# OMB Control Number 3245-0360 Expiration Date:



# National Small Business Week SBA Form 3309, 8(a) Graduate of the Year

Instructions: Refer to the National Small Business Week Award Nominations Guidelines for detailed instructions for submitting nominations.

This form must be completed by the nominee or by the nominator. The completed form must be submitted with the nomination package as noted in the award guidelines. Answer each question as fully as possible: if it is not applicable, state  $N/\Delta$ 

as	lly as possible; if it is not applicable, state N/A.			
1.	Tominee Information:			
	a. Name:			
	b. Title:			
	c. Business name:			
	d. Business address:			
	e. Business phone number:			
	f. Business email address:			
2. Nominator Information (if you are nominating yourself, write n/a):				
	a. Nominator name:			
	b. Title:			
	c. Address:			
	d. Phone number:			
	e. Email address:			
3.	low many years has the nominee's business been operational?			
4.	low many employees does the business currently have?			

5. Does the business have a website? If yes, list the URL:

6. To assess the financial performance of the business for the last 3 calendar years, fill out the chart below.

Financial Summary						
Year	2014	2015	2016			
Number of						
<b>Employees</b>						
<b>Total Sales</b>						
Net Profit						
(Before Tax)						
<b>Total Assets</b>						
<b>Total Liabilities</b>						
Net Worth						

## Answer each of the following questions in 200 words or less.

- 7. Provide a biography for the nominee(s):
- 8. Describe the nominee's business, including products/services offered and how they fill a niche or technical need not being adequately addressed by the competition:
- 9. Besides the 8(a) program, has the business received any other type of SBA assistance (e.g. SBA loan, U.S. Export Assistance Center, Veteran's Business Outreach Center, Boots to Business, SCORE counseling, Small Business Development Center (SBDC) assistance, Women's Business Center (WBC) assistance, disaster assistance, or Emerging Leaders Initiative)? If yes, please explain (include the amount and date of financial assistance received if applicable):
- 10. Has the business met or exceeded its contract requirements? Please explain:
- 11. Has the business efficiently utilized its assets? Please explain:
- 12. Has the business sustained control over performance costs? Please explain:
- 13. Has the business been finically stable over the length of its contract? Please explain:
- 14. Describe the nominee's customer engagement practices:
- 15. Has the nominee faced adversities or obstacles while in business? Please explain and also include the actions taken to resolve the situation:

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- 16. Has the business received any awards or other recognitions? Please explain:
- 17. Does the nominee participate in community projects or charities? Please explain:
- 18. Describe how the nominee has engaged with a disadvantaged community:

### **Caution**: Penalties for False Statements

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of program participation or other benefits awarded by the agency. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of not more than \$250,000 and under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000.

#### **Paperwork Reduction Act Notice:**

SBA will use the information collected on this form, along with other information submitted by award nominees as part of the nomination package, to determine the nominee's eligibility for a particular small business award; to identify any actual or apparent conflict of interest and, to make eventual award determinations. Responding to this request for information is voluntary. However, failure to provide the requested information may affect SBA's ability to make a decision regarding your eligibility for an award.

You are not required to respond to any collection of information unless it displays a currently valid OMB control number (3245-0360). The estimated burden for completing this form is 1 hour and 15 minutes, including the time for reviewing the instructions, and gathering and compiling data. Combined with the time for completing the Form 3300, the total estimated time to prepare and submit the nomination package for each nominee is 90 minutes. Comments on this burden estimate should be sent to the U.S. Small Business Administration, Chief, AIB 409 3rd St., SW, Washington, DC 20416, and Desk Officer for the U.S. Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. **DO NOT SEND COMPLETED FORMS TO OMB. Submit them to the location indicated in the nomination guide.**