



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*

Tribally Owned Businesses

Name of Indian tribe: _____

Address of tribe: _____

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 North American Industrial Classification (NAIC) code?

Is your firm certified by the Small Business Administration under its 8(a) Business Development Program? ___ Yes ___ No. If yes, provide Pro-Net number: _____

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

Is your firm certified as a DBE by a U.S. Department of Transportation recipient? ___ Yes ___ No. If yes, provide State(s) and ID number(s): _____

Is your firm certified by a State government, local government, Indian tribal government, or independent private organization? Yes No. If yes, provide ID number and 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: _____

Do you have any other certification as a disadvantaged business entity, i.e., MBE, DBE, WBE, etc? Yes No. If yes, provide State(s) and ID number(s): _____

Is the applicant firm a for profit business? Yes No.

Do the tribe's articles of incorporation/ articles of organization/ partnership agreement contain express sovereign immunity waiver language or a "sue and be sued" clause which designates United States Federal Courts to be a competent jurisdiction for all matters relating to EPA's DBE Program? Yes No. If yes, provide a complete copy of the documentation as attachment D-3.

Business Eligibility

SECTION A

Social Disadvantage

1. An Indian tribe that meets the following criteria is considered socially disadvantaged:

Indian tribe means any Indian tribe, band, nation, or other organized group or community of Indians which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians, or is recognized as such by the State in which the tribe, band, nation, group or community resides.

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

2. Provide copies of the tribe's articles of incorporation and bylaws as filed with the organizing or chartering authority, or similar documents needed to establish and govern a non-corporate legal entity as Attachment A-2.

SECTION B

Economic Disadvantage

1. Has the tribe previously established economic disadvantage to qualify as DBE?
 Yes No. If yes, provide documentation to verify disadvantaged status as Attachment B-1.

If no, respond to the following questions as Attachment B-2:

- a) What is the number of tribal members on tribal rolls as of the date of application?
- b) What is tribe's present unemployment rate?
- c) What is the per capita income of tribal members excluding judgment awards?
- d) What is the percentage of the local Indian population below the poverty level?
- e) What is the total tribal income for the applicant tribe?
- f) What are the tribe's assets as disclosed in a tribal financial statement?
- g) Provide a list of all wholly or partially owned tribal enterprises or affiliates and the primary industry classification of each. The listing should include the members of the tribe who manage or control such enterprises by serving as officers or directors.

2. The Indian Tribe must also submit the following documentation to substantiate a claim of economic disadvantage:

- a) A copy of all governing documents such as the tribe's constitution or business charter.
- b) Evidence of its recognition as a tribe eligible for the special programs and services provided by the United States or by its state of residence.

SECTION C

Ownership

Corporations Only:

1. Does the tribe firm own at least 51% of the voting stock? ___ Yes ___ No. Please provide documentation as attachment C-1.
2. Does the tribe own at least 51% of the aggregate if all classes of stock? ___ Yes ___ No. Please provide documentation as attachment C-2.
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:	_____	_____	_____

Non-Corporate Entities Only:

4. Does the tribe own at least 51% interest in the firm? ___ Yes ___ No. Please provide documentation as attachment C-3.
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:	_____	_____	_____

For Corporate and Non-Corporate Entities:

6. Does the tribe currently own 51% or more of another firm under the same primary NAIC code? ___ Yes ___ No.
7. Within the last two years has the tribe owned 51% or more of another firm under the same primary NAIC code as the applicant? ___ Yes ___ No.

SECTION D

Control and Management

1. Are the management and daily business operations of the tribe controlled by the tribe through one or more disadvantaged individual members who possess sufficient management experience of an extent and complexity to run the concern? ___ Yes ___ No. If yes, provide documentation to verify tribal membership and management competency as Attachment D-1.

2. Is the management of the tribe controlled by committees, teams, Boards of Directors, or one or more members of an economically disadvantaged tribe? ___ Yes ___ No. Please provide documentation as attachment D-2.

Management may be provided by non-tribal members if it is determined that such management is required to assist the concern's development, provided that the tribe will retain control of all management decisions common to Boards of Directors, including strategic planning, budget approval and the employment and compensation of officers. However, a written management development plan must exist which shows how disadvantaged tribal members will develop managerial skills sufficient to manage the concern or similar tribally-owned concerns in the future.

3. Are members of the management team, business committee members, officers, and directors engaged in any outside employment or other business interests which conflict with the management of the tribe? ___ Yes ___ No.
4. List the titles of all officers, directors, management members, partners and key managers and the hours devoted, by such individual(s) to the management of the tribe.

Name	Title	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List the names of all individuals who have access to the tribe's bank account.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

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.

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