

Certification Renewal Individual Questionnaire

Section Ordinal	Question	Help Text	Answer Choice
Common Assumptions: 1. System will pull the following business information from SAM.gov into UCP to be displayed/shown to both the internal and external user: A. Legal Business Name B. Unique Entity ID C. Business Contact Name D. Business Contact Email E. Business Contact Phone Number F. Corporate URL G. Legal Business Structure H. Existing Certification(s) I. Existing Certification(s) Anniversary Date(s) J. SAM Profile Status (Active/Inactive) K. SAM Registration Expiration Date L. Primary NAICS L1. Other NAICS M. Exclusions N. Average Number of Employees O. Average Annual Revenue P. Entity Start Date Q. Fiscal Year End Close Date R. Last SAM Update Date			
1.1	Do you confirm that you and your business continue to meet all program eligibility requirements for each certification your business holds, and that no changes have occurred that could impact your eligibility?		[Select all that apply] 8(a) Business Development Program (8(a)) [Yes/No] HUBZone Program (HZ) [Yes/No] Veteran-Owned Small Business (VOSB) [Yes/No] Women-Owned Small Business (WOSB) [Yes/No]
2.1	Has there been any change to the 51% ownership held by one or more Qualifying Owner(s) of the participant business?	Changes in ownership or primary NAICS code must be submitted to SBA for approval prior to the change.	Yes No
2.1.1	If yes, explain in as much detail as possible and submit updated ownership documentation.		[Text Box] [Document Upload]
3.1	Has there been any change in control, management, or strategic decision-making authority of the participant business?		Yes No
3.1.1	If yes, explain in as much detail as possible and submit updated supporting documentation.		[Text Box] [Document Upload]
4.1	Has the qualifying owner with the highest officer position gained additional employment (full-time or part-time) or additional business ownership outside of the participant business?		Yes No
4.1.1	If yes, explain in as much detail as possible.		[Text Box] [Document Upload]
5.1	Has the participant formed a relationship with another entity that involves co-location, shared resources, or financial support?		Yes No
5.1.1	If yes, explain in as much detail as possible.		[Text Box] [Document Upload]
6.1	Other than documentation that is required to be updated regularly (tax filings, meeting minutes, payroll reports, annual reports filed with the state, etc.) or documentation already reported in the questions above, have there been any other updates to the business documentation submitted to SBA during your last review?		Yes No
6.1.1	If yes, submit updated documentation.		[Document Upload]
6.1.2	Upload Minutes demonstrating or establishing the current operating practices.		[Document Upload]
6.1.3	Upload any Fictitious Name Certificate or Certificate of Trade Name documentation, as applicable.		[Document Upload]

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6.1.4	Upload 1040 Schedule C, or IRS SS4 TIN issuance letter with correct name and EIN.		[Document Upload]
6.1.5	Upload the most recent amendment of the Articles of Incorporation.		[Document Upload]
6.1.6	Upload the most recent amendment of the Current Bylaws.		[Document Upload]
6.1.7	Upload Stock Ledger.		[Document Upload]
6.1.8	Upload the most recent amendment of the Operating Agreements.		[Document Upload]
6.1.9	Upload the most recent amendment of the Articles of Organization or Certificate of Organization/Formation (state dependent, names vary).		[Document Upload]
6.1.10	Upload the most recent amendment of the Partnership Agreement.		[Document Upload]
1.1	Does your business have an updated annual attestation certificate from your third-party certifier?	WOSB/EDWOSB may elect to complete their annual attestation for FREE with SBA or with their Third-Party Certifier (TPC), at a possible cost. Businesses that have completed an annual attestation with their TPC must upload documentation of the annual attestation into SBA's certification system to satisfy the WOSB Program compliance and maintain WOSB or EDWOSB certification.	Yes No
1.1.1	If yes, please upload the certificate.		[Document Upload]
1.1	Has there been any change to the Veteran Status of any Qualifying Owner(s) of the business?		Yes No
1.1.1	If yes, explain in as much detail as possible.		[Text Box]
1.1	The business represents that it meets the HUBZone Program's ownership requirements because it complies with one of the ownership structures below:		The business is at least 51% owned and controlled by one or more individuals who are US citizens. The business is at least 51% owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments. The business is an Alaska Native Corporation (ANC) or at least 51% owned by an ANC or a wholly-owned business entity of an ANC. The business is at least 51% owned by one or more Community Development Corporations. The business is at least 51% owned by one or more Native Hawaiian Organizations (NHOs), or by a corporation that is wholly owned by one or more NHOs. The business is a small agricultural cooperative organized or incorporated in the United States, or at least 51% owned by one or more small agricultural cooperatives organized or incorporated in the United States. The business does not meet the HUBZone Program's ownership requirements.
2.1	The business represents that it meets SBA size requirements because, together with its affiliates, the business qualifies as a small business under the size standard corresponding to one or more NAICS codes in which it does business as defined in 13 C.F.R. Part 121.		Yes No
3.1	The business represents that it meets the HUBZone program's principal office requirement because:	Long-term investment provision: A business that has made a long-term investment (i.e., purchased a building or entered a lease of at least 10 years) in a principal office in a Qualified Census Tract, Qualified Nonmetropolitan County, Indian Reservation, Qualified Base Closure Area, or Governor-Designated Covered Area at the time of its initial certification or annual recertification occurring after December 26, 2019, will be deemed to have its principal office located in a HUBZone for up to 10 years from the date of the investment, as long as the business maintains the long-term lease or continues to own the property upon which the principal office designation was made, and as long as that location continues to be the business' principal office. - A business is not eligible for this provision if its principal office was located in a Redesignated Area or Qualified Disaster Area at the time of the investment. However, if a business' principal office was in a location that was both a qualifying area (e.g., Qualified Census Tract) and a non-qualifying area (e.g., Redesignated Area) at the time of the investment, the business would be eligible for this provision. - A business is not eligible for this provision if its principal office is shared with one or more other businesses. - A business is not eligible for this provision if its principal office is a home office (e.g., a location that also serves as a personal residence).	The business' principal office is located in a HUBZone. The business' principal office is no longer located in a HUBZone but is eligible to continue to be deemed to be located in a HUBZone pursuant to the long-term investment provision. The business does not meet the HUBZone program's principal office requirement.
4.1	Has SBA already approved your business' long-term investment?		Yes No

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5.1	The business represents that the principal office is eligible for the long-term investment provision because:		The business represents that it owns a principal office that is no longer in a HUBZone but that is eligible to continue to be deemed to be located in a HUBZone pursuant to 13 CFR 126.200(c)(1). [Yes/No] The business represents that it purchased the building in which its principal office is located on [enter date] and that on that date, the principal office was located in a Qualified HUBZone. The business represents that it has entered into a long-term lease of at least 10 years for a principal office that is no longer in a HUBZone but that it is eligible to continue to be deemed located in a HUBZone pursuant to 13 CFR 126.200(c)(1). [Yes/No] The business represents that the lease term for the location which serves as its principal office is [enter date] to [enter date] and that on that date, the principal office was located in a Qualified HUBZone.
6.1	The business represents that the address of its principal office at the time of its most-recent certification anniversary date was (enter full address)	Principal office means the location where the greatest number of the concern's employees at any one location perform their work.	[Text Box]
7.1	The business represents that it meets the program's HUBZone employee residency requirement because:	"Legacy Employee" Provision: An employee who no longer resides in a HUBZone may continue to be counted as a HUBZone resident employee if he/she: resided in a HUBZone for at least 180 days prior to the business' certification (or recertification) occurring after December 26, 2019; continued to live in a HUBZone for at least 180 days immediately after certification (or recertification); and has remained an employee of the business (i.e., worked at least 40 hours per month) since that time. This provision only applies to employees who resided in a Qualified Census Tract, Qualified Non-Metropolitan County, Indian Reservation, Qualified Base Closure Area, or Governor-Designated Covered Area during the relevant time periods (i.e., 180 days before and 180 days after the business' certification or recertification). - This provision does not apply to employees who resided in a Redesignated Area or Qualified Disaster Area during the relevant time periods. However, if the employee resided in a location that was both a qualifying area (e.g., Qualified Census Tract) and a non-qualifying area (e.g., Redesignated Area), this provision would apply. - A business is only eligible for this provision if it has a principal office in a Qualified Census Tract, Qualified Non-Metropolitan County, Qualified Base Closure Area, Indian Reservation, or Governor-Designated Covered Area. - A business is not eligible for this provision if its principal office is located in a Redesignated Area or a Qualified Disaster Area. However, if a business' principal office is in a location that is both a qualifying area (e.g., Qualified Census Tract) and a non-qualifying area (e.g., Redesignated Area), the business would be eligible for this provision. HUBZone contracts are contracts awarded to a certified HUBZone small business concern regardless of the place of performance, through any of the following procurement methods: (a) Sole source awards to certified HUBZone small business concerns; (b) Set-aside awards, including partial set-asides, based on competition restricted to certified HUBZone small business concerns; (c) Awards to certified HUBZone small business concerns through full and open competition after a price evaluation preference is applied to an other than small business in favor of certified HUBZone small business concerns; (d) Awards based on a reserve for certified HUBZone small business concerns in a solicitation for a Multiple Award Contract (see 125.1); or (e) Orders set-aside for certified HUBZone small business concerns under a Multiple Award Contract that was awarded in full and open competition.	At least 35% of its employees reside in a HUBZone, without the inclusion of HUBZone Legacy Employees. At least 35% of its employees reside in a HUBZone, with the inclusion of HUBZone Legacy Employees. The business is performing a HUBZone contract and is attempting to maintain compliance with the HUBZone residency requirement and at least 20% of the business' employees currently reside in a HUBZone, without the inclusion of HUBZone Legacy Employees. The business is performing a HUBZone contract and is attempting to maintain compliance with the HUBZone residency requirement and at least 20% of the business' employees currently reside in a HUBZone, with the inclusion of HUBZone Legacy Employees. The business does not meet the HUBZone employee residency requirement.
8.1	The business represents that at the time of its most-recent certification anniversary date, the total number of employees of the business was:		[Numeric Text Box]
9.1	The business represents that it will make good faith efforts to "attempt to maintain" (see 13 CFR 126.103) having 35% of its employees reside in a HUBZone during the performance of any HUBZone contract it receives.	Attempt to maintain means making substantive and documented efforts, such as written offers of employment, published advertisements seeking employees, and attendance at job fairs and applies only to concerns during the performance of any HUBZone contract. A certified HUBZone small business concern that has less than 20% of its total employees residing in a HUBZone during the performance of a HUBZone contract has failed to attempt to maintain the HUBZone residency requirement.	Yes No
10.1	The business represents that it will immediately notify SBA if it fails to "attempt to maintain" during the performance of any HUBZone contract it is awarded.		Yes No
11.1	The business represents that it will notify SBA immediately if it merges with, acquires, or has been acquired by another business since the date of its HUBZone certification.		Yes No
8(a)-Specific Assumptions:			
1.1	Have there been any changes to the highest compensated person in the business?		Yes No
1.1.1	If yes, please provide detail of who the highest compensated person is and explain why the change was in the best interest of the business.		[Text Box]

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		Concerns and entities are affiliates of each other when one controls or has the power to control the other, or a third party or parties controls or has the power to control both. It does not matter whether control is exercised, so long as the power to control exists.	
2.1	Have there been any changes to businesses affiliated with the 8(a) participant business?	SBA considers factors such as ownership, management, previous relationships with or ties to another concern, and contractual relationships, in determining whether affiliation exists.	Yes No
2.1.1	If yes, please provide detail of the change.		[Text Box]
3.1	Are there any pending adverse actions against your business?	Adverse actions include any lawsuits, delinquent taxes, bankruptcy actions, creditor disputes, and any other action that could negatively impact your business.	Yes No
3.1.1	If yes, what is the current status of the adverse actions?		[Text Box]
4.1	Have you paid for outside help getting federal contracts in the last program year?	If you used outside assistance to help you get a federal contract, you must submit SBA for 1790 every 6 months. https://www.ecfr.gov/current/title-13/section-124.4	Yes No
4.1.1	If yes, please upload a report that includes a listing of any agents, representatives, attorneys, accountants, consultants, and other parties (other than employees) receiving fees, commissions, or compensation of any kind to assist you in seeking to obtain a Federal contract.	https://www.sba.gov/document/sba-form-1790-representatives-used-and-compensation-paid-services-connection-obtaining-federal-contracts	[Document Upload]
1.1	Identify any changes to the following in the past program year:		[Select all that apply] Your ownership in other companies Your immediate family members (or businesses they own) doing business with your company Household Federal employment Household SBA employment delinquency in the payment of Federally guaranteed obligations, business tax liens, or personal tax obligations Marital status
1.1.1	If yes to change in your ownership in other companies, please provide your Title/Role with the other business, Business Name, UEI (if applicable), NAICS/Primary Industry, and Ownership Percentage.		[Table Input]
1.1.2	If yes to change in your immediate family members (or businesses they own) doing business with your company, please provide the following: - Family member name - Family member's relationship to you - Family member's role in the business that does business with your business - Date of contractual relationship - Business name - Business UEI (If Applicable) - Detail any common ownership or management of your business by the family member - The nature of the relationship with the applicant business, - Financial details (loan agreements or other agreements) - Business revenues earned from the relationship or liabilities owed - Business revenues earned from the relationship or liabilities owed		[Text Box]
1.1.3	If yes to change in household Federal employment, please explain the circumstances of the change.	If you or a member of your household has a new The Federal Acquisition Regulation Subpart 3.6 places restrictions on Federal Government employees which may prevent your business from acquiring contracts or create conflicts of interest. In addition, there are limitations on SBA's ability to provide assistance to government employees. Reference 13 CFR 105.301.	[Document Upload]
1.1.4	If yes to change in household SBA employment, please explain the circumstances of the change.	If yes, your application will need to be reviewed by the Standards of Conduct Committee before a final eligibility decision is made. Reference 13 CFR 105.301- Assistance to officers or employees of other Government organizations.	
1.1.5	If yes to change in delinquency in the payment of Federally guaranteed obligations, business tax liens, or personal tax obligations, please provide the Type of Delinquency, Status of Delinquency (e.g. dismissed, satisfied), Proof of Compliance with repayment plan (if applicable), Evidence of Deferred payment status (if applicable)		[Table Input]
1.1.6	If you were married in the last program year, and living in community property state, please upload a transmutation agreement. If you are no longer married, please upload evidence to support the change.		[Document Upload]
2.1	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?		Yes No
3.1	Have you been arrested in the past six months for any criminal offense?		Yes No
1.1	Detail the draws/distributions taken from the applicant business in the last three years	Draws/distributions should be detailed on business financial statements and supported by schedule K-1s from Corporate tax returns (if applicable).	[Text Box]
1.2	Have you transferred any assets to any immediate family member for less than fair market value in the last two years?	Fair market value is the price that property would sell for on the open market. It is the price that would be agreed upon between a willing buyer and a willing seller, with neither being required to act and both having reasonable knowledge of the relevant facts. Immediate family members include your father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, and mother-in-law. Reference: CFR § 124.3.	Yes No

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1.2.1	If yes, please provide the following details about the transfer. -Nature and value of asset. -Details of the transfer (including sale price). -Recipient name. -Relationship to recipient.		[Text Box]
2.1	As of Date	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.	[Calendar Date]
2.1.1	Upload your Individual Income Tax Returns for the last three completed tax years. Include all the Schedules and attachments.		[Document Upload]
2.1.2	Upload your Wage and Tax Statements (W-2s) for the last three years. If you filed your tax return jointly with a spouse, upload your spouse's W-2s for the last three years, as well.		[Document Upload]
2.1.3	If you owed taxes, upload evidence of payment.		[Document Upload]
3.1	Cash on Hand	The sum of all coins and currency that are not on deposit with a financial institution.	[Numeric Text Box]
4.1	Checking Account(s) Balance	Include funds held domestically and in foreign financial institutions.	[Numeric Text Box]
5.1	Savings Account(s) Balance	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.	[Numeric Text Box]
6.1	Salary	Include yearly salary from applicant business or other salaried positions.	[Numeric Text Box]
7.1	Other Income	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.	[Numeric Text Box]
8.1	Equity in applicant business	This is the value of your equity interest in your business. Use your business' current balance sheet to determine your equity interest. The value of your equity interest equals the business' net worth multiplied by your ownership percentage.	[Numeric Text Box]
9.1	Equity in other businesses	This is the value of the individual's equity interest in other businesses other than your business. Use the business' current balance sheets to determine the value of the individual's equity interests. The value of the individual's equity interest equals the business' 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 businesses other than your business.	[Numeric Text Box]
10.1	Do you have any notes receivable from others?	Include shareholder/officer/member/partner loans from individual to applicant business, as well as any loans given to other individuals or companies.	Yes No
10.1.1	If yes, enter the Name of Debtor and Current Balance for each.		[Table Input]
12.1	Do you have any retirement accounts?		Yes No
12.1.1	If yes, enter the Type, Total Value, and Name of Investment Company.		[Table Input]
13.1	Do you have any life insurance policy that has a cash surrender value?	The cash surrender value is the total received if a life insurance policy is cancelled. This does not apply to term life insurance policies.	Yes No
13.1.1	If yes, enter Name of Insurance Company, Cash Surrender Value, Face Amount, and Beneficiaries.		[Table Input]
14.1	Do you have any loans against a life insurance policy?		Yes No
14.1.1	If yes, what is the current balance of any loans against life insurance?		[Table Input]
15.1	Do you have any stocks, bonds, or mutual funds?	Total value equals the Market Value Quotation multiplied by the number of shares.	Yes No
15.1.1	If yes, enter Type, Name of Securities, Total Value, Number of Shares, Cost, and Market Value/Quotation Exchange.		[Table Input]
16.1	Do you own your primary residence?		Yes No
16.1.1	If yes, what is the address of your primary residence?		[Text Box]
16.1.2	Is your primary residence jointly owned?		Yes No
16.1.3	Is your name on the mortgage?		Yes No N/A - No Mortgage
16.1.4	What is the current value of your primary residence?	Report the total value of your residence, not your proportional share.	[Numeric Text Box]
16.1.5	What is the mortgage balance on your primary residence?	Report the total amount of your mortgage, not your proportional share.	[Numeric Text Box]
16.1.6	Is there a lien, 2 nd mortgage or Home Equity Line of Credit on your primary residence?		Yes No
17.1	Do you own any additional real estate?	You may add and remove real estate holdings below	Yes No

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	What type of Other Real Estate do you own?		Other Residential Commercial Industrial Land Other Real Estate
17.1.1			Yes
17.1.2	What is the address of your other real estate?		No
17.1.3	Is your Other Real Estate jointly owned?		Yes No
17.1.4	Is your name on the mortgage?		Yes No N/A - No Mortgage
17.1.5	What is the current value of your Other Real Estate?	Report the total value of your Other Real Estate, not your proportional share.	[Numeric Text Box]
17.1.6	What is the mortgage balance on your Other Real Estate?	Report the total amount of your mortgage on your Other Real Estate, not your proportional share.	[Numeric Text Box]
17.1.7	Are there additional mortgages or home equity loans/lines of credit on your Other Real Estate?		Yes No
18.1	Do you own any vehicles?	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
18.1.1	If yes, enter Current Value, Loan Balance, Description of Asset.		[Table Input]
19.1	Do you own any other personal property or assets?	Include all households 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 the beneficiary. If the property is jointly owned, include only the individual's share of the property.	Yes No
19.1.1	If yes, enter Current Value, Loan Balance, Description of Asset.		[Table Input]
20.1	Do you have any notes payable or other liabilities?	List any notes payable including credit cards and personal lines of credit. Include loans owed to your business, 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 personal accounts payable. Include any assessed taxes that are unpaid, including federal, state, county, and local taxes. Do not include contingent liabilities.	Yes No
20.1.1	If yes, enter Type, Current Balance, Name of Note Holder.		[Table Input]
21.1	Do you have any Assessed Taxes that were unpaid?	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.	Yes No
21.1.1	If yes, enter Payee, Amount, When Due, Liened Property (if any).		[Table Input]
1.1	Have you or any of your employees participated in Empower to Grow assistance, such as training, in the past program year?	Pursuant to 15 U.S.C. 636(j)(13)(F), eligible Participants may receive surplus Federal Government property from State Agencies for Surplus Property. If you have received surplus property, provide a description in the text box below.	Yes No
1.2	If yes, check boxes to identify types of assistance provided:		Government Contracting Marketing Human Resources Financial condition Management Other + [Text Box]
2.1	Have you received any Federal surplus property as a benefit of your participation in the 8(a) Program in the last program year?		Yes No
1.1	Briefly describe your business and what makes it successful. Please include the following: - Your mission statement - The product(s) or service(s) you provide - Basic information about your business's leadership team, employees, and locations you operate in	Please include a clear summary of where the business has come from, where it is now, and where it wants to go.	[Text Box]
1.2	What would you like your business to accomplish during your participation term, specifically in regards to your government goals and objectives? There may be many things you wish to achieve, but what are the TOP FOUR goals you have for your business?		Multiselect (up to four) Increase Revenue Expand the Products and/or Services You Can Provide Increase Your Access to Federal Contracting Be More Competitive in the Free Market Build Your Entrepreneurial Knowledge Diversify Your Sources of Revenue Create Jobs Build Generational Wealth Give Back to Your Community Get Acquired by Another Business Other
2.1	Is your business selling a product or service?		Select (radio buttons) Product Service Both

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2.2	What is your business fiscal year end date?		Date (month & day only , No YEAR)
2.3	What equipment do you have to support the growth of your business? What equipment do you still need?		[Text Box]
2.4	What quality control procedures does your company have in place (if any)?		[Text Box]
2.5	[Optional] What SECONDARY NAICS codes are your business capable of performing? Select all that apply.		[Text Box]
3.1	Please describe succession plans for your business. How would the business be managed in your absence?		[Text Box]
3.2	Who are the key members of your business's leadership team and what are their titles?	The text box description is required, but please upload related resumes and organizational charts, if available.	[Text Box]
3.3	[Optional] Upload any related resumes or organizational charts, if available.		[Document Upload]
3.4	Please rate the following statement: My business meets all of its business staffing needs.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
4.1	Please provide your business's revenue from your business's last financial fiscal year.		[Numeric Text Box]
4.1.1	Upload Business Tax Return for business last financial fiscal year		[Document Upload]
4.2	Consider the operation and maintenance costs for your business. How do you meet the financial needs of your business?		[Text Box]
4.3	What is the current financial situation of your business? Does your business have adequate access to capital to meet its short-term (12 months) needs and goals?		[Text Box]
4.4	[Optional] Upload short-term (12 months) forecasted income statements, cash flow statements, and/or capital expenditure budgets, if available. Please be as specific as possible and provide quarterly - or even monthly - projections.		[Document Upload]
4.5	What potential changes or future predictions do you foresee for your business's long-term financial outlook (for the next 3+ years)?		[Text Box]
4.6	[Optional] Upload documents related to the long-term (next 3+ years) prospective financial outlook for your business, if available. Include forecasted income statements, cash flow statements, and capital expenditure budgets.		[Document Upload]
4.7	Are you required to have surety bonding? For example, construction businesses often need bonding.		Yes No I'm not sure
4.7.1	If yes, what is your business current individual bonding capacity ?		[Numeric Text Box]
4.7.2	If yes, what is your business current aggregate bonding capacity?		[Numeric Text Box]
4.8	Please rate the following statement: My business has sufficient working capital.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
5.1	Do you have a Mentor Protégé Agreement?		Yes No

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5.1.1	If yes, what is the name of the mentor business?		[Text Box]
5.2	Has your company received any revenues from participating in any 8(a) Joint Ventures in the last program year?		Yes No
5.2.1	If yes, how much revenue did your company receive from each JV?		[list name(s) of JV and UEI]
5.2.2	Do you have teaming agreements?		Yes No
5.3	[Optional] What (if any) other resource partners has your business used?		Multiselect Small Business Development Center (SBDC) Women's Business Center (WBC) Veteran's Business Outreach Center (VBOC) SCORE Apex Accelerator (formerly Procurement Technical Assistance Center (PTAC))
5.4	Please rate the following statement: I would be interested in information about external resources (i.e. lenders or local organizations) that could help support my business.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
6.1	What is the size/scope of contracts that your business can currently manage?		Less than \$250,000 \$250,000 - \$1 million \$1 million - \$3 million \$3 million - \$4.5 million \$4.5 million - \$6.5 million More than \$6.5 million
6.2	Where is your current customer base located? (Locally, at the state level, nationally, etc.)		Local State National Other [Text Box]
6.3	Where would you like to expand your customer base?		[Text Box]
6.4	Forecast the dollar value of contracts to be sought under the 8(a) program for the next program year.		[Numeric Text Box]
6.5	Forecast the dollar value of contracts to be sought on a non-8(a) competitive basis for the next program year.		[Numeric Text Box]
6.6	Please rate the following statement: I feel confident that my forecasted contracting goals are achievable for my business.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
7.1	What is the current market for your business's products/services?	Describe your primary competitors and how your company compares with those competitors.	[Text Box]
7.2	What is your strategy for promoting your business in the current market?	Define your products/services (if applicable), pricing, and credit/collection practices.	[Text Box]
7.3	Which federal agencies would you like to market your business's products/services to as an 8(a) program participant?		[Search field] + [multi-select dropdown list]
7.4	How will you market your business to achieve a healthy mix of both 8(a) AND non-8(a) contracts?		[Text Box]
7.5	[Optional] Upload your business's marketing plan, if available.		[Document Upload]
7.6	Please rate the following statement: My business has a strategy for contract capture/marketing.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
8.1	Strengths: What are the unique characteristics or abilities that give your business its competitive advantage?	Think of the things you believe your business does better than most or that consistently enable it to meet its goals.	[Text Box]
8.2	Weaknesses: What are the areas that you know your business can improve on?	Think of anything within your business that hinders its ability to meet all of its goals or effectively compete in the market.	[Text Box]
8.3	Opportunities: What external factors could possibly be leveraged to the benefit of your business?	Examples might include emerging market trends or changes in customer needs.	[Text Box]
8.4	Threats: What external factors could possibly harm your business and you should prepare for?	Examples might include changes in regulations, new competition, or disruptions to the market.	[Text Box]
9.1	[Optional] Do you have any additional comments that you would like to add to your business plan?	This may include any supplementary information you feel will help the SBA know more about your business or goals.	[Text Box]
9.2	[Optional] Upload any additional documentation you feel will help the SBA know more about your business or goals.		[Document Upload]

Certification Renewal Individual Questionnaire

10.1	Have you uploaded the business' most recent capability statement detailing your current contract performance capabilities?	Link to capability statement upload on dashboard	Yes No
10.1.1	If no, please upload your business' most recent capability statement.	Link to capability statement upload on dashboard	[Document Upload]
11.1	Enter all revenue earned in your last PROGRAM YEAR per your business' financial statements, including revenue earned through joint ventures.	Examples of non-8(a) work include: - Non-government/commercial contracts and subcontracts - Government work outside of an 8(a) award - Multiple award schedule contracts not offered through the 8(a) program Examples of 8(a) work include: - 8(a) prime contracts for federal government (not subcontracts) - 8(a) task orders on multiple award schedules - 8(a) contracts awarded to 8(a) joint ventures Reference: 13 CFR 124.509(c)(i)	[Enter revenue from 8(a) sales] [Enter revenue from non-8(a) sales]
12.1	Have you performed work on any 8(a) contracts in the past program year?		Yes No
13.1	List all salaries, bonuses, advances, loans, distributions, dividends, or any other payment paid in the last program year to your business' owners, officers, directors, managers or any business that has an ownership or management interest in the 8(a) Participant.	Withdrawals are excessive if in the aggregate during any fiscal year of the Participant they exceed: - \$250,000 for businesses with sales up to \$1,000,000; - \$300,000 for businesses with sales between \$1,000,000 and \$2,000,000; and - \$400,000 for businesses with sales exceeding \$2,000,000	[Text Box]

Certification Renewal Individual Questionnaire

Section Ordinal	Question	Help Text	Answer Choice
Common Assumptions: 1. System will pull the following business information from SAM.gov into UCP to be displayed/shown to both the internal and external user: A. Legal Business Name B. Unique Entity ID C. Business Contact Name D. Business Contact Email E. Business Contact Phone Number F. Corporate URL G. Legal Business Structure H. Existing Certification(s) I. Existing Certification(s) Anniversary Date(s) J. SAM Profile Status (Active/Inactive) K. SAM Registration Expiration Date L. Primary NAICS L1. Other NAICS M. Exclusions N. Average Number of Employees O. Average Annual Revenue P. Entity Start Date Q. Fiscal Year End Close Date R. Last SAM Update Date			
1.1	Do you confirm that you and your business continue to meet all program eligibility requirements for each certification your business holds, and that no changes have occurred that could impact your eligibility?		[Select all that apply] 8(a) Business Development Program (8(a)) [Yes/No] HUBZone Program (HZ) [Yes/No] Veteran-Owned Small Business (VOSB) [Yes/No] Women-Owned Small Business (WOSB) [Yes/No]
2.1	Has there been any change to the entity ownership of the participant business?	Changes in ownership or primary NAICS code must be submitted to SBA for approval prior to the change.	Yes No
2.1.1	If yes, explain in as much detail as possible and submit updated ownership documentation.		[Text Box] [Document Upload]
3.1	Has there been any change in control, management, or strategic decision-making authority of the participant business?		Yes No
3.1.1	If yes, explain in as much detail as possible and submit updated supporting documentation.		[Text Box] [Document Upload]
			Yes

Certification Renewal Individual Questionnaire

4.1	Has the day-to-day manager gained additional employment (full-time or part-time) or additional business ownership outside of the participant business?		No
4.1.1	If yes, i. Is this outside obligation employment by Small Business Administration? ii. Is this outside obligation employment by the federal government at a GS-13 equivalent or above? iii. provide your title/role with the other business, business name, UEI (if applicable) and NAICS/primary industry, and ownership percentage (if applicable). explain in as much detail as possible.		[Text Box] [Document Upload]
5.1	Has the business formed a relationship with another entity that involves co-location, shared resources, or financial support?		Yes No
5.1.1	If yes, explain in as much detail as possible.		[Text Box] [Document Upload]
6.1	Other than documentation that is required to be updated regularly (tax filings, meeting minutes, payroll reports, annual reports filed with the state, etc.) or documentation already reported in the questions above, have there been any other updates to the business documentation submitted to SBA during your last review?		Yes No
6.1.1	If yes, submit updated documentation.		[Document Upload]
6.1.2	Upload Minutes demonstrating or establishing the current operating practices.		[Document Upload]
6.1.3	Upload any Fictitious Name Certificate or Certificate of Trade Name documentation, as applicable.		[Document Upload]
6.1.4	Upload 1040 Schedule C, or IRS SS4 TIN issuance letter with correct name and EIN.		[Document Upload]
6.1.5	Upload the most recent amendment of the Articles of Incorporation.		[Document Upload]

Certification Renewal Individual Questionnaire

6.1.6	Upload the most recent amendment of the Current Bylaws.		[Document Upload]
6.1.7	Upload Stock Ledger.		[Document Upload]
6.1.8	Upload the most recent amendment of the Operating Agreements.		[Document Upload]
6.1.9	Upload the most recent amendment of the Articles of Organization or Certificate of Organization/Formation (state dependent, names vary).		[Document Upload]
6.1.10	Upload the most recent amendment of the Partnership Agreement.		[Document Upload]
1.1	The business represents that it meets the HUBZone Program's ownership requirements because it complies with one of the ownership structures below:		The business is at least 51% owned and controlled by one or more individuals who are US citizens. The business is at least 51% owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments. The business is an Alaska Native Corporation (ANC) or at least 51% owned by an ANC or a wholly-owned business entity of an ANC. The business is at least 51% owned by one or more Community Development Corporations. The business is at least 51% owned by one or more Native Hawaiian Organizations (NHOs), or by a corporation that is wholly owned by one or more NHOs. The business is a small agricultural cooperative organized or incorporated in the United States, or at least 51% owned by one or more small agricultural cooperatives organized or incorporated in the United States. The business does not meet the HUBZone Program's ownership requirements.
2.1	The business represents that it meets SBA size requirements because, together with its affiliates, the business qualifies as a small business under the size standard corresponding to one or more NAICS codes in		Yes No
3.1	The business represents that it meets the HUBZone program's principal office requirement because:	Long-term investment provision: A business that has made a long-term investment (i.e., purchased a building or entered a lease of at least 10 years) in a principal office in a Qualified Census Tract, Qualified Nonmetropolitan County, Indian Reservation, Qualified Base Closure Area, or Governor-Designated Covered Area at the time of its initial certification or annual recertification occurring after December 26, 2019, will be deemed to have its principal office located in a HUBZone for up to 10 years from the date of the investment, as long as the business maintains the long-term lease or continues to own the property upon which the principal office designation was made, and as long as that location continues to be the business' principal office. - A business is not eligible for this provision if its principal office was located in a Redesignated Area or Qualified Disaster Area at the time of the investment. However, if a business' principal office was in a location that was both a qualifying area (e.g., Qualified Census Tract) and a non-qualifying area (e.g., Redesignated Area) at the time of the investment, the business would be eligible for this provision. - A business is not eligible for this provision if its principal office is shared with one or more other businesses. - A business is not eligible for this provision if its principal office is a home office (e.g., a location that also serves as a personal residence).	The business' principal office is located in a HUBZone. The business' principal office is no longer located in a HUBZone but is eligible to continue to be deemed to be located in a HUBZone pursuant to the long-term investment provision. The business does not meet the HUBZone program's principal office requirement.

Certification Renewal Individual Questionnaire

4.1	Has SBA already approved your business' long-term investment?		Yes No
5.1	The business represents that the principal office is eligible for the long-term investment provision because:		The business represents that it owns a principal office that is no longer in a HUBZone but that is eligible to continue to be deemed to be located in a HUBZone pursuant to 13 CFR 126.200(c)(1). [Yes/No] The business represents that it purchased the building in which its principal office is located on [enter date] and that on that date, the principal office was located in a Qualified HUBZone. The business represents that it has entered into a long-term lease of at least 10 years for a principal office that is no longer in a HUBZone but that it is eligible to continue to be deemed located in a HUBZone pursuant to 13 CFR 126.200(c)(1). [Yes/No] The business represents that the lease term for the location which serves as its principal office is [enter date] to [enter date] and that on that date, the principal office was located in a Qualified HUBZone.
6.1	The business represents that the address of its principal office at the time of its most-recent certification anniversary date was (enter full address)	Principal office means the location where the greatest number of the concern's employees at any one location perform their work.	[Text Box]
		"Legacy Employee" Provision: An employee who no longer resides in a HUBZone may continue to be counted as a HUBZone resident employee if he/she: resided in a HUBZone for at least 180 days prior to the business' certification (or recertification) occurring after December 26, 2019; continued to live in a HUBZone for at least 180 days immediately after certification (or recertification); and has remained an employee of the business (i.e., worked at least 40 hours per month) since that time. This provision only applies to employees who resided in a Qualified Census Tract, Qualified Non-Metropolitan County, Indian Reservation, Qualified Base Closure Area, or Governor-Designated Covered Area during the relevant time periods (i.e., 180 days before and 180 days after the business' certification or recertification). - This provision does not apply to employees who resided in a Redesignated Area or Qualified Disaster Area during the relevant time periods. However, if the employee resided in a location that was both a qualifying area (e.g., Qualified Census Tract) and a non-qualifying area (e.g., Redesignated Area), this provision would apply. - A business is only eligible for this provision if it has a principal office in a Qualified Census Tract, Qualified Non-Metropolitan County, Qualified Base Closure Area, Indian Reservation, or Governor-Designated Covered Area. - A business is not eligible for this provision if its principal office is located in a Redesignated Area or a Qualified Disaster Area. However, if a business' principal office is in a location that is both a qualifying area (e.g., Qualified Census Tract) and a non-qualifying area (e.g., Redesignated Area), the business would be eligible for this provision.	At least 35% of its employees reside in a HUBZone, without the inclusion of HUBZone Legacy Employees. At least 35% of its employees reside in a HUBZone, with the inclusion of HUBZone Legacy Employees. The business is performing a HUBZone contract and is attempting to maintain compliance with the HUBZone residency requirement and at least 20% of the business' employees currently reside in a HUBZone, without the inclusion of HUBZone Legacy Employees. The business is performing a HUBZone contract and is attempting to maintain compliance with the HUBZone residency requirement and at least 20% of the business' employees currently reside in a HUBZone, with the inclusion of HUBZone Legacy Employees. The business does not meet the HUBZone employee residency requirement.

Certification Renewal Individual Questionnaire

		HUBZone contracts are contracts awarded to a certified HUBZone small business concern regardless of the place of performance, through any of the following procurement methods: (a) Sole source awards to certified HUBZone small business concerns; (b) Set-aside awards, including partial set-asides, based on competition restricted to certified HUBZone small business concerns; (c) Awards to certified HUBZone small business concerns through full and open competition after a price evaluation preference is applied to an other than small business in favor of certified HUBZone small business concerns; (d) Awards based on a reserve for certified HUBZone small business concerns in a solicitation for a Multiple Award Contract (see 125.1); or (e) Orders set-aside for certified HUBZone small business concerns under a Multiple Award Contract that was awarded in full and open competition.	
7.1	The business represents that it meets the program's HUBZone employee residency requirement because:		
8.1	The business represents that at the time of its most-recent certification anniversary date, the total number of employees of the business was:		[Numeric Text Box]
9.1	The business represents that it will make good faith efforts to "attempt to maintain" (see 13 CFR 126.103) having 35% of its employees reside in a HUBZone during the performance of any HUBZone contract it	Attempt to maintain means making substantive and documented efforts, such as written offers of employment, published advertisements seeking employees, and attendance at job fairs and applies only to concerns during the	Yes No
10.1	The business represents that it will immediately notify SBA if it fails to "attempt to maintain" during the performance of any HUBZone contract it is awarded.		Yes No
11.1	The business represents that it will notify SBA immediately if it merges with, acquires, or has been acquired by another business since the date of its HUBZone certification.		Yes No
8(a)-Specific Assumptions:			
1. System will pull the following business information from SAM.gov into UCP to be displayed/shown to both the internal and external user:			
A. Principal Place of Business			
B. Phone Number			
2.1	Have there been any changes to businesses affiliated with the 8(a) participant business?	Concerns and entities are affiliates of each other when one controls or has the power to control the other, or a third party or parties controls or has the power to control both. It does not matter whether control is exercised, so long as the power to control exists. SBA considers factors such as ownership, management, previous relationships with or ties to another concern, and contractual relationships, in determining whether affiliation exists.	Yes No
2.1.1	If yes, please provide detail of the change.		[Text Box]
3.1	Are there any pending adverse actions against your business?	Adverse actions include any lawsuits, delinquent taxes, bankruptcy actions, creditor disputes, and any other action that could negatively impact your business.	Yes No
3.1.1	If yes, what is the current status of the adverse actions?		[Text Box]
4.1	Have you paid for outside help getting federal contracts in the last program year?	If you used outside assistance to help you get a federal contract, you must submit SBA for 1790 every 6 months. https://www.ecfr.gov/current/title-13/section-124.4	Yes No
4.1.1	If yes, please upload a report that includes a listing of any agents, representatives, attorneys, accountants, consultants, and other parties (other than employees) receiving fees, commissions, or compensation of any kind to assist you in seeking to obtain a Federal contract.	https://www.sba.gov/document/sba-form-1790-representatives-used-and-compensation-paid-services-connection-obtaining-federal-contracts	[Document Upload]
1.1	Identify any changes to the following in the past program year:		[Select all that apply] Your ownership in other companies Household Federal employment Household SBA employment delinquency in the payment of Federally guaranteed obligations, business tax liens, or personal tax obligations
1.1.1	If yes to change in your ownership in other companies, please provide your Title/Role with the other business, Business Name, UEI (if applicable), NAICS/Primary Industry, and Ownership Percentage.		[Table Input]
1.1.3	If yes to change in household Federal employment, please explain the circumstances of the change.	If you or a member of your household has a new The Federal Acquisition Regulation Subpart 3.6 places restrictions on Federal Government employees which may prevent your business from acquiring contracts or create conflicts of interest. In addition, there are limitations on SBA's ability to provide assistance to government employees. Reference 13 CFR 105.301.	[Document Upload]
1.1.4	If yes to change in household SBA employment, please explain the circumstances of the change.	If yes, your application will need to be reviewed by the Standards of Conduct Committee before a final eligibility decision is made. Reference 13 CFR 105.301- Assistance to officers or employees of other Government organizations.	
1.1.5	If yes to change in delinquency in the payment of Federally guaranteed obligations, business tax liens, or personal tax obligations, please provide the Type of Delinquency, Status of Delinquency (e.g. dismissed, satisfied), Proof of Compliance with repayment plan (if applicable), Evidence of Deferred payment status (if applicable)		[Table Input]
2.1	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?		Yes No
			Yes No

Certification Renewal Individual Questionnaire

3.1	Have you been arrested in the past six months for any criminal offense?		
1.1	Have you or any of your employees participated in Empower to Grow assistance, such as training, in the past program year?	Pursuant to 15 U.S.C. 636(j)(13)(F), eligible Participants may receive surplus Federal Government property from State Agencies for Surplus Property. If you have received surplus property, provide a description in the text box below.	Yes No
1.2	If yes, check boxes to identify types of assistance provided:		Government Contracting Marketing Human Resources Financial condition Management Other + [Text Box]
2.1	Have you received any Federal surplus property as a benefit of your participation in the 8(a) Program in the last program year?		Yes No
1.1	Briefly describe your business and what makes it successful. Please include the following: - Your mission statement - The product(s) or service(s) you provide - Basic information about your business's leadership team, employees, and locations you operate in	Please include a clear summary of where the business has come from, where it is now, and where it wants to go.	[Text Box]
1.2	What would you like your business to accomplish during your participation term, specifically in regards to your government goals and objectives? There may be many things you wish to achieve, but what are the TOP FOUR goals you have for your business?		Multiselect (up to four) Increase Revenue Expand the Products and/or Services You Can Provide Increase Your Access to Federal Contracting Be More Competitive in the Free Market Build Your Entrepreneurial Knowledge Diversify Your Sources of Revenue Create Jobs Build Generational Wealth Give Back to Your Community Get Acquired by Another Business Other
2.1	Is your business selling a product or service?		Select (radio buttons) Product Service Both
2.2	What is your business fiscal year end date?		Date (month & day only , No YEAR)
2.3	What equipment do you have to support the growth of your business? What equipment do you still need?		[Text Box]
2.4	What quality control procedures does your company have in place (if any)?		[Text Box]
2.5	[Optional] What SECONDARY NAICS codes are your business capable of performing? Select all that apply.		[Text Box]
3.1	Please describe succession plans for your business. How would the business be managed in your absence?		[Text Box]
3.2	Who are the key members of your business's leadership team and what are their titles?	The text box description is required, but please upload related resumes and organizational charts, if available.	[Text Box]

Certification Renewal Individual Questionnaire

3.3	[Optional] Upload any related resumes or organizational charts, if available.		[Document Upload]
3.4	Please rate the following statement: My business meets all of its business staffing needs.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
4.1	Please provide your business's revenue from your business's last financial fiscal year.		[Numeric Text Box]
4.1.1	Upload Business Tax Return for business last financial fiscal year		[Document Upload]
4.2	Consider the operation and maintenance costs for your business. How do you meet the financial needs of your business?		[Text Box]
4.3	What is the current financial situation of your business? Does your business have adequate access to capital to meet its short-term (12 months) needs and goals?		[Text Box]
4.4	[Optional] Upload short-term (12 months) forecasted income statements, cash flow statements, and/or capital expenditure budgets, if available. Please be as specific as possible and provide quarterly - or even monthly - projections.		[Document Upload]
4.5	What potential changes or future predictions do you foresee for your business's long-term financial outlook (for the next 3+ years)?		[Text Box]

Certification Renewal Individual Questionnaire

4.6	[Optional] Upload documents related to the long-term (next 3+ years) prospective financial outlook for your business, if available. Include forecasted income statements, cash flow statements, and capital expenditure budgets.		[Document Upload]
4.7	Are you required to have surety bonding? For example, construction businesses often need bonding.		Yes No I'm not sure
4.7.1	If yes, what is your business current individual bonding capacity ?		[Numeric Text Box]
4.7.2	If yes, what is your business current aggregate bonding capacity?		[Numeric Text Box]
4.8	Please rate the following statement: My business has sufficient working capital.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
5.1	Do you have a Mentor Protégé Agreement?		Yes No
5.1.1	If yes, what is the name of the mentor business?		[Text Box]
5.2	Has your company received any revenues from participating in any 8(a) Joint Ventures in the last program year?		Yes No
5.2.1	If yes, how much revenue did your company receive from each JV?		[list name(s) of JV and UEI]
5.2.2	Do you have teaming agreements?		Yes No
5.3	[Optional] What (if any) other resource partners has your business used?		Multiselect Small Business Development Center (SBDC) Women's Business Center (WBC) Veteran's Business Outreach Center (VBOC) SCORE Apex Accelerator (formerly Procurement Technical Assistance Center (PTAC))
5.4	Please rate the following statement: I would be interested in information about external resources (i.e. lenders or local organizations) that could help support my business.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
6.1	What is the size/scope of contracts that your business can currently manage?		Less than \$250,000 \$250,000 - \$1 million \$1 million - \$3 million \$3 million - \$4.5 million \$4.5 million - \$6.5 million More than \$6.5 million
6.2	Where is your current customer base located? (Locally, at the state level, nationally, etc.)		Local State National Other [Text Box]

Certification Renewal Individual Questionnaire

6.3	Where would you like to expand your customer base?		[Text Box]
6.4	Forecast the dollar value of contracts to be sought under the 8(a) program for the next program year.		[Numeric Text Box]
6.5	Forecast the dollar value of contracts to be sought on a non-8(a) competitive basis for the next program year.		[Numeric Text Box]
6.6	Please rate the following statement: I feel confident that my forecasted contracting goals are achievable for my business.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
7.1	What is the current market for your business's products/services?	Describe your primary competitors and how your company compares with those competitors.	[Text Box]
7.2	What is your strategy for promoting your business in the current market?	Define your products/services (if applicable), pricing, and credit/collection practices.	[Text Box]
7.3	Which federal agencies would you like to market your business's products/services to as an 8(a) program participant?		[Search field] + [multi-select dropdown list]
7.4	How will you market your business to achieve a healthy mix of both 8(a) AND non-8(a) contracts?		[Text Box]
7.5	[Optional] Upload your business's marketing plan, if available.		[Document Upload]
7.6	Please rate the following statement: My business has a strategy for contract capture/marketing.		Strongly Disagree Disagree Neither Disagree nor Agree Agree Strongly Agree
8.1	Strengths: What are the unique characteristics or abilities that give your business its competitive advantage?	Think of the things you believe your business does better than most or that consistently enable it to meet its goals.	[Text Box]
8.2	Weaknesses: What are the areas that you know your business can improve on?	Think of anything within your business that hinders its ability to meet all of its goals or effectively compete in the market.	[Text Box]
8.3	Opportunities: What external factors could possibly be leveraged to the benefit of your business?	Examples might include emerging market trends or changes in customer needs.	[Text Box]
8.4	Threats: What external factors could possibly harm your business and you should prepare for?	Examples might include changes in regulations, new competition, or disruptions to the market.	[Text Box]
9.1	[Optional] Do you have any additional comments that you would like to add to your business plan?	This may include any supplementary information you feel will help the SBA know more about your business or goals.	[Text Box]
9.2	[Optional] Upload any additional documentation you feel will help the SBA know more about your business or goals.		[Document Upload]
10.1	Have you uploaded the business' most recent capability statement detailing your current contract performance capabilities?	Link to capability statement upload on dashboard	Yes No

Certification Renewal Individual Questionnaire

10.1.1	If no, please upload your business' most recent capability statement.	Link to capability statement upload on dashboard	[Document Upload]
11.1	Enter all revenue earned in your last PROGRAM YEAR per your business' financial statements, including revenue earned through joint ventures.	Examples of non-8(a) work include: - Non-government/commercial contracts and subcontracts - Government work outside of an 8(a) award - Multiple award schedule contracts not offered through the 8(a) program Examples of 8(a) work include: - 8(a) prime contracts for federal government (not subcontracts) - 8(a) task orders on multiple award schedules - 8(a) contracts awarded to 8(a) joint ventures Reference: 13 CFR 124.509(c)(i)	[Enter revenue from 8(a) sales] [Enter revenue from non-8(a) sales]
12.1	Have you performed work on any 8(a) contracts in the past program year?		Yes No
13.1	List all salaries, bonuses, advances, loans, distributions, dividends, or any other payment paid in the last program year to your business' owners, officers, directors, managers or any business that has an ownership or management interest in the 8(a) Participant.	Withdrawals are excessive if in the aggregate during any fiscal year of the Participant they exceed: - \$250,000 for businesses with sales up to \$1,000,000; - \$300,000 for businesses with sales between \$1,000,000 and \$2,000,000; and - \$400,000 for businesses with sales exceeding \$2,000,000	[Text Box]
14.1	Upload the business' most recent year-end financial statements or consolidated financial statements from your controlling entity if they include detail for the business.	Upload annual financial statements based on your business' revenue *Companies with over \$10 million in revenue must submit annual financial statements prepared by a licensed CPA within 120 days of the fiscal year-end. *Companies with \$2-\$10 million in revenue may submit annual financial statements prepared and signed by a licensed CPA within 90 days of the fiscal year-end. *Companies with less than \$2 million in revenue may submit in-house annual statements signed and dated by a CPA or an authorized officer, partner, limited liability member, or sole proprietor of the company within 90 days of the fiscal year-end.	[Document Upload]
15.1	Detail the benefits that your Tribe/NHO/ANC/CDC has provided to its tribal/native/community in the last fiscal/calendar/program year/other:	If your controlling entity reports all benefits, select the following box to skip this question *Monetary donations *Social programs *Cultural programs *Beneficiary outreach and communication (newsletters, informational meetings, gatherings, and annual meetings of Native or community members) *Death benefits (may include funeral benefits, life insurance proceeds, and potlatch funds) *Scholarship programs *Life skills programs *School program support *Apprentice programs & interim programs *Training programs (may include Board, Tribal Council, and management training and mentor programs) *Land management programs *Subsistence programs (e.g., agricultural farming) *Resource management and enforcement *Water management	Dollar Value and text box for each benefits category Required dollar amount and optional text box Required dollar amount and optional text box Required dollar amount and optional text box
15.2	Health, Social and Cultural Support		
15.3	Education and Development		
15.4	Lands		

Certification Renewal Individual Questionnaire

		*Investment in new businesses *Community infrastructure *Support to small business entrepreneurs *Housing assistance *Energy assistance	
15.5	Economic and Community Development		Required dollar amount and optional text box
15.6	Employment	*Total number of jobs directly or indirectly created *Employment assistance and support *Federal and state tax payments *Investment or payments made for the support of elder trusts or settlement trusts *Investment or payments made towards permanent funds or restricted funds *Dividends paid *Increase in the value of equitable interest	Required dollar amount and optional text box
15.7	Taxes and Investments		Required dollar amount and optional text box
15.8	Other		Required dollar amount and optional text box
15.9	Provide a narrative description of any other success stories or benefits provided that can not be summarized as a dollar value:		[Text Box]