

# Attachment 3

## WOSB or EDWOSB Certification Questionnaire Screenshots

OMB Approval No: 3245-0374


Expiration Date: XX-XX-XXXX

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## WOSB Application Program Certification

Answering the following questions online is equivalent to completing forms 2413 (WOSB) or 2414 (EDWOSB).  
Form ExpirationDate Date: 11/30/2017



All small businesses that are interested in submitting an offer on a solicitation that has been set aside for Women-Owned Small Businesses (WOSB) and Economically Disadvantaged Women-Owned Small Businesses (EDWOSB) under the WOSB Program must complete this certification prior to submitting the offer. This includes checking all boxes presented and having an authorized officer of the woman-owned small business or economically disadvantaged woman-owned small business electronically sign and date the certification. You must upload all other required documents as indicated here-in to the WOSB Program Repository. For questions, please e-mail [wosb@sba.gov](mailto:wosb@sba.gov).

Please read the following certification statements. The Federal government relies on the information in this form and any documents or supplemental information submitted to determine whether the business is eligible for a contract authorized under the WOSB Program. The definitions for the terms used in this certification are set forth in the Small Business Act, U.S. Small Business Administration (SBA) regulations (13 C.F.R. Part 127), and also any statutory and regulatory provision referenced in those authorities. In addition, please note that the SBA may request further clarification or supporting documentation in order to assist in the verification of any of the information provided and that each person signing this certification may be prosecuted if they have provided false information. Any action taken with respect to this certification does not affect the Government's right to pursue criminal, civil or administrative remedies for incorrect or incomplete information given, even if correct information has been included in other materials submitted to SBA.

[Accept](#)

8(a)

**Yes/No with attachment required on 'Yes'**

**8(a)**

**Is the qualifying individual(s) currently certified by the U.S. Small Business Administration as an 8(a) Business Development (BD) Program Participant and does this woman own at least 51% of the business?**

- Yes
- No

**More Information**

If the qualifying individual is not currently an 8(a) BD Program Participant, please select "No". If the qualifying individual was already approved by the 8(a) BD Program and at least 51% of the business is held by women, you are eligible for the WOSB Program as an EDWOSB and you will skip forward to the "Review" section of this application. Please upload your original 8(a) Acceptance Letter and your most recent Annual Review Letter.

If the qualifying individual is both 8(a) and Third-Party Certified, upload the documentation for both certifications.

**Continue**

If unable to proceed, please scroll up to find error message.

Third Party

**Yes/No with attachment required on 'Yes'**

**Third Party**

**Is the qualifying individual(s) certified as a WOSB or EDWOSB by an SBA-approved Third-Party Certifier?**

- Yes
- No

**More Information**

You may self-certify for the WOSB Program through this website or you may elect to use the services of a Third-Party Certifier to demonstrate eligibility. There is no requirement to use a Third-Party Certifier. However, if you have worked with an SBA-approved Third-Party Certifier to review your business information, please upload the current Third-Party Certifier Certificate.

The only SBA-approved Third-Party Certifiers are:

- El Paso Hispanic Chamber of Commerce (WOSB and EDWOSB)
- National Women Business Owners Corporation (WOSB and EDWOSB)
- US Women's Chamber of Commerce (WOSB and EDWOSB)
- Women's Business Enterprise National Council (WBENC) (WOSB only)

Reference: [Small Business Act](#), 15 U.S. Code Chapter 14, 637, Section 8m

**Continue**

If unable to proceed, please scroll up to find error message.

## Changes in Eligibility

### Yes/No

#### Changes in Eligibility

Since receiving an SBA-approved Third-Party Certification, have there been any changes in circumstances affecting the qualifying individual(s) eligibility?

- Yes  
 No

##### More Information

Changes in circumstances refer to any changes that may have been made to ownership, citizenship, financial status, corporate size or structure, or any other WOSB or EDWOSB eligibility criteria identified in the regulations governing the WOSB Program. Reference: [13 C.F.R. Part 127.504](#) (a)(3)

**Continue**

If unable to proceed, please scroll up to find error message.

## Non-qualification

### Yes/No with attachment required on 'Yes'

#### Non-qualification

Has an SBA-approved Third-Party Certifier declined WOSB or EDWOSB certification for the qualifying individual(s)?

- Yes  
 No

##### More Information

If yes, please upload the denial letter. Being denied eligibility by one of the SBA-approved certifiers does not necessarily prevent you from qualifying for a self-certification if circumstances have changed. Any business determined not to be qualified may request that SBA review its eligibility once it believes in good faith that it satisfies all of the requirements. Reference: [13 C.F.R. 127.305](#)

**Continue**

If unable to proceed, please scroll up to find error message.

## Partnership

**Yes/No: Attachment required on 'Yes', Comment required on 'No'**  
***(These questions show if the firm is registered as a **Partnership**)***

### Partnership

**Does the partnership agreement show that at least 51% of each class of partnership interest is unconditionally and directly owned by the qualifying individual(s)?**

Yes  
 No

**More Information**

If yes, please upload the Partnership Agreement and any amendments; the Joint Venture Agreement if applicable. Reference: [13.C.F.R. 127.201\(d\)](#)

**Yes/No: Attachment required on 'Yes', Comment required on 'No'**

**Does the partnership agreement show that the qualifying individual(s) serve as general partners, with control over all partnership decisions?**

Yes  
 No

**More Information**

If yes, please upload the Partnership Agreement and any amendments.  
Reference: [13.C.F.R. 127.202\(d\)](#)

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**Continue**

If unable to proceed, please scroll up to find error message.

**Yes/No: Attachment required on 'Yes', Comment required on 'No'**  
(These questions show if the firm is registered as a **Corporation & S-Corp**)

### Corporation & S-Corp

**Do the corporation's stock ledger and stock certificates show that the qualifying individual(s) own at least 51% of all outstanding stock?**

- Yes
- No

#### More Information

If yes, please upload the front and back pages of all stock certificates and ledgers.

### Yes/No

**Does the corporation have more than one class of voting stock?**

- Yes
- No

### Yes/No

**Do the corporation's stock ledger and stock certificates show that at least 51% of each class of voting stock is owned by the qualifying individual(s)?**

- Yes
- No

### Yes/No

**In answering the corporate questions above did you consider unexercised stock options or similar agreements held by the qualifying individual(s)?**

- Yes
- No

#### More Information

Do not consider unexercised stock options that are held by the qualifying individual(s). If you answered "yes" to this question, please return to the questions above and revise your answers.

### Yes/No

**Does the corporation have any unexercised stock options or similar agreements?**

- Yes
- No

#### More Information

In determining unconditional ownership of the business, any unexercised stock options or similar agreements held by a woman will be disregarded. However, any unexercised stock option or other agreement, including the right to convert non-voting stock or debentures into voting stock, held by any other individual or entity will be treated as having been exercised. Reference: [13 C.F.R. 127.201\(f\)](#)

**Yes/No**

**Are any unexercised stock options or similar agreements held by the qualifying individual(s)?**


- Yes
- No

**Yes/No: Attachment required on 'Yes', Comment required on 'No'**

**Do the Articles of Incorporation and By-laws show that the qualifying individual(s) control the Board of Directors?**

- Yes
- No

**More Information**

If yes, please upload Articles of Incorporation and any amendments; By-laws and any amendments; all stock certificates issued, including the front and back copies signed in accordance with the By-laws (this also applies to all cancelled stock certificates); and the Joint Venture Agreement, if applicable. Women are considered to control the Board of Directors when either: (1) one or more women own at least 51% of all voting stock of the business, are on the Board of Directors and have the percentage of voting stock necessary to overcome any super majority voting requirements; or (2) women comprise the majority of voting directors through actual numbers or, where permitted by state law, through weighted voting. Reference: [13 C.F.R. 127.202\(f\)](#) 

**Yes/No: Attachment required on 'Yes', Comment required on 'No'**  
*(These questions show if the firm is registered as a **LLC**)*

**LLC**

**Do the Articles of Organization, Operating Agreements and any amendments show that at least 51% of each class of member interest is unconditionally and directly owned by the qualifying individual(s)?**

- Yes
- No

**More Information**

If yes, please upload Articles of Organization (also referred to as Certificate of Organization, or Articles of Formation) and any amendments; and Operating Agreement and any amendments; Joint Venture Agreement, if applicable. Reference: [13 C.F.R. 127.201\(e\)](#)

**Yes/No: Attachment required on 'Yes', Comment required on 'No'**

**Do the Articles of Organization and any amendments or Operating Agreement and any amendments show that the qualifying individual(s) serve as management members, with control over all decisions of the limited liability company?**

- Yes
- No

**More Information**

If yes, please upload Articles of Organization (also referred to as Certificate of Organization, or Articles of Formation) and any amendments; or Operating Agreement and any amendments that show that one or more women serve as management members, with control over all decisions; the Joint Venture Agreement if applicable. Reference: [13 C.F.R. 127.202\(e\)](#)

**Yes/No: Attachment required on 'Yes'**

**Citizenship**

**Do the birth certificates, naturalization papers, or passports show the qualifying individual(s) are U.S. citizens?**

- Yes
- No

**More Information**

If yes, please upload birth certificates, naturalization papers, or current, unexpired U.S. passports for all qualifying individual(s).

A Citizen means a person born or naturalized in the United States. Resident aliens and green card holders of permanent visas are not considered to be citizens. Reference: [13 C.F.R. 127.102](#)

**Continue**

If unable to proceed, please scroll up to find error message.

## Ownership


### Yes/No

#### Ownership

**Is the following statement true? The qualifying individual(s) is not subject to any conditions, executory agreements, voting trusts, or other arrangements that cause or potentially cause ownership benefits to go to another person.**

- Yes  
 No

#### More Information


In order for ownership to be unconditional, there cannot be any arrangements that could pass the business to a person or entity not eligible for the WOSB Program. However, stock ownership interest pledged as collateral would be still considered unconditional if the terms follow commercial practices and the owner retains control. Reference: [13 C.F.R. 127.201\(b\)](#) 

### Yes/No

**Is the qualifying individual's ownership direct; that is the ownership is not held through another business entity (including employee stock ownership plan) that is, in turn, owned and controlled by the qualifying individual(s)?**

- Yes  
 No

#### More Information


Under the WOSB Program, the 51% ownership must be direct and not through another business entity or a trust (including employee stock ownership plan). Companies which attain 51% ownership by a qualifying individual(s) through a trust or other arrangement that is owned and controlled by women are generally not eligible for the program. Reference: [13 CFR 127.201\(b\)](#) 

### Yes/No/NA: Comment required on 'No'

**If the 51% ownership is held through a trust, is the trust revocable, and does it designate the qualifying individual(s) as the grantor, the trustee, and the sole current beneficiary?**

- Yes  
 No  
 N/A

#### More Information

If the ownership is not held through a trust, select N/A. SBA will treat ownership by a trust, such as a living trust, as the functional equivalent of ownership by the qualifying individual where the trust is revocable, and the qualifying individual is the grantor, the trustee, and the sole current beneficiary of the trust. Reference: [13 C.F.R. 127.201\(c\)](#) 

[Continue](#)

If unable to proceed, please scroll up to find error message.




## Management

### Yes/No

**Are the management and daily operations of the business controlled by the qualifying individual(s)?**

- Yes  
 No

#### **More Information**


Control means that both the long-term decision making and the day-to-day management and administration of the business operations are conducted by the qualifying individuals. Reference: [13 C.F.R. 127.202\(a\)](#) 

### Yes/No: Attachment required on 'Yes'

**Does the qualifying individual(s) hold the highest officer position in the business and does she have the managerial experience needed to run the business?**

- Yes  
 No

#### **More Information**


If yes, please upload a resume to show managerial experience. The woman must have managerial experience of the extent and complexity needed to run the business. Reference: [13 C.F.R. 127.202\(b\)](#) 

### Yes/No

**Does the qualifying individual(s) have ultimate managerial and supervisory control over those who possess the required licenses or technical expertise for the business? The qualifying individual(s) herself may have the technical expertise or possess the required license for the business.**

- Yes  
 No

#### **More Information**


The woman manager does not need to have the technical expertise or possess the required license to be found to control the business if she can demonstrate that she has ultimate managerial and supervisory control over those who possess the required licenses or technical expertise. Reference: [13 C.F.R. 127.202\(b\)](#) 

### Yes/No

**Does the qualifying individual(s) who holds the highest officer position manage the business on a full-time basis and devote full-time attention to the business during the normal working hours of similar businesses?**

- Yes  
 No

#### **More Information**

The qualifying individual(s) may not engage in outside employment that prevents her from devoting sufficient time and attention to the daily affairs of the business. Reference: [13 C.F.R. 127.202\(c\)](#) 

## Management

### Yes/No

**Does the qualifying individual(s) fully control the business, that is, no one else has actual control or has the power to control the business?**

- Yes  
 No

#### **More Information**

Men or other entities may be involved in the management of the business and may be stockholders, partners or limited liability members of the business, provided that no males or other entity exercise actual control or have the power to control the business. Reference: [13 C.F.R. 127.202\(g\)](#)

### Yes/No

**Is the qualifying individual(s) in control of long-term decision making and day-to-day operations?**

- Yes  
 No

#### **More Information**

Reference: [13 C.F.R. 127.202\(a\)](#)

**Yes/No**

**SBA Exam**

**Is the following statement true? The qualifying individual(s) has not received a decision from the SBA – in connection to an examination or protest – finding that the business does not qualify as a WOSB or an EDWOSB.**

- Yes
- No

**More Information**

Any business that SBA found to be ineligible for the WOSB Program may request that SBA re- examine its WOSB or EDWOSB eligibility at any time if it believes in good faith that it has cured the reason(s) for its ineligibility.

Reference: [13 C.F.R. 127.405\(g\)](#) 

## Review

Please review below answers and Submit.

# Women-Owned Small Business Program Self-Certification Summary



Entity 84 Legal Business Name

DUNS: 111292429

CAGE: 7LBF7

Summary

### 8(a)

Is the qualifying individual(s) currently certified by the U.S. Small Business Administration as an 8(a) Business Development (BD) Program Participant and does this woman own at least 51% of the business?

[Change answer](#)

Response: No

### Third Party

Is the qualifying individual(s) certified as a WOSB or EDWOSB by an SBA-approved Third-Party Certifier?

[Change answer](#)

Response: No

### Non-qualification

Has an SBA-approved Third-Party Certifier declined WOSB or EDWOSB certification for the qualifying individual(s)?

[Change answer](#)

Response: No

## LLC

Do the Articles of Organization, Operating Agreements and any amendments show that at least 51% of each class of member interest is unconditionally and directly owned by the qualifying individual(s)?

[Change answer](#)

Response: Yes

### Attachments:

| File Name                         | Document Type             | Upload Date |
|-----------------------------------|---------------------------|-------------|
| <a href="#">qa_automation.pdf</a> | Third Party Certification | 03/12/2018  |

Do the Articles of Organization and any amendments or Operating Agreement and any amendments show that the qualifying individual(s) serve as management members, with control over all decisions of the limited liability company?

[Change answer](#)

Response: Yes

### Attachments:

| File Name                         | Document Type             | Upload Date |
|-----------------------------------|---------------------------|-------------|
| <a href="#">qa_automation.pdf</a> | Third Party Certification | 03/12/2018  |

**Citizenship**

Do the birth certificates, naturalization papers, or passports show the qualifying individual(s) are U.S. citizens? [Change answer](#)

**Response:** Yes

**Attachments:**

| File Name                         | Document Type             | Upload Date |
|-----------------------------------|---------------------------|-------------|
| <a href="#">qa_automation.pdf</a> | Third Party Certification | 03/12/2018  |

**Ownership**

Is the following statement true? The qualifying individual(s) is not subject to any conditions, executory agreements, voting trusts, or other arrangements that cause or potentially cause ownership benefits to go to another person. [Change answer](#)

**Response:** Yes

Is the qualifying individual's ownership direct; that is the ownership is not held through another business entity (including employee stock ownership plan) that is, in turn, owned and controlled by the qualifying individual(s)? [Change answer](#)

**Response:** Yes

If the 51% ownership is held through a trust, is the trust revocable, and does it designate the qualifying individual(s) as the grantor, the trustee, and the sole current beneficiary? [Change answer](#)

**Response:** Na

**Management**

Are the management and daily operations of the business controlled by the qualifying individual(s)? [Change answer](#)

**Response:** Yes

Does the qualifying individual(s) hold the highest officer position in the business and does she have the managerial experience needed to run the business? [Change answer](#)

**Response:** Yes

**Attachments:**

| File Name                         | Document Type             | Upload Date |
|-----------------------------------|---------------------------|-------------|
| <a href="#">qa_automation.pdf</a> | Third Party Certification | 03/12/2018  |

Does the qualifying individual(s) have ultimate managerial and supervisory control over those who possess the required licenses or technical expertise for the business? The qualifying individual(s) herself may have the technical expertise or possess the required license for the business. [Change answer](#)

**Response:** Yes

Does the qualifying individual(s) who holds the highest officer position manage the business on a full-time basis and devote full-time attention to the business during the normal working hours of similar businesses? [Change answer](#)

**Response:** Yes

Does the qualifying individual(s) fully control the business, that is, no one else has actual control or has the power to control the business? [Change answer](#)

**Response:** Yes

Is the qualifying individual(s) in control of long-term decision making and day-to-day operations? [Change answer](#)

**Response:** Yes

**SBA Exam**

Is the following statement true? The qualifying individual(s) has not received a decision from the SBA – in connection to an examination or protest – finding that the business does not qualify as a WOSB or an EDWOSB.

[Change answer](#)

**Response:** Yes

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**Submit**

If unable to proceed, please scroll up to find error message.



## Privacy Statements

STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER

### **Privacy Act (5 U.S.C. 552a)**

Any person can request to see or get copies of any personal information that SBA has in his or her file when that file is retrieved by individual identifiers such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. For all forms of assistance SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC Sections 634(b)(11) and 687(b) (a), respectively. For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's investigative files system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks; only to the extent the information is relevant to the requesting agencies' function. See 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses.

### **Freedom of Information Act (5 U.S.C. 552)**

This law provides, with some exceptions, that SBA must supply information maintained in agency files and records to persons requesting it. Proprietary data, financial forms, confidential business information and personally identifiable information are exceptions and will be protected to the extent the law permits.

### **Executive Order 12549, Debarment and Suspension (13 C.F.R. 145)**

The prospective lower tier participant certifies, by submission of the application for program participation (or participant's annual update) that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant (or active participant) is unable to certify to any of the statements in this certification, such participants shall attach an explanation.

[Continue](#)

## Signature

# Women-Owned Small Business Program Self-Certification Summary



### Entity 355 Legal Business Name

**DUNS:** 646166252

**CAGE:** H6J5D

- All required documents verifying eligibility for the Woman-Owned Small Business (WOSB) or Economically Disadvantaged Woman-Owned Small Business (EDWOSB) requirements have been submitted to the WOSB Program Repository, including any supplemental documents if there have been changes since the last representation.
- All the statements and information provided in this form and any documents submitted are true, accurate and complete. If assistance was obtained in completing this form and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that these statements are made for the purpose of determining eligibility for a WOSB Program contract.
- I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law and other purposes. The certifications in this document are continuing in nature. Each WOSB or EDWOSB prime contract for which the WOSB or EDWOSB submits an offer/quote or receives an award constitutes a restatement and reaffirmation of these certifications.

- Warning: By clicking the Submit Button, you are certifying that you are representing on your own behalf, and on behalf of the woman-owned small business or economically disadvantaged woman-owned small business, that the information provided in this certification, and any document or supplemental information submitted, is true and correct as of the date set forth opposite your signature. Any intentional or negligent misrepresentation of the information contained in this certification may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines of up to \$500,000, and imprisonment of up to 10 years, or both, as set forth in 15 U.S.C. § 645 and 18 U.S.C. § 1001, as well as any other applicable criminal laws; 2) treble damages and civil penalties under the False Claims Act; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act; 4) suspension and/or debarment from all Federal procurement and non-procurement transactions; and 5) program termination.
- I understand that the woman-owned small business or economically disadvantaged woman-owned small business may not misrepresent its status as a WOSB or EDWOSB to: 1) obtain a contract under the Small Business Act; or 2) obtain any benefit under a provision of Federal law that references the WOSB Program for a definition of program eligibility.
- By submitting this certification I, Mark X, am an officer or owner of Entity 355 Legal Business Name authorized to represent it and electronically sign this certification on its behalf.

**Continue**

*PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this information collection unless it displays a valid OMB approval number. The estimated burden for completing this form, including reading the instructions and compiling the information, is **1 hour**. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the US Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.*

If unable to proceed, please scroll up to find error message.



## Additional Questions Required for an EDWOSB

### Net Worth Page

#### Yes/No

#### Net Worth

**Can the qualifying individual(s) show that her personal net worth (assets – liabilities) is less than \$750,000, excluding her ownership interest in the business and her equity interest in her primary personal residence?**

- Yes  
 No

#### More Information

In order to be considered economically disadvantaged, the woman's personal net worth must be less than \$750,000, excluding her ownership interest in the business and her equity interest in her primary personal residence. Other exclusions include business income reinvested in the business or received for purposes of paying taxes and retirement funds not available until retirement age without a significant penalty. The qualifying individual(s) must provide information on the business income and retirement funds in the Financial Data section to claim exclusions. Reference: [13 C.F.R. Part 127.203\(b\)](#)

SBA may consider a spouse's financial situation in determining a woman's access to credit and capital. When married, an individual claiming economic disadvantage must submit separate financial information for her spouse, unless the individual and the spouse are legally separated.

[Continue](#)

If unable to proceed, please scroll up to find error message.

**Yes/No**

### Adjusted Gross Income

**Is the qualifying individual's adjusted gross income averaged over the previous three years at or less than \$350,000?**

- Yes
- No

**More Information**

In answering this question, you may consider the adjusted gross income (AGI) on your Federal income tax return forms (Line 37 on Form 1040; Line 4 on Form 040EZ; or Line 21 on Form 1040(A). Please note that this is rough guidance and should not be construed as the official SBA's position on calculating the AGI. You will be asked to provide information on your AGI in the Financial Data section.

Income received by an EDWOSB that is an S corporation, LLC, or partnership will be excluded from an individual's income where the EDWOSB provides documentary evidence demonstrating that the income was reinvested in the EDWOSB or the distribution was solely for the purposes of paying taxes arising in the normal course of operations of the business concern. Losses from the S corporation, LLC or partnership, however, are losses to the EDWOSB only, not losses to the individual, and cannot be used to reduce a woman's personal income. Reference [13 C.F.R. 127.203\(c\)\(3\)](#)

**Yes/No**

**Does the adjusted gross income of the qualifying individual(s) averaged over the three years preceding the certification exceed \$350,000; however, the woman can show that (1) this income level was unusual and not likely to occur in the future; (2) that losses commensurate with and directly related to the earnings were suffered; or (3) that the income is not indicative of lack of economic disadvantage?**

- Yes
- No
- N/A

**More Information**

If this situation does not apply, select N/A.

**Continue**

If unable to proceed, please scroll up to find error message.

**Yes/No**


**Assets**

**Is the fair market value of all the assets of the qualifying individual(s) at or less than \$6 million?**

- Yes
- No

**More Information**

Assets include her primary residence and the value of the business.

Funds invested in an Individual Retirement Account (IRA) or other official retirement account that are unavailable until retirement age without a significant penalty will not be considered in determining the qualifying individual's assets. Reference: [13 C.F.R. 127.203\(c\)\(4\)](#) 

**Yes/No**

**Can the qualifying individual(s) confirm that no assets were transferred within two years of the date of EDWOSB certification?**

- Yes
- No

**More Information**

Assets that a qualifying individual(s) transferred within two years of the date of the concern's certification will be attributed to the qualifying individual(s) if the assets were transferred to an immediate family member, or to a trust that has as a beneficiary an immediate family member. The transferred assets within the two-year period will not be attributed to the woman if the transfer was:

1. To or on behalf of an immediate family member for that individual's education, medical expenses, or some other form of essential support; or
2. To an immediate family member in recognition of a special occasion, such as a birthday, graduation, anniversary, or retirement.

Reference: [13 C.F.R. 127.203\(d\)](#) 

**Yes/No**

**If the qualifying individual(s) transferred assets within two years of the date of the certification, can she confirm that the assets were transferred: (1) to or on behalf of an immediate family member for that individual's education, medical expenses, or some other form of essential support; or (2) to an immediate family member in recognition of a special occasion, such as a birthday, graduation, anniversary, or retirement?**

- Yes
- No
- N/A

**More Information**

If this situation does not apply, select N/A.

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**Continue**

If unable to proceed, please scroll up to find error message.

**Yes/No: Attachment required on 'Yes'**

## Economic Disadvantage

**Do the financial records of the qualifying individual(s) show that she is economically disadvantaged?**

- Yes  
 No

### More Information

Please provide the last three (3) Federal Tax Returns Form 1040, schedules, W-2s, and completed IRS FORM 4506-T for the qualifying individual(s) and their spouses.

The personal financial condition of the woman claiming economic disadvantage, including her personal net worth, her adjusted gross income for the past three years (including bonuses, and the value of company stock given in lieu of cash), and the fair market value of all of her assets, whether encumbered or not, will be considered in determining whether she is economically disadvantaged.

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[Continue](#)

If unable to proceed, please scroll up to find error message.

**Additional Information Required on Add New Person**

**Financial Data**

**Personal Information**

This section must be completed by each individual claiming economic disadvantage in connection with the 8(a) Program and/or the Women-Owned Small Business Federal Contract Program. If married, the spouse must complete this section, except when the individual and the spouse are legally separated. If separated, provide copy of separation document.

*Please divide all jointly owned assets and liabilities, as appropriate with spouse or others.*

Complete this form with Personal Information not Business Information.

Add New Person

**Yes/No; Supporting Documents Required on Yes**

Is anyone listed above legally separated? If yes, please provide separation documents.

- Yes
- No

Continue

If unable to proceed, please scroll up to find error message.

|   |   |   |
|---|---|---|
| <b>First Name</b><br><input type="text"/>             | <b>Last Name</b><br><input type="text"/>                            | <b>Role/Title</b><br>Owner <input type="button" value="v"/> |
| <b>Social Security Number</b><br><input type="text"/> | <b>Marital Status</b><br>Unmarried <input type="button" value="v"/> | <b>Email Address</b><br><input type="text"/>                |
| <b>Mailing Address</b><br><input type="text"/>        |   |   |
| <b>City</b><br><input type="text"/>                   | <b>State</b><br><input type="text"/>                                | <b>Zip Code</b><br><input type="text"/>                     |
| <b>Country</b><br><input type="text"/>                | <b>Business Phone</b><br><input type="text"/>                       | <b>Personal Phone</b><br><input type="text"/>               |
| <input type="button" value="Done"/>                   | <input type="button" value="Remove"/>                               |   |

## Cash On Hand

### As of Date:

mm/dd/yyyy

#### More Information

Use the date of the information provided (i.e. the last date of the previous month). The information must be no older than 30 days old.

## Cash on Hand

\$ 100.00

#### More Information

The sum of all coins and currency that are not on deposit with a financial institution.

## Savings Account(s) Balance

\$ 100.00

## Checking Account(s) Balance

\$ 100.00

#### More Information

Include funds held domestically and in foreign financial institutions. Include funds held in certificates of deposit and money market accounts as part of the Savings Account(s) Balance.

[Continue](#)

If unable to proceed, please scroll up to find error message.

### Other Sources Of Income

#### Salary

\$

#### More Information

Include yearly salary from applicant firm or other salaried positions.

#### Other Income

\$

#### More Information

Include income from any other sources not identified elsewhere, such as retirement/pension or disability income. Do not include investment or real estate income, which are detailed in another section. Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income. If you have other income, please describe the source in the comment box.

### Your Equity in the Applicant Firm

\$

#### More Information

This is the value of the individual's equity interest in the applicant firm. The applicant firm is the firm seeking certification with SBA. Use the applicant firm's current balance sheet to determine the value of the equity interest. The value of equity interest equals the applicant firm's net worth multiplied by the individual's ownership percentage.

### Your Equity in Other Firms

\$

#### More Information

This is the value of the individual's equity interest in companies other than the applicant firm. Use the companies' current balance sheets to determine the value of the individual's equity interests. The value of individual's equity interest equals the company's net worth multiplied by the individual's ownership percentage. The amount on this line should be the sum of the individual's equity interests in all companies other than the applicant firm.

[Continue](#)

If unable to proceed, please scroll up to find error message.



**Yes/No; Additional Information Required on Yes**

### Notes Receivable

**Do you have any notes receivable from others?**

Yes  
 No

**More Information**

Include shareholder/officer/member/partner loans from individual to applicant firm, as well as any loans given to other individuals or companies.

---

**Continue**

If unable to proceed, please scroll up to find error message.

Create new entry

|  |                      |
|--|----------------------|
| Name of Debtor                               | <input type="text"/> |
| Address of Debtor                            | <input type="text"/> |
| Original Balance                             | <input type="text"/> |
| Current Balance                              | <input type="text"/> |
| Payment Amount (Calculated Annually)         | <input type="text"/> |
| How Secured or Endorsed / Type of Collateral | <input type="text"/> |

**Create**

**Additional Information Required on New**

**Do you have any notes receivable from others?**

Yes  
 No

**New**   **Edit**   **Delete**

| Name of Debtor             | Address of Debtor | Original Balance | Current Balance | Payment Amount (Calculated Annually) | How Secured or Endorsed / Type of Collateral |
|----------------------------|-------------------|------------------|-----------------|--------------------------------------|--|
| No data available in table |                   |                  |                 |                                      |  |
| <b>Total:</b>              |                   | \$0.00           |                 |                                      |  |

**Yes/No; Additional Information and Supporting Documents Required on Yes**

### Retirement Accounts

**Do you have a Roth IRA?**

Yes  
 No

**More Information**

If yes, upload information on the terms and restrictions of the account. Supplying the most recent account statement from your IRA provider will suffice in most cases. SBA will not include the funds in calculating your net worth if the statement indicates that the funds are not available until retirement age without a significant penalty.

Create new entry

Type Roth IRA ▼

Total Value

Contributions Thus Far

Date of Initial Contribution 03/12/2018

Name of Investment Company

[Create](#)

**Additional Information Required on New**

Roth IRA

[New](#)
[Edit](#)
[Delete](#)

| Type ▲                     | Total Value | Contributions Thus Far | Date of Initial Contribution | Name of Investment Company |
|----------------------------|-------------|------------------------|------------------------------|----------------------------|
| No data available in table |             |                        |                              |                            |
| <b>Total:</b>              | \$0.00      |                        |                              |                            |

[Add documents](#)

**Yes/No; Supporting Documents and Additional Information Required on Yes**

**Do you have any other retirement accounts?**

Yes  
 No

**More Information**

If yes, upload information on the terms and restrictions of the account. Supplying the most recent account statement from your IRA provider will suffice in most cases. SBA will not include the funds in calculating your net worth if the statement indicates that the funds are not available until retirement age without a significant penalty.

---

[Continue](#)

If unable to proceed, please scroll up to find error message.

**Create new entry**

|                            |  |
|----------------------------|--|
| Type                       | <input style="width: 90%;" type="text" value="IRA"/> |
| Total Value                | <input style="width: 90%;" type="text"/>             |
| Name of Investment Company | <input style="width: 90%;" type="text"/>             |

[Create](#)

**Additional Information Required on New**

Other Retirement Accounts

[New](#)
[Edit](#)
[Delete](#)

| Type                       | Total Value | Name of Investment Company |
|----------------------------|-------------|----------------------------|
| No data available in table |             |                            |
| <b>Total:</b>              | \$0.00      |                            |

[Add documents](#)

## Life Insurance Page

### Yes/No; Additional Information Required on Yes

#### Life Insurance

Do you have a life insurance policy that has a cash surrender value?

- Yes  
 No

##### More Information

The cash surrender value is the total received if a life insurance policy is cancelled. This does not apply to term life insurance policies.

### Additional Information Required on New

| New                        | Edit                                 | Delete      |               |  |  |  |
|----------------------------|--------------------------------------|-------------|---------------|--|--|--|
| Name of Insurance Company  | Cash Surrender Value (if applicable) | Face Amount | Beneficiaries |  |  |  |
| No data available in table |                                      |             |               |  |  |  |
| <b>Total:</b>              | \$0.00                               | \$0.00      |               |  |  |  |

Create new entry

Name of Insurance Company

Cash Surrender Value (if applicable)

Face Amount

Beneficiaries

**Create**

### Yes/No; Additional Information Required on Yes

Do you have any loans against a life insurance policy?

- Yes  
 No

**Continue**

If unable to proceed, please scroll up to find error message.

What is the current balance of any loans against life insurance?

\$

**Yes/No; Additional Information Required on Yes**

### Stocks & Bonds

**Do you have any stocks, bonds or mutual funds?**

Yes  
 No

**More Information**

Total value equals the Market Value Quotation multiplied by the number of shares.

---

Continue

If unable to proceed, please scroll up to find error message.

**Create new entry**

|                                   |   |
|-----------------------------------|---|
| Type                              | Stocks <span style="float: right;">▼</span> |
| Name Of Securities                | <input style="width: 90%;" type="text"/>    |
| Total Value                       | <input style="width: 90%;" type="text"/>    |
| Number of Shares                  | <input style="width: 90%;" type="text"/>    |
| Cost                              | <input style="width: 90%;" type="text"/>    |
| Market Value Quotation / Exchange | <input style="width: 90%;" type="text"/>    |
| Date of Quotation / Exchange      | 03/12/2018                                  |
| Interest & Dividends Received     | <input style="width: 90%;" type="text"/>    |

Create

**Additional Information Required on New**

Stocks, Bonds, and Mutual Funds

New
Edit
Delete

| Type                       | Name of Securities | Total Value | Number of Shares | Cost   | Market Value Quotation / Exchange | Date of Quotation / Exchange | Interest & Dividends Received |
|----------------------------|--------------------|-------------|------------------|--------|-----------------------------------|------------------------------|-------------------------------|
| No data available in table |                    |             |                  |        |                                   |                              |                               |
|                            | <b>Total:</b>      | \$0.00      |                  | \$0.00 | \$0.00                            |                              | \$0.00                        |

**Yes/No; Additional Information Required on Yes**

**Real Estate - Primary Residence**

**Do you own your primary residence?**

- Yes
- No

**Continue**

If unable to proceed, please scroll up to find error message.

**Primary Residence Details**

**What is the address of your primary residence?**

**Yes/No; Additional Information Required on Yes**

**Is your primary residence jointly owned?**

- Yes
- No

**What percentage of ownership do you have in your primary residence?**

 %

**Yes/No; Additional Information Required on Yes**

**Is your name on the mortgage?**

- Yes
- No

**What percentage of the mortgage are you responsible for in your primary residence?**

 %

## Primary Residence Page

**What is the current value of your primary residence?**

\$ 100.00

### More Information

Report the total value of your primary residence, not your proportional share.

**What is the mortgage balance on your primary residence?**

\$ 100.00

## Yes/No; Additional Information Required on Yes

**Is there a lien, 2nd mortgage or Home Equity Line of Credit on your primary residence?**

- Yes  
 No

## Yes/No; Additional Information Required on Yes

**Is your name on the lien, 2nd mortgage or Home Equity Line of Credit against your primary residence?**

- Yes  
 No

**What percentage of the lien, 2nd mortgage or Home Equity Line of Credit are you responsible for in your primary residence?**

50.00 %

**What is the current balance of the lien(s)?**

\$ 100.00

**Yes/No; Additional Information Required on Yes**

**Do you receive income from your primary residence (rent, etc.)?**

Yes

No

**What is the income YOU receive from your primary residence (calculated annually)?**

\$ 100.00



**Yes/No; Additional Information Required on Yes**

**Real Estate - Other**

**Do you own any additional real estate?**

Yes

No

**Continue**

If unable to proceed, please scroll up to find error message.

**List your other real estate holdings:**

*You may add and remove real estate holdings below*

**Add real estate**

**List your other real estate holdings:**

*You may add and remove real estate holdings below*

[Remove real estate](#)

**What type of Other Real Estate do you own?**

Please select

**What is the address of your Other Real Estate?**

**Yes/No; Additional Information Required on Yes**

**Is your Other Real Estate jointly owned?**

Yes

No

**What percentage of ownership do you have in your Other Real Estate?**

50.00

%

Other Real Estate Page

**Yes/No; Additional Information Required on Yes**

**Is your name on the mortgage?**

Yes  
 No

**What percentage of the mortgage are you responsible for in your Other Real Estate?**

%

**What is the current value of your Other Real Estate?**

\$

**More Information**  
Report the total value of your primary residence, not your proportional share.

---

**What is the mortgage balance on your Other Real Estate?**

\$

**Yes/No; Additional Information Required on Yes**

**Is there a lien, 2nd mortgage or Home Equity Line of Credit on your Other Real Estate?**

Yes  
 No

**Yes/No; Additional Information Required on Yes**

**Is your name on the lien, 2nd mortgage or Home Equity Line of Credit against your other real estate?**

Yes  
 No

**What percentage of the lien, 2nd mortgage or Home Equity Line of Credit are you responsible for in your other real estate?**

%

**What is the current balance of the lien(s)?**

\$

**Yes/No; Additional Information Required on Yes**

**Do you receive income from your Other Real Estate (rent, etc.)?**

- Yes
- No

**What is the income YOU receive from your Other Real Estate (calculated annually)?**

\$

**Yes/No; Additional Information Required on Yes**

**Personal Property**

**Do you own any vehicles?**

- Yes
- No

**More Information**

If the vehicle is jointly owned or the loan on the vehicle is a joint debt, include only the individual's share of the vehicle value and loan balance. You can find the current value of vehicles in the Kelley Blue Book.

**Yes/No; Additional Information Required on Yes**

**Do you own any other personal property or assets?**

- Yes
- No

**More Information**

Include all household goods, jewelry, art, boats, antiques, etc with a value over \$2,500. (For example, enter a line for household furnishing with the total value of all furniture.) Include any assets held by a revocable trust for which you are the grantor and beneficiary. If the property is jointly owned, include only the individual's share of the property.

**Continue**

If unable to proceed, please scroll up to find error message.

**Additional Information Required on New**

| <input type="button" value="New"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> |              |                      |
|--|--------------|----------------------|
| Current Value  | Loan Balance | Description of Asset |
| No data available in table   |              |                      |
| \$0.00   | \$0.00       |                      |

**Additional Information Required on New**

| <input type="button" value="New"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> |              |                      |
|--|--------------|----------------------|
| Current Value  | Loan Balance | Description of Asset |
| No data available in table   |              |                      |
| \$0.00   | \$0.00       |                      |

Create new entry

Current Value

Loan Balance

Description of Asset (Make,Model,Year)

Create new entry

Current Value

Loan Balance

Description of Asset (Make,Model,Year)

Notes Payable and Other Liabilities Page

**Yes/No; Additional Information Required on Yes**

**Notes Payable and Other Liabilities**

**Do you have any notes payable or other liabilities?**

- Yes
- No

**More Information**

List any notes payable including credit cards and personal lines of credit. Include loans owed to the applicant firm, other companies, and individuals. Exclude mortgage and vehicle loans, etc. if listed in previous sections. If you have additional liens or debts against your vehicles or personal property, list them. List all other liabilities, including accounts payable. Do not include contingent liabilities.

**Continue**

If unable to proceed, please scroll up to find error message.

Create new entry

Type Credit Card ▾

Original Balance

Current Balance

Payment Amount

How Secured or Endorsed Type of Collateral

Name of Noteholder

Address of Noteholder

**Create**

**Additional Information Required on New**

| Type                       | Original Balance | Current Balance | Payment Amount | How Secured or Endorsed Type of Collateral | Name of Note Holder | Address of Noteholder |
|----------------------------|------------------|-----------------|----------------|--|---------------------|-----------------------|
| No data available in table |                  |                 |                |  |                     |                       |
| <b>Total:</b>              | \$0.00           |                 |                |  |                     |                       |

**Yes/No; Additional Information Required on Yes**

### Assessed Taxes

**Do you have any Assessed Taxes that were unpaid?**

Yes  
 No

**More Information**

Include only assessed taxes that are unpaid. This includes past due personal Federal, state, county, and city taxes. Do not include estimated taxes or business taxes. If this is a joint debt, include only the individual's share of the debt.

---

[Continue](#)

If unable to proceed, please scroll up to find error message.

Whom Payable | Amount | When Due | Property (if any) a tax lien attaches

#### Create new entry

|                                       |   |
|---------------------------------------|---|
| Whom Payable                          | <input style="width: 90%;" type="text"/>                    |
| Amount                                | <input style="width: 90%;" type="text"/>                    |
| When Due                              | <input style="width: 90%;" type="text" value="03/12/2018"/> |
| Property (if any) a tax lien attaches | <input style="width: 90%;" type="text"/>                    |

[Create](#)

**Additional Information Required on New**

New
Edit
Delete

| Whom Payable               | Amount        | When Due | Property (if any) a tax lien attaches |
|----------------------------|---------------|----------|---------------------------------------|
| No data available in table |               |          |                                       |
| <b>Total:</b>              | <b>\$0.00</b> |          |                                       |

## Adjusted Gross Income

**Adjusted Gross Income (As shown on tax returns for Most Recent tax year)**

\$

---

**Adjusted Gross Income (As shown on tax returns for previous tax year)**

\$

---

**Adjusted Gross Income (As shown on tax returns for year before previous tax year)**

\$

### More Information

Use the adjusted gross income (AGI) on your Federal income tax return forms (Line 37 on Form 1040; Line 4 on 1040EZ; or Line 21 on Form 1040(a). Please note that this is rough guidance and should not be construed as SBA's official position on calculating the AGI.

---

[Continue](#)

If unable to proceed, please scroll up to find error message.

# Financial Data Summary Page

## Jane Doe

**As of Date:**  
03/12/2018

**Name:**  
Jane Doe

**Address:**  
409 3rd Street SW

**City, State, Zip:**  
Washington, DC, 20416

**Business Phone:**  
202-555-6699

**Home Phone:**  
202-205-4444

**Email:**  
jane@abc.com

| Assets                                       |                       |
|--|-----------------------|
| Cash on Hand                                 | \$120.00              |
| Savings Account(s) Balances                  | \$3,000.00            |
| Checking Account(s) Balances                 | \$1,200.00            |
| Accounts & Notes Receivable                  | \$20,000.00           |
| IRA, 401K or Other Retirement Account        | \$200,000.00          |
| Roth IRA                                     | \$0.00                |
| Cash Surrender Value of Whole Life Insurance | \$80,000.00           |
| Stocks and Bonds or Mutual Funds?            | \$200,000.00          |
| Real Estate (Primary Residence)              | \$230,000.00          |
| Other Real Estate                            | \$260,000.00          |
| Automobiles                                  | \$5,000.00            |
| Other Personal Property/Assets               | \$6,000.00            |
| Applicant's Business Equity                  | \$5,000.00            |
| Applicant's Equity in Other Firms            | \$0.00                |
| <b>Total Assets</b>                          | <b>\$1,010,320.00</b> |

| Liabilities   |                     |
|---|---------------------|
| Accounts Payable                                      | \$0.00              |
| Notes Payable to Banks & Others                       | \$1,000.00          |
| Installment Account (Auto)                            | \$0.00              |
| Installment Account (Other)                           | \$0.00              |
| Loan(s) Against Life Insurance                        | \$40,000.00         |
| Mortgage (Primary Residence)*                         | \$90,000.00         |
| Mortgages on other Real Estate                        | \$150,000.00        |
| Unpaid Taxes  | \$5,000.00          |
| Other Liabilities                                     | \$0.00              |
| <b>Total Liabilities</b>                              | <b>\$286,000.00</b> |
| <b>Net Worth<br/>Total Assets - Total Liabilities</b> | <b>\$724,320.00</b> |

| Sources of Income  |             |
|--------------------|-------------|
| Salary             | \$50,000.00 |
| Investment Income  | \$2,000.00  |
| Real Estate Income | \$1,500.00  |
| Other Income       | \$0.00      |

| Adjusted Gross Income (AGI)<br>(As shown on Federal Tax Returns) |                     |
|--|---------------------|
| Most Recent Tax Year   | \$130,000.00        |
| Year 2   | \$120,000.00        |
| Year 3   | \$100,000.00        |
| <b>Total (Avg)</b>   | <b>\$116,666.67</b> |

MORE INFORMATION

Mortgage balances are adjusted to include any liens.

[Continue](#)

If unable to proceed, please scroll up to find error message.





## Privacy Statements

STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER

### **Privacy Act (5 U.S.C. 552a)**

Any person can request to see or get copies of any personal information that SBA has in his or her file when that file is retrieved by individual identifiers such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. For all forms of assistance SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC Sections 634(b)(11) and 687(b)(a), respectively. For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's investigative files system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks; only to the extent the information is relevant to the requesting agencies' function. See 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses.

### **Freedom of Information Act (5 U.S.C. 552)**

This law provides, with some exceptions, that SBA must supply information maintained in agency files and records to persons requesting it. Proprietary data, financial forms, confidential business information and personally identifiable information are exceptions and will be protected to the extent the law permits.

### **Executive Order 12549, Debarment and Suspension (13 C.F.R. 145)**

The prospective lower tier participant certifies, by submission of the application for program participation (or participant's annual update) that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant (or active participant) is unable to certify to any of the statements in this certification, such participants shall attach an explanation.

[Continue](#)

## Review

Please review below answers and Submit.

# Economically Disadvantaged Women-Owned Small Business Program Self-Certification



## Summary

Entity 84 Legal Business Name

DUNS: 111292429

CAGE: 7LBF7

Summary

Jane Doe Financial

### 8(a)

Is the qualifying individual(s) currently certified by the U.S. Small Business Administration as an 8(a) Business Development (BD) Program Participant and does this woman own at least 51% of the business?

[Change answer](#)

Response: No

### Third Party

Is the qualifying individual(s) certified as a WOSB or EDWOSB by an SBA-approved Third-Party Certifier?

[Change answer](#)

Response: No

### Non-qualification

Has an SBA-approved Third-Party Certifier declined WOSB or EDWOSB certification for the qualifying individual(s)?

[Change answer](#)

Response: No

## LLC

Do the Articles of Organization, Operating Agreements and any amendments show that at least 51% of each class of member interest is unconditionally and directly owned by the qualifying individual(s)?

[Change answer](#)

Response: Yes

### Attachments:

| File Name                         | Document Type             | Upload Date |
|-----------------------------------|---------------------------|-------------|
| <a href="#">qa_automation.pdf</a> | Third Party Certification | 03/12/2018  |

Do the Articles of Organization and any amendments or Operating Agreement and any amendments show that the qualifying individual(s) serve as management members, with control over all decisions of the limited liability company?

[Change answer](#)

Response: Yes

### Attachments:

| File Name                         | Document Type             | Upload Date |
|-----------------------------------|---------------------------|-------------|
| <a href="#">qa_automation.pdf</a> | Third Party Certification | 03/12/2018  |

## Review Page

### Citizenship

Do the birth certificates, naturalization papers, or passports show the qualifying individual(s) are U.S. citizens? [Change answer](#)

**Response:** Yes

#### Attachments:

| File Name                         | Document Type             | Upload Date |
|-----------------------------------|---------------------------|-------------|
| <a href="#">qa_automation.pdf</a> | Third Party Certification | 03/12/2018  |

### Ownership

Is the following statement true? The qualifying individual(s) is not subject to any conditions, executory agreements, voting trusts, or other arrangements that cause or potentially cause ownership benefits to go to another person. [Change answer](#)

**Response:** Yes

Is the qualifying individual's ownership direct; that is the ownership is not held through another business entity (including employee stock ownership plan) that is, in turn, owned and controlled by the qualifying individual(s)? [Change answer](#)

**Response:** Yes

If the 51% ownership is held through a trust, is the trust revocable, and does it designate the qualifying individual(s) as the grantor, the trustee, and the sole current beneficiary? [Change answer](#)

**Response:** Na

### Management

Are the management and daily operations of the business controlled by the qualifying individual(s)? [Change answer](#)

**Response:** Yes

Does the qualifying individual(s) hold the highest officer position in the business and does she have the managerial experience needed to run the business? [Change answer](#)

**Response:** Yes

#### Attachments:

| File Name                         | Document Type             | Upload Date |
|-----------------------------------|---------------------------|-------------|
| <a href="#">qa_automation.pdf</a> | Third Party Certification | 03/12/2018  |

Does the qualifying individual(s) have ultimate managerial and supervisory control over those who possess the required licenses or technical expertise for the business? The qualifying individual(s) herself may have the technical expertise or possess the required license for the business. [Change answer](#)

**Response:** Yes

Does the qualifying individual(s) who holds the highest officer position manage the business on a full-time basis and devote full-time attention to the business during the normal working hours of similar businesses? [Change answer](#)

**Response:** Yes

Does the qualifying individual(s) fully control the business, that is, no one else has actual control or has the power to control the business? [Change answer](#)

**Response:** Yes

Is the qualifying individual(s) in control of long-term decision making and day-to-day operations? [Change answer](#)

**Response:** Yes

### SBA Exam

Is the following statement true? The qualifying individual(s) has not received a decision from the SBA – in connection to an examination or protest – finding that the business does not qualify as a WOSB or an EDWOSB.

[Change answer](#)

**Response:** Yes

---

### Net Worth

Can the qualifying individual(s) show that her personal net worth (assets – liabilities) is less than \$750,000, excluding her ownership interest in the business and her equity interest in her primary personal residence?

[Change answer](#)

**Response:** Yes

---

### Adjusted Gross Income

Is the qualifying individual's adjusted gross income averaged over the previous three years at or less than \$350,000?

[Change answer](#)

**Response:** Yes

Does the adjusted gross income of the qualifying individual(s) averaged over the three years preceding the certification exceed \$350,000; however, the woman can show that (1) this income level was unusual and not likely to occur in the future; (2) that losses commensurate with and directly related to the earnings were suffered; or (3) that the income is not indicative of lack of economic disadvantage?

[Change answer](#)

**Response:** Na

---

### Assets

Is the fair market value of all the assets of the qualifying individual(s) at or less than \$6 million?

[Change answer](#)

**Response:** Yes

Can the qualifying individual(s) confirm that no assets were transferred within two years of the date of EDWOSB certification?

[Change answer](#)

**Response:** Yes

If the qualifying individual(s) transferred assets within two years of the date of the certification, can she confirm that the assets were transferred: (1) to or on behalf of an immediate family member for that individual's education, medical expenses, or some other form of essential support; or (2) to an immediate family member in recognition of a special occasion, such as a birthday, graduation, anniversary, or retirement?

[Change answer](#)

**Response:** Na

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**Economic Disadvantage**

Do the financial records of the qualifying individual(s) show that she is economically disadvantaged? [Change answer](#)

**Response:** Yes

**Attachments:**

| File Name                         | Document Type             | Upload Date |
|-----------------------------------|---------------------------|-------------|
| <a href="#">qa_automation.pdf</a> | Third Party Certification | 03/12/2018  |

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**Financial Data**

Business Partners: [Change answer](#)

| First Name | Last Name | Title | Marital Status |
|------------|-----------|-------|----------------|
| JaneJane   | Doe       | Owner | Unmarried      |

Is anyone listed above legally separated? If yes, please provide separation documents. [Change answer](#)

**Response:** No

---

**Submit**

## Signature

# Economically Disadvantaged Women-Owned Small Business Program Self-Certification Summary



Entity 84 Legal Business Name

DUNS: 111292429

CAGE: 7LBF7

- All required documents verifying eligibility for the Woman-Owned Small Business (WOSB) or Economically Disadvantaged Woman-Owned Small Business (EDWOSB) requirements have been submitted to the WOSB Program Repository, including any supplemental documents if there have been changes since the last representation.
- All the statements and information provided in this form and any documents submitted are true, accurate and complete. If assistance was obtained in completing this form and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that these statements are made for the purpose of determining eligibility for a WOSB Program contract.
- I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law and other purposes. The certifications in this document are continuing in nature. Each WOSB or EDWOSB prime contract for which the WOSB or EDWOSB submits an offer/quote or receives an award constitutes a restatement and reaffirmation of these certifications.

- Warning: By clicking the Submit Button, you are certifying that you are representing on your own behalf, and on behalf of the woman-owned small business or economically disadvantaged woman-owned small business, that the information provided in this certification, and any document or supplemental information submitted, is true and correct as of the date set forth opposite your signature. Any intentional or negligent misrepresentation of the information contained in this certification may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines of up to \$500,000, and imprisonment of up to 10 years, or both, as set forth in 15 U.S.C. § 645 and 18 U.S.C. § 1001, as well as any other applicable criminal laws; 2) treble damages and civil penalties under the False Claims Act; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act; 4) suspension and/or debarment from all Federal procurement and non-procurement transactions; and 5) program termination.
- I understand that the woman-owned small business or economically disadvantaged woman-owned small business may not misrepresent its status as a WOSB or EDWOSB to: 1) obtain a contract under the Small Business Act; or 2) obtain any benefit under a provision of Federal law that references the WOSB Program for a definition of program eligibility.
- By submitting this certification I, John X, am an officer or owner of Entity 84 Legal Business Name authorized to represent it and electronically sign this certification on its behalf.

[Continue](#)

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this information collection unless it displays a valid OMB approval number. The estimated burden for completing this form, including reading the instructions and compiling the information, is 1 hour. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the US Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

If unable to proceed, please scroll up to find error message.