



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 lacks the responsibility necessary to perform a specific government procurement on which it is an 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 procurement. 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**

Basis of Referral:

Capacity

Credit

Capability

Other

Explain \_\_\_\_\_

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

Procurement Designation (Solicitation Number)

Set-Aside

Unrestricted

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, if applicable \_\_\_\_\_  
d. Total Offered Price \_\_\_\_\_  
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) If question 1 above is marked set-aside 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 years			%	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			
Production						
Other						
13. Are special skills required?      Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are Employees w1th necessary skills available?      Yes <input type="checkbox"/> No <input type="checkbox"/>						

**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			

15. Give percentage(dollarwise) of inventory on hand for the proposed contract \_\_\_\_\_ %.

15a. Is the inventory proposed for this contract surplus inventory from another contract? Yes No

16. Total amount of dollars and percentage of dollars to be received from the Government under this contract and proposed 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 g	_____	_____
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  I Do Not Concur (State reasons in items)  
 Recommended  Not Recommended

By \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Reviewing Official \_\_\_\_\_

Title Date \_\_\_\_\_

**PART II**

1. Name of Applicant \_\_\_\_\_

CoC Case# \_\_\_\_\_

2. Type of Business (Check)

3. Date Business Was Established \_\_\_\_\_

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

Month \_\_\_\_\_ Year \_\_\_\_\_

**FINANCIAL STATEMENT**

**THE FOLLOWING MUST BE FILLED OUT OR ITS EQUIVALENT ATTACHED**

**A.**

Balance Sheet As Of \_\_\_\_\_, Fiscal Year Ends \_\_\_\_\_  
 (Statement must be dated within 90 days of the filing of this application. Omit \$.00)

Audited or Unaudited: \_\_\_\_\_ Prepared By: \_\_\_\_\_

ASSETS	\$	LIABILITIES	\$
Cash on Hand and in Banks _____	_____	Accounts Payable for Merchandise _____	_____
* 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 ( ) or Market ( )		To Officers, Directors and Stockholders _____	_____
Finished _____ \$	_____	To Others _____	_____
Stock in Process _____	_____	Mortgages Payable- Payments Due Within One Year	_____
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 _____	_____	Income Taxes _____	_____
Depr. _____	_____	Withholding and Other Taxes _____	_____
Land _____	_____	*Other Accruals _____	_____
Buildings _____	_____	*Other Current Liabilities _____	_____
Mach. & Equip. _____	_____	Total Current Liabilities _____	\$ _____
F&F _____	_____	Notes Payable- Payments Due After One Year _____	_____
Autos & Trucks _____	_____	Mortgages Payable- Payments Due After One Year	_____
Net Fixed Assets (Cost Less Depr.) _____	\$ _____	Contracts Payable- Payments Due After One Year _____	_____
*Due from Affiliates or Subsidiaries _____	_____	SBA Loan- Payments Due After One Year _____	_____
* Due from Officers, Directors, and Stockholders _____	_____	*Other Liabilities _____	_____
Life Insurance (Cash Surrender Value) _____	_____	Total Liabilities _____	\$ _____
* Other Assets _____	_____	Capital Stock Outstanding _____	\$ _____
Total Assets _____	\$ _____	Earned Surplus _____	\$ _____
		Capital Surplus _____	\$ _____
		Capital Account (If individual or partnership) _____	_____
		Total Liabilities and Net Worth _____	\$ _____

\*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

If a Corporation, Use This Block:	Fiscal Year Ends (Give Date): MM/DD/YY			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				
<b>If a Partnership or Proprietorship, Use This Block:</b>				<b>to date</b>
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 owner 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 of the Small Business Act, 15 U.S.C. , 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 its 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 expediting this application or obtaining a Certificate of Competency and the fees and/or other compensation paid to such a person, are as follows:

Name	Occupation	Address (Include Zip Code)	Compensation

- C. The names of any members of the Small Business Administration National or Small Business Administration District Advisory Councils 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 B and 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.

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.

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Section 16 of the Small Business Act, 15 U.S.C. 645, makes it a criminal offense punishable by fine of not more than \$500,000 or by imprisonment for not more than ten (10) 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.

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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 2 hours per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, Records Management Division, 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