



HUBZone Program Examination Response

Instructions:

To complete your submission, an authorized officer of the firm must complete and sign this form and submit it along with the supporting documentation specified below. Please note that upon reviewing the submission, SBA may require additional information as part of the program examination. The definitions for the terms used in this form are set forth in the Small Business Act (15 U.S.C. § 657a), SBA regulations (13 C.F.R. Part 126), and any other statutory and regulatory provisions referenced in those authorities

Section A: Firm Information

Complete the table below. Specific instructions for each block are located on page 3. Responses must be true and correct as of your firm's most recent certification anniversary date.

1. Firm Name:		
2. HUBZone application number:		
3. Most recent certification anniversary date:		
4. Address of principal office:		
5. In the first column, enter the number of locations per type that employees were working from during the four-week period immediately prior to the certification anniversary date. Note: there can only be one Principal Office. In the second column, enter the number of employees who worked more than 50% of their time from each location during the four-week period immediately prior to the certification anniversary date. If an employee was teleworking due to COVID-19, allocate him/her to the location from which he/she would have been working if not for COVID-19.		
Location	Number of locations of this type	Number of Employees
Principal Office		
Other HUBZone location (including standard telework)		
Non-HUBZone location (including standard telework)		
Job Site		

TOTAL		
6. Number of employees allocated to the principal office that were teleworking due to COVID-19 during the four-week period immediately prior to the certification anniversary date.		
7. Number of employees residing in a HUBZone (must represent at least 35% of the total number of employees to meet program requirements):		

Section B: Supporting documentation

1. HUBZone map of principal office

Follow these steps to obtain the required information:

1. Go to the [HUBZone Map](#).
2. Enter the address of your firm’s principal office into the search bar.
3. You should now be viewing your firm’s HUBZone map. Select the “Printable Version” icon from the menu on the right to open a PDF of the map.
4. Save the map PDF to your computer; name the file “[Insert Firm Name] HUBZone map” (for example, “ABC LLC HUBZone map”).

2. Google map of principal office

Follow these steps to obtain the required information:

1. Go to [Google maps](#).
2. Enter the address of your firm’s principal office into the search bar.
3. You should now be viewing your firm’s Google map. In the left panel, click the menu icon (three horizontal lines) then “Print”. Under “Printer” select “Save as PDF”.
4. Save the map PDF to your computer; name the file “[Insert Firm Name] Google map” (for example, “ABC LLC Google map”).

Note: If Google maps does not have a photo image of your principal office, take a photo of the exterior of the building that shows the street number and signage, if it exists, and include it with your submission.

Signature of authorized officer

Warning: By signing this program examination response you are representing on your own behalf, and on behalf of the firm, that the information provided in this program examination response and any document or supplemental information submitted in connection with this program examination



response, is true and correct as of firm's most recent recertification date. Any intentional or negligent misrepresentation of the information contained in this program examination response 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 nonprocurement transactions; and 5) program termination.

The undersigned has reviewed, verified, and certifies that the information provided in this response is true and correct.

Signature

Print Name and Title

Note: If you are unable to electronically sign this form, you may print, sign, and scan the form.

Submission Instructions:

Save this completed and signed form to your computer; name the file “[Insert Firm Name] Program Exam Response Form” (for example, “ABC LLC Program Exam Response Form”).

Email your response within thirty (30) calendar days of receipt to HZProgramExams@sba.gov with the subject line “[Insert Firm Name] Program Exam Response” (for example, “ABC LLC Program Exam Response”). Your email should include three attachments: 1) this completed and signed form, 2) your HUBZone map and 3) your Google map.

Instructions for Completing Section A: Firm Information

Block 1: Fill in your firm's name as it appears in sam.gov.

Block 2: This number is located on your firm's certification letter and other correspondence from the HUBZone program which can be located in your GLS account.

Block 3: Your firm's certification date is the date specified in its certification letter which can be located in your GLS account. If your firm's certification date was Nov. 1, 2018, your most recent certification anniversary date is Nov. 1, 2020.

Block 4: “Principal Office” means the location where the greatest number of the concern's employees at any one location perform the majority of their work. See 13 C.F.R. § 126.103.



Block 5: In the first column, enter the number of locations per type that employees were working from during the four-week period immediately prior to the certification anniversary date. Note: there can only be one Principal Office.

In the second column, enter the number of employees who worked more than 50% of their time from each location type during the four-week period immediately prior to the certification anniversary date. If an employee was teleworking due to COVID-19, allocate him/her to the location from which he/she would have been working if not for COVID-19.

“Employee” means any individual employed on a full-time, part-time, or other basis, so long as that individual works a minimum of 40 hours during the four-week period immediately prior to the date of the firm’s most recent recertification. In general, the following are NOT considered employees: (i) Volunteers who do not receive compensation for their work; (ii) Individuals who receive deferred compensation for work performed; (iii) Independent contractors that report income via IRS Form 1099; and (iv) Subcontractors. See 13 C.F.R. § 126.103.

If an employee works at multiple locations, then the employee will be deemed to work at the location where the employee spends more than 50% of his or her time. If an employee does not spend more than 50% of his or her time at any one location and at least one of those locations is a non-HUBZone location, then the employee will be deemed to work at a non-HUBZone location. See 13 C.F.R. § 126.103.

Block 6: Enter the number of employees allocated to the principal office that were teleworking due to COVID-19 during the four-week period immediately prior to the certification anniversary date.

Block 7: Enter the number of employees that were residing in a HUBZone as of the certification anniversary date. At least 35% of the total number of employees must have been residing in a HUBZone to meet the program eligibility requirements. When determining the percentage of employees that reside in a HUBZone, if the percentage results in a fraction, SBA rounds to the nearest whole number. “Reside” means to live at a location full-time and for at least 180 days immediately prior to the date of recertification. See 13 C.F.R. § 126.103. To verify whether an address is located in a HUBZone, please see the [HUBZone Map](#).