



SMALL BUSINESS ADMINISTRATION

OMB Approved 3245-0225
Exp. Date: 9/30/2007

APPLICATION FOR CERTIFICATE OF COMPETENCY

PART I

Items 1-10 to be Completed by SBA

COC Case Number: _____

1. U.S. Small Business Administration (Office)

Basis of Referral:

Capacity Credit T&P Int.
[] [] [] []

Procurement Designation (IFB, RFP or other number)

Restricted [] Unrestricted []

2. Next Low Bidder -- Whether large or small business, price difference.

3. Name and Address of Contracting Agency

Buyer _____
Phone _____
C/O _____
Phone _____

a. Quantity _____
b. Increase Option _____
c. Unit Price _____
d. Total Bid _____
e. Progress Payments Available? _____

4. Name of Company, Address (Street, City State, ZIP Code)

Principal Company Officials (Attach Resumes)
Name Title

5. Telephone No. (Include Area Code) County:

6. Work Performance Location, if different from the above address (Street, City, State, ZIP Code)

Functions at Location

7. Telephone No. (Include Area Code) County:

Contact Name:

8. Brief Description of Solicited Items or Services

9. What are contract delivery and special provision requirements of contract.

10. Applicants directly related experience to solicited items/services

11. Percentage of Government contracts in relation to total sales over 3 yrs

% Attach a list of all current commercial contracts and all government contracts for past 3 years.

Table with 6 columns: Number of Employees, Without CoC Contract, With CoC Contract, Hours of Work, Without CoC Contract, With CoC Contract. Rows include Administrative and Management, Production, Other, Total, and sub-rows for No. of Shifts, Hours per Shift, Employees per Shift, Days per Week, Total Manhours per week.

13. Are special skills required? [] Yes [] No Are Employees with necessary skills available? [] Yes [] No

FACILITIES AND EQUIPMENT

14. Facility Area in sq. ft.	Present	Add'l. for CoC Contract	List Machinery & Equipment required for this CoC Contract currently available. List separately additional equipment to be acquired. Use separate sheet if necessary.
(1) Administrative			
(2) Manufacturing			
(3) Storage - inside			
- outside			
(4) Other - (specify)			
Total			

15. Give percentage (dollarwise) of Inventory on hand for the proposed contract _____ %.

16. Total amount of proposed contract to be subcontracted \$ _____ %.

PLANT LOADING AND PRODUCTION SCHEDULES

17. Total Projected Plant Load Chart (Use a separate line for each existing and proposed contract and each item of present and projected commercial production. Show start and finish of each item by drawing a line between the month or week started and the month or week to be finished. Use separate spread sheet if greater detail is needed to evaluate capacity.)

Schedule Periods are in Months. Weeks.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. Commercial																								
B. Government																								
C.																								
D. CoC Application Contract																								

Present explanation for production and scheduling overlaps; explain delinquent contracts

COST ANALYSIS

18. Check basis Unit Price, Total Contract

Direct Material _____	Contingencies _____
Direct Labor _____	Other (Specify) _____
Overhead _____	
Subcontracting _____	Profit _____
G & A _____	Total _____

SBA USE ONLY

19. Based on data contained in the foregoing and in the attached enclosures a CoC is I Concur
 Recommended Not Recommended I Do Not Concur (State reasons in items)

By _____

Signature _____

Title _____

Date _____

Reviewing Official _____

Title _____

Date _____

Please Note: The estimated burden for completing this form is 8 hours per response. You are not 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 (3245-0225). **PLEASE DO NOT SEND FORMS TO OMB.**

PART II

1. Name of Applicant _____

CoC Case # _____

2. Type of Business (Check)

- | | |
|---|---|
| <input type="checkbox"/> Individual Ownership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other
(Explain) |

3. Date Establishment of Business

Month _____ Year _____

FINANCIAL STATEMENT

A. **THE FOLLOWING MUST BE FILLED OUT OR ITS EQUIVALENT ATTACHED**

Balance Sheet As Of _____, _____, Fiscal Year Ends _____
(Statement must be dated within 90 days of the filing of this application. Omit \$.00)

Audited or Unaudited: _____ Prepared By: _____

ASSETS		LIABILITIES	
Cash on Hand and in Banks	\$ _____	Accounts Payable for Merchandise	\$ _____
* Notes Receivable		Notes Payable - Payments Due Within One Year	
* Accounts Receivable (Trade)	\$ _____	To Banks	
Less Reserve for Doubtful Accounts		For Merchandise	
Inventories (How valued - Cost <input type="checkbox"/> or Market <input type="checkbox"/>)		To Officers, Directors and Stockholders	
Finished	\$ _____	To Others	
Stock in Process		Mortgages Payable - Payments Due Within One Year	
Raw Material		Contracts Payable - Payment Due Within One Year	
* Other Current Assets		* Accounts Due Officers or Stockholders	
Total Current Assets		Accounts and Notes Due Affiliates	
<u>Cost</u> <u>Depr.</u>		Income Taxes	
Land		Withholding and Other Taxes	
Buildings		* Other Accruals	
Mach. & Equip.		* Other Current Liabilities	
F & F		Total Current Liabilities	\$ _____
Autos & Trucks		Notes Payable - Payments Due After One Year	
Net Fixed Assets (Cost Less Depr.)	\$ _____	Mortgages Payable - Payments Due After One Year	
* Due from Affiliates or Subsidiaries		Contracts Payable - Payments Due After One Year	
* Due from Officers, Directors, and Stockholders		SBA Loan - Payments Due After One Year	
Life Insurance (Cash Surrender Value)		* Other Liabilities	
* Other Assets		Total Liabilities	\$ _____
Total Assets	\$ _____	Capital Stock Outstanding	\$ _____
		Earned Surplus	\$ _____
		Capital Surplus	\$ _____
		Capital Account (If individual or partnership)	
		Total Liabilities and Net Worth	\$ _____

* ITEMIZE ON A SEPARATE SHEET ALL ITEMS MARKED WITH AN ASTERISK.

Contingent Liabilities: Accounts or notes receivable discounted or sold with endorsement or guarantee and all other contingent liabilities, including terms of any leases, should be explained on a separate sheet. Also, describe any pending or imminent litigation, claims against U.S. Government or others. Give present status.

Ageing	<u>Accounts Receivable</u>	<u>Accounts Payable</u>
Under 30 days	\$ _____	\$ _____
30 - 60 days	_____	_____
60 - 90 days	_____	_____
90 - 120 days	_____	_____
Over 120 days	_____	_____
Uncollectible	_____	_____
Totals	\$ _____	\$ _____

Contracts, Notes and Mortgages Payable:	<u>Original Amt.</u>	<u>Present Balance</u>	<u>Rate of Interest</u>	<u>Maturity</u>	<u>Monthly Payment</u>	<u>Security</u>
<u>To Whom Payable</u>						

State Specific Sources for funds to finance this proposed contract:
(Attach letters of Credit if necessary) and your Personal-
Financial Statements

COMPARATIVE STATEMENTS OF SALES, PROFIT OR LOSS, ETC. Detailed Profit and Loss Statements Must Be Attached

	Fiscal Year Ends (Give Date): MM/DD/YY			
If a Corporation, Use This Block:				to date
Net Sales (Gross sales less returns and allowances)				
Depreciation				
Income Taxes				
Compensation of Officers (Included in expenses)				
Net Profit (After depreciation and Income Taxes)				
Dividends Paid				
If a Partnership or Proprietorship, Use This Block:				to date
Net Sales (Gross sales less returns and allowances)				
Depreciation				
Withdrawals (For Income Taxes)				
Personal Withdrawals by Owner or Partners				
Net Profit (After depreciation and withdrawals)				

B. MANAGEMENT

Information to be furnished as to each officer, partner, or proprietor of applicant

<u>Name</u>	<u>% of Ownership</u>	<u>Net Worth Outside of Applicant</u>
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PART III CERTIFICATION AND AGREEMENT

In order to comply with the provisions of Section 13 of the Small Business Act, the applicant does hereby certify to and agree as follows:

- A. In the event SBA issues the Certificate of Competency herein applied for, then for a period of two years from the date upon which such Certificate shall have been issued, the applicant and his subsidiaries and affiliates agree to refrain from employing, tendering any office of employment to, or retaining for professional services, any person who, on such date, or within one year prior thereto, shall have served as an officer, attorney, agent, or employee of SBA occupying a position or engaging in activities which SBA shall have determined involve discretion with respect to the granting of assistance under the above Act.
- B. The names of all attorneys, accountants, appraisers, engineers, consultants, agents, or other persons engaged by or on behalf of the applicant for the purpose of expediting this application or obtaining a Certificate of Competency and the fees and/or other compensation paid to any person, are as follows:

Name	Occupation	Address (Include Zip Code)	Compensation

- C. The names of any members of the National or District Small Business Advisory Council who have any direct or indirect financial interest whatsoever in the applicant (such interest to include any direct or indirect financial interest in any other business entity or enterprise which is, in any way, connected with the undersigned) are to the best of my knowledge, information, and belief as follows:

Name	Address (Include Zip Code)

- D. To notify SBA in writing within five (5) days of any changes in items B and C above.
- E. The applicant further agrees, in order to insure the continued recognition of the integrity of the SBA Certificate of Competency program if the Certificate of Competency herein applied for is issued, to permit authorized employees or representatives of SBA access to the applicant's financial, production, or other business records and to the applicant's facilities at all reasonable times during the performance of the contract described in item 8.
- F. That all the statements and all other information set forth in this application and in all exhibits and documents submitted with or in connection with this application are, to the best of the applicant's information and belief, true and correct and are submitted for the purpose of inducing SBA to grant a Certificate of Competency to the applicant. To the best knowledge and belief of the applicant, neither the applicant nor any key employee of applicant (of an individual or if individually owned) nor any officer, partner, or key employee of the applicant (if a corporation, partnership, firm or other business entity) is now or ever has been a member of any organization, party, association, movement, group, or combination of persons which advocates the overthrow or destruction of the Government of the United States of America, or of any organization, party, association, movement, group, or combination of persons which has adopted a policy advocating, approving, or encouraging commissions of acts of force or violence to bring about the overthrow or destruction of the Government of the United States of America.

Date _____,

Signature

NOTE: Corporate applicants must execute application in corporate name, by duly authorized officer, and partnership applicants must execute application in firm name, together with signature of a general partner.

Section 16 of the Small Business Act makes it a criminal offense punishable by fine of not more than \$5,000 or by imprisonment for not more than two (2) years, or both, to make a statement knowing it to be false or make any misrepresentation to the Small Business Administration for the purpose of influencing in any way the action of the Administration.