Month / Day/Year

8(a) ANNUAL UPDATE

Under 15 USC 636(j)10) each Program Participant is required to submit a business plan to SBA as condition of participation and to review that plan with the Agency annually. SBA is collecting this information to ensure continuing eligibility for participation in the 8(a) Business Development Program to the requirements listed in 13 CFR 124.112.

All information collected will be protected to the extent permitted by law, including the Freedom of Information Act, (5 U.S.C. 552), Privacy Act (5 U.S.C. 555a) and the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401).

1. <u>Business Information:</u>

The following fields have been filled	with information from SBA records, please review and	correct the pre-filled data and enter missing d	ata as appropriate.
Case No.:	SBA Customer Number:	CCR/DSBS Last Updated:	
8(a) Approval Date:	Transition Stage Date:	8(a) End Date:	
Company Name:			
Address:			
City:	St	ate:ZIP:	
E-mail Address:	Phone No.:	FAX No:	

- 2. <u>Personal Financial Information</u>: A Personal Financial Statement, SBA Form 413, must be completed and submitted for each disadvantaged owner upon whom 8(a) certification was based. Each individual reporting must also include their most recent tax return, including all schedules, attachments and supporting 1099 forms. [13 CFR 124.112 (b) (3)]
- 3. <u>Annual Compensation Data</u>: A record of all payments, compensation, and distributions (including loans, advances salaries and dividends) made by the participant to each of its owners, officers or directors, or to any person or entity affiliated with such individuals. Use Individual Compensation Worksheet, Attachment A. [124.112 (b) (5)]
- 4. <u>Transferred Assets</u>: A record from each individual claiming disadvantaged status regarding the transfer of assets for less than fair market value to any immediate family member or to a trust any beneficiary of which is an immediate family member, within two years of the date of this annual review. [124.112 (b) (4)] Have any assets been transferred since last review. Yes No I if yes, please explain on a separate sheet of paper.
- 5. <u>Business Tax Return</u>: A copy of the participant firm's most recent year-end business tax return including all schedules and attachments and a completed copy of IRS Form 4506, request for copy or transcript of Tax Form must be included with this 8(a) annual update. [124.112 (b) (7)]
- 6. <u>Business Structure/Ownership Changes</u>: Have there been any changes in the Partnership Agreement, Articles of Incorporation, By-Laws or stock issues since your firm was certified for 8(a) participation that have not been previously reported to SBA? Yes No I If yes, please submit information about those changes with this annual update. [124.112 (a)]
- 7. <u>Adverse Actions</u>: Are there any pending adverse actions (such as lawsuits, delinquent taxes, bankruptcy filings, creditor problems, contract disputes, etc.) which may affect your business operation? Yes No I If yes, please explain on a separate sheet of paper. [124.112 (b) (2)]
- 8. <u>Business Financials</u>: Copy of latest firm's Balance Sheet and Income Statements.
- 9. <u>Access to credit and Capital</u>: List all loans, lines of credit or other sources of capital available to the participant firm. [124.302 (b) (3)]

9. Continued:

			Da	te of Loan:		
Purpose of Lo						
Original Amou	nt: \$					
Line(s) of Cre	dit: Provide the follo	wing information fo	or each lin	e of credit.		
Source:			Da	te of Loan:	Month / Day /Year	
Purpose of Lo	an:					
Original Amou	nt: <u>\$</u>	Balanc	e: <u>\$</u>		Status of Loan:	
Secured by:					_	
Other Sources	of Capital: Please	list all other sources	of capita	l available t	o participant firm.	
Source:			Da	te of Loan:	Marth / Dev Ware	
	an:				Month / Day /Year	
Purpose of Lo					Month / Day /Year	
Purpose of Lo Original Amou	an:	Balanc	ce: <u>\$</u>		Month / Day /YearStatus of Loan:	
Purpose of Lo Original Amou Secured by:	an: nt: <u>\$</u>	Balanc	e: <u>\$</u>		Month / Day /YearStatus of Loan:	
Purpose of Lo Original Amou Secured by: Terms	an: nt: <u>\$</u>	Balanc	e: <u>\$</u>		Month / Day /YearStatus of Loan:	
Purpose of Lo Original Amou Secured by: Terms	an: nt: <u>\$</u>	Balanc	e: <u>\$</u>		Month / Day /YearStatus of Loan:	
Purpose of Lo Original Amou Secured by: Terms	an: nt: <u>\$</u>	Balanc	ee: <u>\$</u>		Month / Day /YearStatus of Loan:	
Purpose of Lo Original Amou Secured by: Terms Bonding Infor	an: nt: <u>\$</u> : : <u></u> : If a constru-	Balanc	ee: <u>\$</u> eurrent bor Aggre	nding limit? gate: <u>\$</u>	Month / Day /Year Status of Loan: ? [124.302 (b) (4)]	
Purpose of Lo Original Amou Secured by: Terms <u>Bonding Infor</u> Single job: <u>\$</u> Individual Sure	an: nt: <u>\$</u> : : <u></u> : If a constru-	Balanc	ee: <u>\$</u> eurrent bor Aggre	nding limit? gate: <u>\$</u>	Month / Day /Year Status of Loan: ? [124.302 (b) (4)]	
Purpose of Lo Original Amou Secured by: Terms Bonding Infor Single job: <u>\$</u> Individual Sure Is SBA guarant Business Activ affecting price ex	an:	Balanc	ee: <u>\$</u> eurrent bor Aggre porate Tre Yes er provide	nding limit? gate: <u>\$</u> easury Liste □ No e a report of	Month / Day /Year	odifi
Purpose of Lo Original Amou Secured by: Terms: Bonding Infor Single job: <u>\$</u> Individual Sure Is SBA guarant; Business Activ affecting price exthe program year	an:	Balanc	ee: <u>\$</u> eurrent bor Aggre porate Tre Yes er provide below, to	nding limit? gate: <u>\$</u> easury Liste D No e a report of tal of all no	Month / Day /Year Status of Loan: [[] [] [] [] [] [] [] [] [] [] [] [] [odifi

How many competitive solicitations (private, federal, state or local) have you responded to within the last program	How m	nany competiti	ve solicitations (priva	ate, federal, state o	or local) have you res	sponded to within	the last program ye	ar?
---	-------	----------------	-------------------------	-----------------------	------------------------	-------------------	---------------------	-----

	Commercial:	Local government:	State government:		
	Federal Non-8(a):	Federal 8(a):	Total:		
	Please explain on a separate shee	t of paper the efforts made by your fir	n to pursue non-8(a) sales during th	ne last program year.	
13.	<u>Number of Employees</u> : Plea	se indicate how many employees you	nave.		
	Full time Part tim	e as of Month/Day/Year			
14.	Mentor/Protégé: For the program mentor/protégé agreement? [124.520 Worksheet:	n year being reviewed were you a par]	icipant in an SBA approved or any ease complete Attachment "B" Mer	approved ntor/Protégé	
15.	Joint Venture: Are you a particip	ant in a joint venture (JV) agreement(For each joint venture indicate:	s)? [124.513]		
	JV Partner	JV Name	Award date Prime G	Contract #	
16.	Taxes: Indicate taxes your firm Federal: \$		by jurisdiction:		
17.	forecast must include the aggrega	cipant must annually forecast its needs te dollar value of 8(a) contracts broke lar value of non-8(a) contract; the typ	n down by sole source and competin	tive opportunities	
	Sole Source Competitive Total <u>Total Forecast (includes both 8</u>	8(a) Forecast	Non-8(a) Forecast		

Briefly identify the types of contract opportunities sought.

Transition Management Plan

Beginning in the first year of the transitional stage of program participation (years 5 through 9) each participant must annually submit a transition management strategy to be incorporated into its business plan. This transition management strategy must describe: 124.403 ©

How you plan to meet the applicable non-8(a) business activity targets, imposed by 124.509 during the transitional stage. [124.403 (c) (1)]

Indicate the specific steps you intend to take to continue business growth and promote profitable business operations after the expiration of your program term. [124.403 (c) (2)]

CERTIFICATIONS

PARTICIPANT FIRMS OWNED BY INDIAN TRIBES, ALASKA NATIVE CORPORATIONS, NATIVE HAWAIIAN ORGANIZATIONS OR COMMUNITY DEVELOPMENT CORPORATIONS SHALL CERTIFY THEY MEET ALL THE 8(a) PROGRAM ELIGIBILITY REQUIREMENTS AS SET FORTH IN 13 CFR 124.112 TO THE EXTENT THAT THEY ARE NOT INCONSISTENT WITH 124.109, 110 AND 111.

PARTICIPANT FIRMS NOT OWNED BY THOSE ENTITIES SPECIFIED ABOVE SHALL CERTIFY THEY MEET THE REQUIREMENTS OF 13CFR 124.101 THROUGH 124.108.

I CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS 8(a) ANNUAL UPDATE, ATTACHMENTS, AND THE PERSONAL FINANCIAL STATEMENT IS TRUE, CORRECT AND ACCURATE.

Signature of President, Partner or Proprietor

Date

INDIVIDUAL COMPENSATION WORKSHEET

<u>Annual Compensation Data</u>: To be provided for each proprietor, partner, officer, director, and each stock holder owning 10% or more of the company stock. Annual compensation includes all payments, compensation, and distributions, including loans, advances, salaries and dividends. Each individual reporting must include a signed and dated copy of their most recent tax return, including all schedules and attachments. In addition, all supporting 1099 forms must be provided. If a filing extension has been requested, provide a copy of IRS Form 4868, Individual extension request, and a copy of their most recently signed and dated tax return. Tax information provided may be verified with IRS.[124.112(b)(5)]

Name:	Title:	(Ownership %
Company Name:		SI	3A Customer Number:
Loans: Does your firm have any outstanding loan. Source:			
Original Amount: <u>\$</u>		Month/E	Day/Year y:
Terms:	Pu	rpose of Loan:	
Annual Compensation:			
Salary	\$		
Bonus(es)	\$		
Advances	\$		
Dividends	\$		
Distributions	\$		
Other compensation, please specify	\$		
	\$		
	\$		
Total Compensation for period of	Month/Dav/Year	Through	\$
Total Compensation for previous	s year ending	//Day/Year	\$

MENTOR/PROTÉGÉ WORKSHEET

Your firm participated in or continues to participate in an any approved mentor/protégé agreement with whom:

Date this agreement was approved:	Period of agreement:
Is your firm the mentor i or the protégé ? If your firm is the protégé,	the following information must be provided. [124.520 (f)]
List all technical and/or management assistance provided by the mentor to	the protégé.

List all loans to and/or equity investments made by the mentor in the protégé.

List all subcontracts awarded to the protégé by the mentor and the value of each subcontract.

List all federal contracts awarded to the mentor/protégé relationship as a joint venture (designating each as an 8(a), small business set aside, or unrestricted procurement), the value of each contract, and the percentage of revenue accruing to each party to the joint venture.

Provide a narrative describing the success such assistance has had in addressing the developmental needs of the protégé and addressing any problems encountered.

The protégé must annually certify to SBA whether there has been any change in the terms of the mentor protégé agreement. If there were no changes, please state so, or if there were changes, please indicate.

PLEASE NOTE: The estimated burden for completing this form is 2 hours. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0205). **PLEASE DO NOT SEND FORMS TO OMB**.