

### **Environmental Protection Agency**

OMB Control No: <u>2090-0030</u> Approval Expires: <u>XX/XX/XX</u>

## **EPA DBE Certification Application**

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

## Alaska Native Corporation (ANC) Owned Concern

| Name of Alaska Native Corpor                                       | ration (ANC):              |   |
|--|----------------------------|---|
| Address of ANC:  |                            |   |
| Name of President/CEO:   |                            |   |
| EIN:   | E-mail Address:            |   |
| Business Address:  |                            | County:   |
| City:  | State:                     | Zip Code:   |
| Phone Number:  | Fax Numbe                  | er:   |
| Mailing Address (if different th                                   | nan above):                | County:   |
| City:  | State:                     | Zip Code:   |
| What is the firm's 4-digit prima                                   | ary North American Industr | ial Classification (NAIC) code?   |
| Is your firm certified by the Serogram?YesNo. If yo                |                            | on under its 8(a) Business Development  |
| 2  |                            | under its Small Disadvantaged<br>Pro- <i>Net</i> number:                      |
| Is your firm certified as a DBE<br>If yes, provide State(s) and ID |                            | nsportation recipient? Yes No.  |
|  | ion? Yes No. If ye         | ernment, Indian tribal government, or s, provide ID number and the certifying |
|  | ernment, or independent pr | deral agency, State government, local ivate organization? Yes No. If          |

| 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 ANC business corporation a for profit corporation?Yes No.                        |
|   |

# **Business Eligibility**

# **SECTION A**

## Social Disadvantage

1. An Alaska Native Corporation that that meets the following criteria is considered socially disadvantaged:

Alaska Native Corporation or ANC means any Regional Corporation, Village Corporation, Urban Corporation, or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native Claims Settlement Act, as amended (43 U.S.C. 1601, et seq.).

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

### **SECTION B**

|    | Econo   | omic Disadvanta          | ge        |                   |                |                  |
|----|---|--------------------------|-----------|-------------------|----------------|------------------|
| 1. | Do Alaska Natives and descendants of Natives own a majority of both the total equity of the ANC and the total voting powers to elect directors of the ANC through their holdings of settlement common stock? Yes No. If yes, provide verification of the percentage of Alaska Native ownership as attachment B-1. |                          |           | oldings of        |                |                  |
|    | 9   | SECTION C                |           |                   |                |                  |
|    |   | Ownership                |           |                   |                |                  |
| 1. | Does the ANC and holders of its sett ANC? Please provide documentation  |                          | wn at lea | ast 51% ir        | nterest ii     | n the            |
| 2. | If more than one class of stock, prov   | ide information for each | n class:  | Voting            | Non-<br>Voting |                  |
|    | <ul><li>a) Total number of shares auth</li><li>b) Total number of shares curr</li></ul>   |                          |           |                   |                |                  |
| 3. | List all entities, individuals, and/or firm.  | trusts that have an own  | ership in | iterest in        | the app        | licant           |
|    | Name  | Title                    |           | nership<br>Non-vo | oting<br>—     | Percent<br>Total |
|    |   |                          |           |                   |                |                  |
|    |   |                          |           |                   |                |                  |

| 4. | 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-2. |
|    |   |

# **SECTION D**

|    | Contro  | ol and Management                     |        |  |  |
|----|---|---------------------------------------|--------|--|--|
| 1. | Are the management and daily business operations of the applicant firm controlled by the ANC through one or more disadvantaged individual members who possess sufficient management experience of an extent and complexity to run the concern?YesNo. It yes, provide documentation to verify tribal membership and management competency as Attachment D-1. |                                       |        |  |  |
| 2. | . 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 applicant firm? Yes No.   |                                       |        |  |  |
| 3. | 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 applicant firm.   |                                       |        |  |  |
|    | Name  | Title                                 | Hours  |  |  |
|    |   |                                       |        |  |  |
| 4. | List the names of all individuals wh  | no have access to the firm's bank acc | count. |  |  |
|    | Name  | Title                                 |        |  |  |
|    |   |                                       |        |  |  |

| Eac | ch person signing below:  |     |      |  |
|-----|---|-----|------|--|
| 1.  | Certifies that the applicant firm is at least 51% owned and controlled by an Alaska Native Corporation (ANC).   |     |      |  |
| 2.  | Certifies that the information provided with regard to the applicant firm's economic disadvantaged status is true, accurate, and complete to the best of his/her knowledge and belief.  |     |      |  |
| 3.  | 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.   |     |      |  |
| 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.  | 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. |     |      |  |
| Na  | me  | SSN | Date |  |
|     |   |     |      |  |
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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