



## 8(a) Participant Benefits Report

**1. The 8(a) Participant is owned by:**

- Indian Tribe     ANC     NHO     CDC

**The information in this report is provided by the:**

- 8(a) Participant     Parent Corporation     Wholly-Owned Holding Company     Wholly-Owned Business Entity of Tribe

**2. Name of 8(a) Participant:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. Report Point of Contact (Name):** \_\_\_\_\_

Title: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### SBA BENEFITS REPORTING CATEGORIES

Check the box to show areas of benefits provided for this reporting period.

**Name of Community/Tribe:** \_\_\_\_\_

- Category 1: Health, Social and Cultural Support (\$ \_\_\_\_\_ Estimate)
- Category 2: Education and Development (\$ \_\_\_\_\_ Estimate)
- Category 3: Lands (\$ \_\_\_\_\_ Estimate)
- Category 4: Economic and Community Development (\$ \_\_\_\_\_ Estimate)
- Category 5: Employment (\$ \_\_\_\_\_ Estimate)
- Category 6: Economic Benefits (\$ \_\_\_\_\_ Estimate)
- Category 7: Other (please specify) (\$ \_\_\_\_\_ Estimate)

\_\_\_\_\_  
\_\_\_\_\_

Total estimated financial contribution from 8(a) Participant: \$ \_\_\_\_\_

**Optional:** Additional benefits provided by the Parent Corporation or Holding Company Level include:

\_\_\_\_\_  
\_\_\_\_\_

**Optional:** Additional Parent Corporation or Holding Company Benefits: \$ \_\_\_\_\_ Estimate

**NOTE: 8(a) Participants may use a continuation sheet to provide any additional comments or information.**

### BENEFITS REPORTING FORM

**Details:**

Under 13 C.F.R. § 124.604 provides the following: As part of its **annual review submission**, each **8(a) Participant** owned by a Tribe, Alaska Native Corporation (ANC), Native Hawaiian Organization (NHO) or Community Development Corporation (CDC) must submit to SBA information showing how the Tribe, ANC, NHO or CDC has provided benefits to the Tribal or native members and/or the Tribal, native or other community due to the Tribe's/ANC's/NHO's/CDC's participation in the 8(a) Business Development program through one or more firms. Nevertheless, submission of the Benefits Reporting Form is the primary responsibility of each 8(a) Participant and failure to comply may result termination for the 8(a) BD Program in accordance with 13 C.F.R. § 124.303.

**Category 1 Examples: Health, Social and Cultural Support.** Contributions (established or funded) in the following categories, as applicable, made for the benefit of the Native or other communities.

- Monetary donations or contributions*
- Social programs*
- Cultural programs* (language revitalization, cultural camps, and after school programs).
- Beneficiary outreach and communication efforts* (newsletters, websites, conferences, informational meetings, gatherings, and annual meetings of Native or community members).
- Death benefits* (may include funeral benefits, life insurance proceeds, and potlatch funds).

**Category 2 Examples: Education and Development**

- Scholarship programs*
- Life skills programs*
- School program support*
- Apprentice programs & intern programs*
- Training programs* (may include Board, Tribal Council, and management training and mentor programs)

**Category 3 Examples: Lands**

- Land management programs*
- Subsistence programs (e.g., agriculture farming)*
- Resource management and enforcement*
- Water management*

**Category 4 Examples: Economic and Community Development**

- Investment in new businesses*
- Community infrastructure*
- Support to small businesses or entrepreneurs*
- Federal and state tax payments*
- Housing assistance*
- Energy assistance*

**Category 5 Examples: Employment**

- Total number of jobs* directly or indirectly created
- Employment assistance and support*

**Category 6 Examples: Economic Benefits**

- 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 the equitable interest*

**PLEASE NOTE:** You are not required to respond to this or any collection of information unless it displays a currently valid OMB approval number. The total estimated time for responding to this request for information, including time to read instructions and compile the information needed to respond to questions or prepare reports, is 30 minutes. Comments on the burden estimate 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 U.S. Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. **PLEASE DO NOT SEND COMPLETED FORMS TO OMB.**