

## 8(a) ANNUAL UPDATE

### 1. Business Information:

\_\_\_\_\_  
Month / Day / Year

The following fields have been filled with information from SBA records, please review and correct the prefilled data and enter missing data as appropriate.

Case No.: \_\_\_\_\_ PRO-Net ID: \_\_\_\_\_ PRO-Net Profile Last Updated: \_\_\_\_\_

8(a) Approval Date: \_\_\_\_\_ Transition Stage Date: \_\_\_\_\_ 8(a) End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_ FAX No: \_\_\_\_\_

2. **Personal Financial Information:** 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. **Annual Compensation Data:** 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. **Transferred Assets:** 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   
If yes, please explain on a separate sheet of paper.
5. **Business Tax Return:** 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. **Business Structure/Ownership Changes:** 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  If yes, please submit information about those changes with this annual update. [124.112 (a)]
7. **Adverse Actions:** 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  If yes, please explain on a separate sheet of paper. [124.112 (b) (2)]
8. **Access to credit and Capital:** List all loans, lines of credit or other sources of capital available to the participant firm. [124.302 (b) (3)]

**Loan(s):** Provide the following information for each loan.

Source: \_\_\_\_\_ Date of Loan: \_\_\_\_\_  
Month / Day / Year

Purpose of Loan: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Status of Loan: \_\_\_\_\_

Secured by: \_\_\_\_\_

Terms: \_\_\_\_\_

**8. Continued:**

**Line(s) of Credit:** Provide the following information for each line of credit.

Source: \_\_\_\_\_ Date of Loan: \_\_\_\_\_  
Month / Day / Year

Purpose of Loan: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Status of Loan: \_\_\_\_\_

Secured by: \_\_\_\_\_

Terms: \_\_\_\_\_

**9. Other Sources of Capital:** Please list all other sources of capital available to participant firm.

Source: \_\_\_\_\_ Date of Loan: \_\_\_\_\_  
Month / Day / Year

Purpose of Loan: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Status of Loan: \_\_\_\_\_

Secured by: \_\_\_\_\_

Terms: \_\_\_\_\_

**10. Bonding Information:** If a construction firm, what is current bonding limit? [124.302 (b) (4)]

Single job: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Individual Surety: \_\_\_\_\_ Corporate Treasury Listed Surety: \_\_\_\_\_

Is SBA guaranty required? \_\_\_\_\_  Yes  No  Sometimes

**11. Business Activity Report:** On a separate sheet of paper provide a report of all non-8(a) contracts, options and modifications affecting price executed during the program year. Indicate below, total of all non-8(a) revenue and 8(a) revenue earned during the program year. [124.509 (c) (ii)]

This report will be made for the program year starting on \_\_\_\_\_ and ending \_\_\_\_\_.  
Month/ Day/ Year Month/ Day/ Year

Non-8(a) sales:	\$ _____	( _____ %)
8(a) sales	\$ _____	( _____ %)
Total sales	\$ _____	( _____ %)
for program year:	\$ _____	( 100 %)

How many competitive solicitations (private, federal, state or local) have you responded to within the last program year?

Commercial: \_\_\_\_\_ Local government: \_\_\_\_\_ State government: \_\_\_\_\_

Federal Non-8(a): \_\_\_\_\_ Federal 8(a): \_\_\_\_\_ Total: \_\_\_\_\_

Please explain on a separate sheet of paper the efforts made by your firm to pursue non-8(a) sales during the last program year.

12. Number of Employees: Please indicate how many employees you have.

Full time \_\_\_\_\_ Part time \_\_\_\_\_ as of \_\_\_\_\_  
Month/Day/Year

13. **Mentor/Protégé**: For the program year being reviewed were you a participant in a mentor/protégé agreement? [124.520(f)]  Yes  No If yes please complete Attachment "B" Mentor/Protégé Worksheet:

14. **Joint Venture**: Are you a participant in a joint venture (JV) agreement(s)? [124.513(h)]

Yes  No For each joint venture indicate:

JV Partner                      JV Name                      Award date                      Prime Contract #

15. Taxes: Indicate taxes your firm paid for fiscal year ending \_\_\_\_\_ by jurisdiction:  
Month/Day/Year

Federal:            \$ \_\_\_\_\_  
State:                \$ \_\_\_\_\_  
Local:                \$ \_\_\_\_\_

16. Contract Forecast: Each participant must annually forecast its needs for contract awards for the next program year. The forecast must include the aggregate dollar value of 8(a) contracts broken down by sole source and competitive opportunities where possible; the aggregate dollar value of non-8(a) contract; the types of contract opportunities identified by product or service. [124.403 (b)]

	<u>8(a) Forecast</u>	<u>Non-8(a) Forecast</u>
<b>Sole Source</b>	\$ _____	\$ _____
<b>Competitive</b>	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____

**Total Forecast (includes both 8(a) and Non-8(a)):** \$ \_\_\_\_\_

**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 124.507 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.

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Signature of President, Partner or Proprietor

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Date

## INDIVIDUAL COMPENSATION WORKSHEET

**Annual Compensation Data:** 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 \_\_\_\_\_ Case Number: \_\_\_\_\_

Loans: Does your firm have any outstanding loan(s) to you? Yes  No  If yes, please provide the following information for each loan.

Source: \_\_\_\_\_ Date of Loan: \_\_\_\_\_ Status: \_\_\_\_\_  
Month/Day/Year

Original Amount: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Secured by: \_\_\_\_\_

Terms \_\_\_\_\_ Purpose of Loan: \_\_\_\_\_

**Annual Compensation:**

Salary \$ \_\_\_\_\_

Bonus(es) \$ \_\_\_\_\_

Advances \$ \_\_\_\_\_

Dividends \$ \_\_\_\_\_

Distributions \$ \_\_\_\_\_

Other compensation, please specify \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Compensation for period of \_\_\_\_\_ Through \_\_\_\_\_ \$ \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Total Compensation for previous year ending \_\_\_\_\_ \$ \_\_\_\_\_  
Month/Day/Year

## MENTOR/PROTÉGÉ WORKSHEET

Your firm participated in or continues to participate in a mentor/protégé agreement with whom:

Date this agreement was approved: \_\_\_\_\_ Period of agreement: \_\_\_\_\_

Is your firm the mentor  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 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 3<sup>rd</sup> 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.**