OMB Control Number 3245-0360 Expiration Date: 11/30/2023



National Small Business Week SBA Form 3303, Phoenix Award for Small Business Disaster Recovery and Phoenix Award for Small Business Disaster Recovery - Mitigation

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

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

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1.	Lead Nominee Information:	
	a.	Name:
	b.	Title:
	c.	Business name:
	d.	Business address:
	e.	Business phone number:
	f.	Business email address:

2.	Co-nominee(s) Information (Note: you may nominate up to 3 additional co-nominees per business. Each co-nominee must fill out the SBA Form 3300):		
	a.	Name(s):	
	b.	Title(s):	
	c.	Email address(es):	
3.	Nominator Information (if you are nominating yourself, write n/a):		
	a.	Nominator name:	
	b.	Title:	
	c.	Address:	
	d.	Phone number:	
	e.	Email address:	
4.	Provid	e the nominee(s) percentage of ownership or stock owned in the small business.	
5.	How n	nany years has the nominee's business been operational?	
6.	How n	nany employees does the business currently have?	
7.	Does ti	he business have a website? If yes, list the URL:	

SBA Form 3303 (09/2021) (Previous Editions Obsolete)

8.	Did the nominee's business suffer at least 40 percent physical damage?					
9.	Did the business successfully resume operations within the same geographic area?					
An	Answer each of the following questions in 200 words or less.					
10	Provide a biography for the nominee(s):					
11.	Describe the nominee's business, including areas served:					

12.	Describe how the disaster damaged the business, including how long it took for the business to recover:
13.	Describe how the business was able to rebuild and maintain 90 percent of its pre-disaster work force after receiving the SBA disaster loan and explain if there are any plans to rehire employees:

14. Describe the steps taken by the business to prevent future disaster damage including use of SBA mitigation assistance if applicable:
15. Did the nominee contribute to his or her local community (e.g. the only supermarket in town, a major source of employment in the city)? If yes, please explain:

16.	Did the nominee take initiative and/or implement innovative techniques during recovery? If yes, please explain:
17.	Besides the disaster loan, has the business received any other type of SBA assistance (e.g. U.S. Export Assistance Center, Veteran's Business Outreach Center, Boots to Business, Procurement Technical Assistance Center, government contracting, SCORE counseling, Small Business Development Center (SBDC) assistance, Women's Business Center (WBC) assistance, Emerging Leaders Initiative, etc.)? If yes, please explain:

Caution: Penalties for False Statements

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

Paperwork Reduction Act Notice:

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

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