership as Attachment C-2.

#### Corporations Only:

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

	Voting	Non Voting	Total
a) Total number of shares authorized:	_____	_____	_____
b) Total number of shares currently outstanding:	_____	_____	_____
4. Please provide the following documentation as Attachment C-3:
  - a) Copies of all governing documents, such as the concern's constitution or business charter.
  - b) Copies of all minutes of shareholders meeting electing board of directors and minutes of last shareholders meeting.
  - c) Copies of all stock certificates (front and back) and stock register.
  - d) Copy of the current Certificate of Good Standing from state where concern is incorporated. If concern conducts business in a state other than where it was incorporated, a copy of the filing as a Foreign Corporation and a current Certificate of Good Standing from that state are required as well.

#### Limited Liability Companies Only:

5. If more than one class membership interest, provide information for each class:
 

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

6. Please provide the following documentation as attachment C-4:
  - a) Copy of Operating Agreement
  - b) Copy of Articles of Organization as filed with the state

**Partnerships Only:**

7. Provide the name, title, and percentage of ownership for each partner of the firm. Does the partnership agreement reflect the ownership of each partner? \_\_\_Yes \_\_\_No.

Name	Title	Ownership %	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Please provide a copy of the concern's Partnership Agreement as Attachment C-5.

**Questions 9 through 13 are for Corporations & LLCs ONLY:**

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

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

10. Does the parent Native Hawaiian Organization or its wholly owned subsidiary receive at least 51% of the annual distributions of dividends paid on the stock of a corporate applicant firm? \_\_\_Yes \_\_\_ No. If no, please explain as Attachment C-6.
11. Will the parent Native Hawaiian Organization or its wholly owned subsidiary receive 100% of the unencumbered value of each share of stock owned in the event that the stock is sold? \_\_\_Yes \_\_\_ No. If no, please explain as Attachment C-7.
12. If the corporation dissolves, will the parent Native Hawaiian Organization or its wholly owned subsidiary receive at least 51% of the retained earnings and 100% of the unencumbered value of each share of stock owned? \_\_\_Yes \_\_\_ No. If no, please explain as Attachment C-8.
13. Is ownership by the parent Native Hawaiian Organization or its wholly owned subsidiary subject to conditions precedent, conditions subsequent, executory agreements, voting trusts, shareholder agreements or other similar arrangements which may impact the unconditional ownership of the Native Hawaiian Organization? \_\_\_Yes \_\_\_No. If yes, explain as Attachment C-9.

**Corporations, LLCs & Partnerships:**

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

**For All Concerns:**

15. Please provide copies of buy/sell agreements, conditions precedent, conditions subsequent, executory agreements, voting trusts, shareholder agreements or other similar arrangements, which may impact the unconditional ownership of the disadvantaged individuals as Attachment C-11.

**SECTION D  
Control and Management**

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

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

2. Are any of the individuals listed in question 1 engaged in or plan to engage in outside employment? \_\_\_ Yes \_\_\_ No.

3. If members of the management team, business committee members, officers, and directors are currently employed outside the applicant concern, provide information on this employment and evidence that the activity does not conflict with the day-to-day management of the applicant concern. Please indicate the number of hours per week and the normal working hours of this outside employment as Attachment D-1.

4. Please provide resumes of the education, technical training and business and employment experience, including employer's names, dates of employment, for general manager, officers, and key employees (Please account for any missing gaps in employment) as Attachment D-2.

5. List the total compensation from the applicant firm of all owners and/or key managers of the firm. (If necessary, provide additional information as Attachment D-3).

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

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

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

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

8. Do any individual(s), or entities provide:

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

If the answer is yes to any of the above, please provide specific details (i.e., names, titles, copies of agreements, leases, etc.) of such arrangements as Attachment D-5.

Each person signing below:

1. Certifies that the information provided with regard to the applicant firm's social and economic disadvantaged status is true, accurate, and complete to the best of his/her knowledge and belief.
2. Certifies that the information provided with regard to the applicant firm's ownership and control status is true, accurate, and complete to the best of his/her knowledge and belief.
3. Certifies that the information provided with regard to his/her individual disadvantaged status is true, accurate, and complete to the best of his/her knowledge and belief.
4. Certifies that the information provided, including that shown on documents accompanying this application, is true, accurate, and complete to the best of his/her knowledge and belief.
5. Acknowledges that EPA, at its discretion, may give the information submitted to Federal, State, and local agencies to determine violations of law.
6. Acknowledges that EPA's approval of an application does not affect the Government's right to pursue criminal prosecution for incorrect or incomplete information given on the application form, even if correct information has been included in other materials submitted to EPA.

All officers, directors, partners, members of the governing board and owners of more than 10% must sign below.

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

The public reporting and recordkeeping burden for this collection of information is estimated to average 1 hour per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.