



8(a) Application Preview





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Basic Eligibility

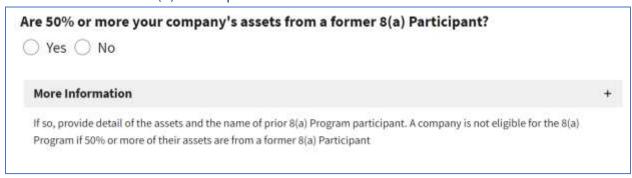
Revenue

nevenue .	
Has your company ever generated revenue?	
○ Yes ○ No ○ Not Applicable - Entity Owned	
More Information	+
Your company must demonstrate potential for success by showing that it has been in business in its primary industry for two years, or will need to request a waiver of this requirement. If your business has not yet generated revenues, you will not be successful in obtaini waiver. Reference: 13 CFR § 124.107.	
Please note that companies owned by Alaska Native Corporations, Tribes, Native Hawaiian Organizations, and Community Developme Corporations have special rules regarding potential for success. Therefore, if your company is entity-owned, select "Not applicable". Reference: 13 CFR §§ 124.109(c)(6), 124.110(g), and 124.111(f).	ent
Prior Company Participation	
Has your company ever participated in the 8(a) Program? Yes No More Information	wol.
A company can only participate in the 8(a) Program one time. This includes participation under another name, voluntary withdraw termination, or graduation. If your company has already used its one-time eligibility, your application will be automatically closed	
Prior Applicant 8(a) Participation	
Have you already used your one-time 8(a) eligibility to qualify a business for the 8(a) Program? Yes No More Information	+
An individual may only assert disadvantaged status to qualify one firm for the 8(a) Program. If you confirm that you have already used your one-time eligibility to qualify a business for the 8(a) Program, your application will be closed.	

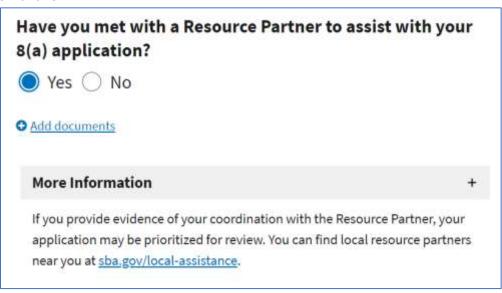




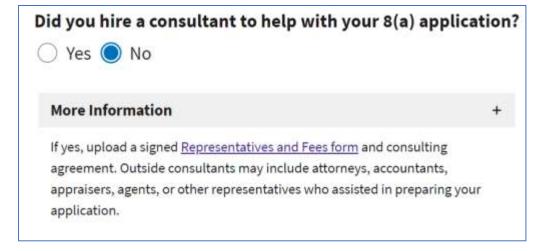
Assets from Former 8(a) Participant



Resource Partner



Outside Consultant





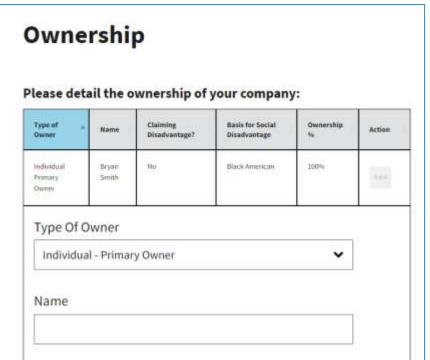


U.S. Citizenship



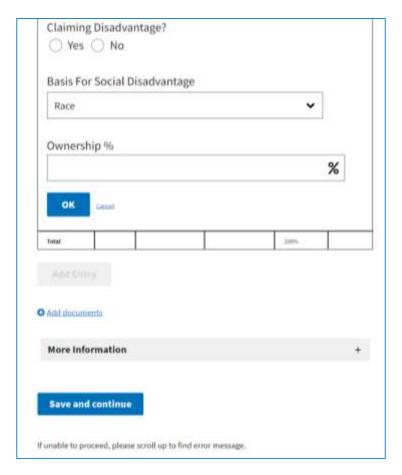
Ownership

Ownership Table

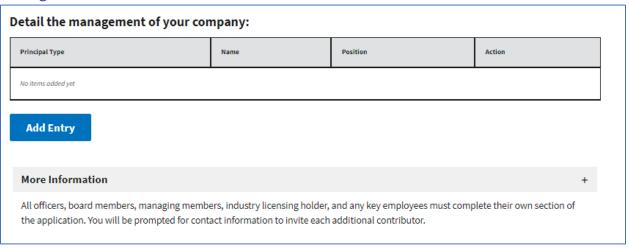








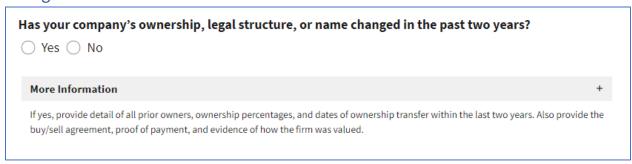
Management Table

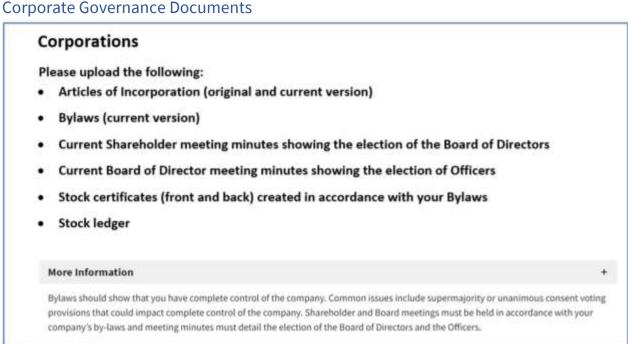






Change in Last Two Years





LLC Governance Documents

Partnership Governance Documents







Sole Proprietorship DBA



Certificate of Good Standing

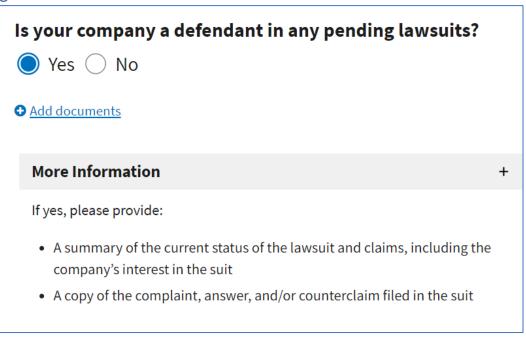




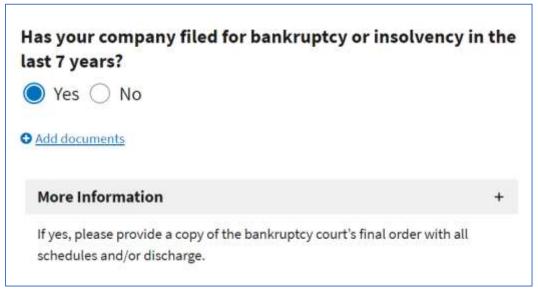


Character

Pending Lawsuits



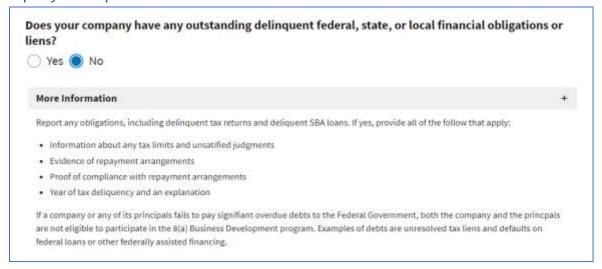
Company Bankruptcy





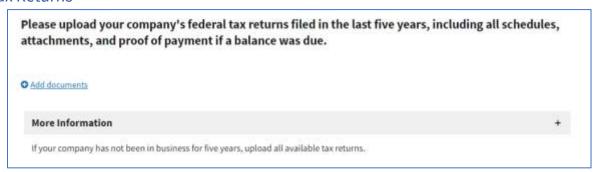


Company Delinquent Debt

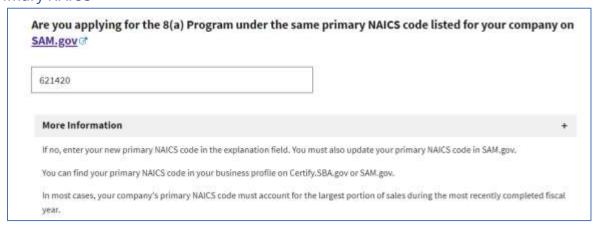


Potential for Success

Tax Returns



Primary NAICS



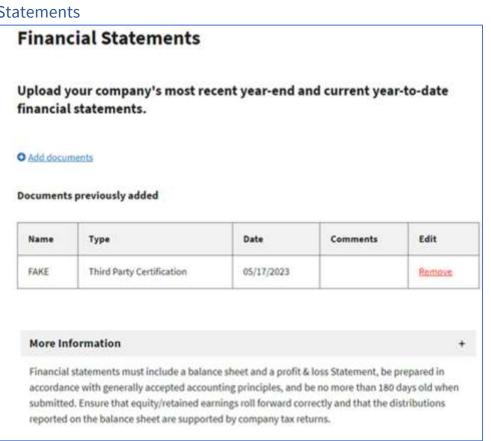
Two Year Tax Revenue







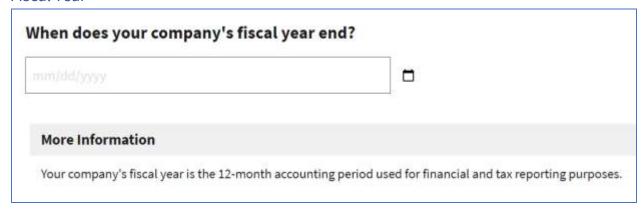
Financial Statements



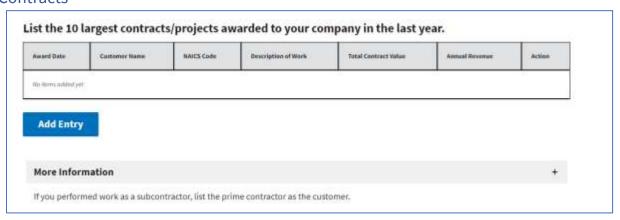




Fiscal Year



Contracts



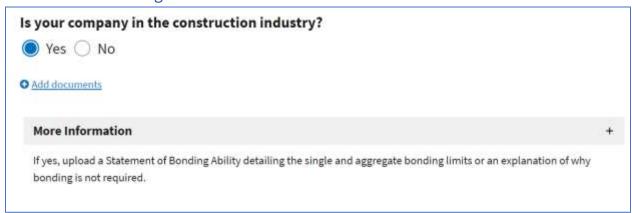
Industry Licensing







Construction Bonding



Control

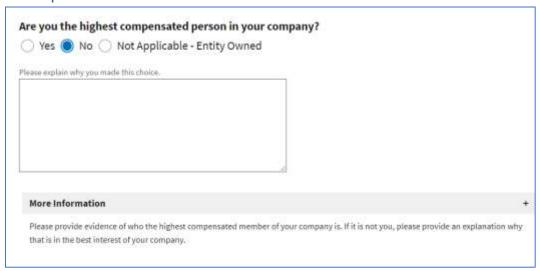
Control Agreements







Highest Compensation



Disadvantaged Applicant

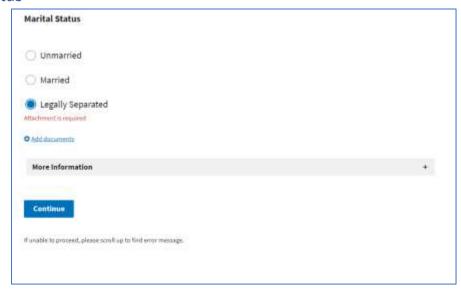
Gender







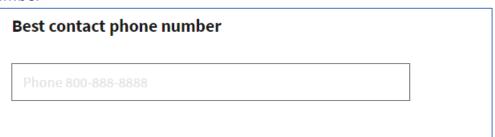
Marital Status



Social Security Number



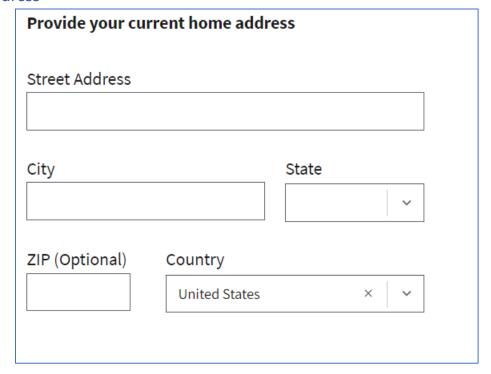
Phone Number







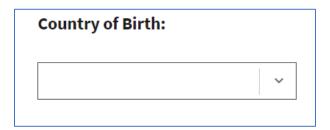
Home Address



Date of Birth



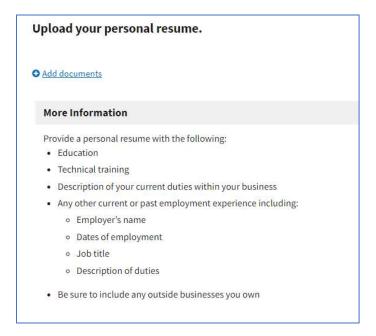
Country of Birth



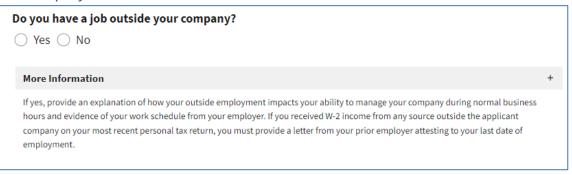




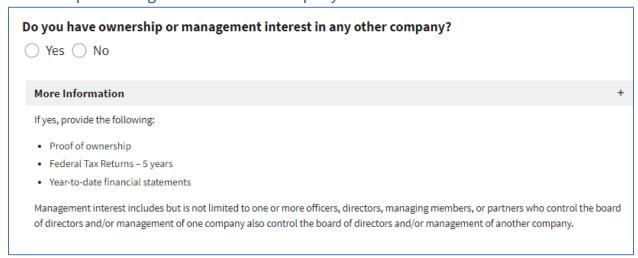
Resume



Outside Employment



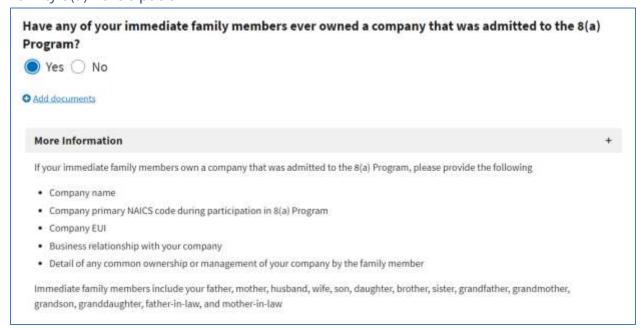
Ownership or Management of Other Company



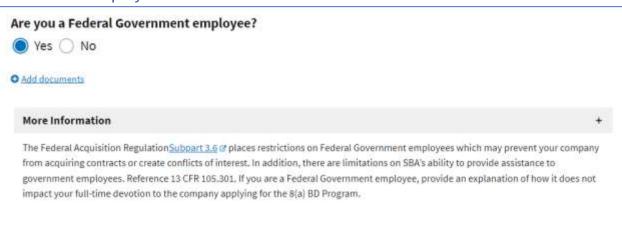




Family 8(a) Participation



DVD Federal Employment







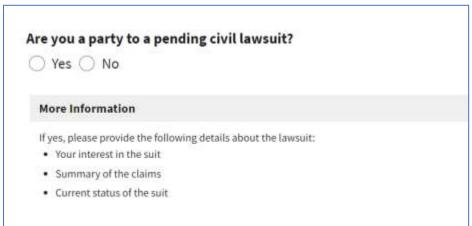
Household Federal Employment

Household Federal Employment Is any member of your household a Federal Government employee at or above a GS-13 or its equivalent or an SBA employee in any position? ○ Yes ○ No • Add documents More Information + If yes, and employed outside of SBA, provide a letter of no objection from the ethics official at the federal agency employing the member of your household. Reference 13 CFR § 105.301 - Assistance to officers or employees of other Government organizations. If your household member is an SBA employee, your application will need to be reviewed by the Standards of Conduct Committee before a final eligibility decision is made.

Personal Bankruptcy



Pending Civil Lawsuit







Delinquent Obligations

Are you delinquent in paying or filing any of the following:

• Federal or Federally guaranteed obligations (including Federal student loans)

• Business taxes or liens

• Personal Federal, State, or local tax returns

O Yes O No Please answer this question

More Information

If yes, please provide the following details and upload supporting documentation for EACH delinquency:

• Explanation of the delinquency

• Type of delinquency

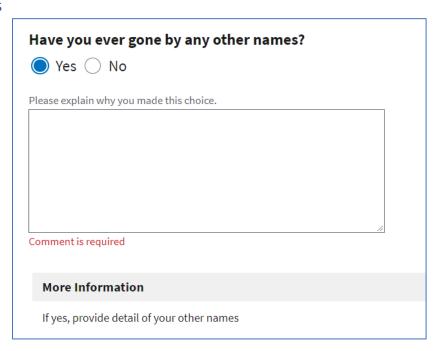
• Status of delinquency (e.g., dismissed, satisfied)

• Details of the repayment arrangement

• Compliance with repayment of taxes

• Deferred payment status for student loans

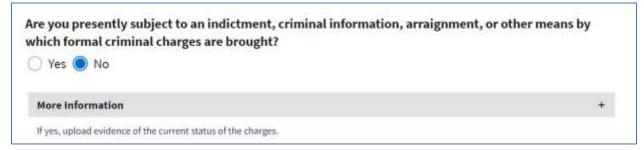
Other Names







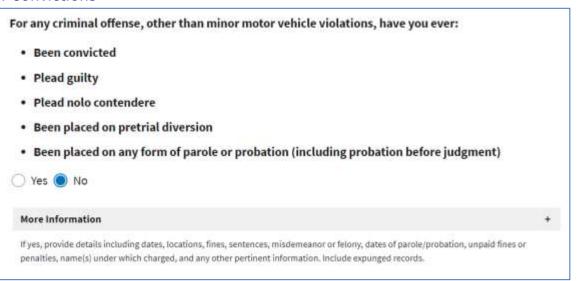
Current Charges



Recent Arrest



Prior Convictions







Social Disadvantage

Social Disadvantage

N/A Applicant is an entity owned firm

Eligibility for the program

The program defines "social disadvantage" as experiencing discrimination in the United States because of characteristics such as race, ethnicity, gender, gender identity, sexual orientation, disability, religion, long-term residence in a socially isolated community, or others. The social disadvantage stems from circumstances beyond a business owner's control.

Experiences that have affected your professional or business growth

To determine if you're eligible for the program, describe experiences when discrimination based on your identity affected the opportunities you had to advance your educational or professional career, or to create or expand your business.

Each owner of your business who has experienced social disadvantage must describe at least two experiences, but each owner is welcome to share more than two.

Submitting your Social Disadvantage Narrative

There are two options for demonstrating your social disadvantage eligibility:

Option 1: Submit your Social Disadvantage Narrative as a single document (file format as a PDF). Click the link to "Add documents" and upload your Social Disadvantage Narrative. For help writing your social disadvantage narrative please use the <u>Guide for Writing a Social Disadvantage Narrative</u>

Add documents

OR

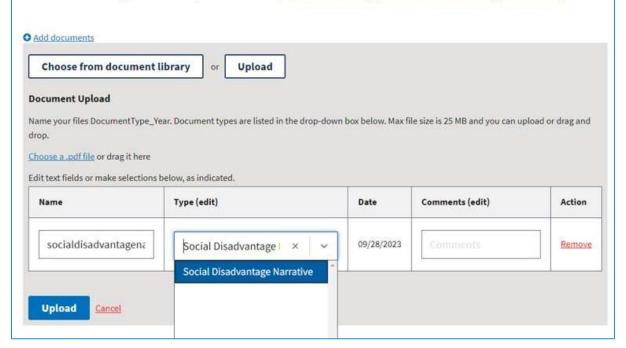
Option 2: Complete the "Experiences that have affected your business" form below.

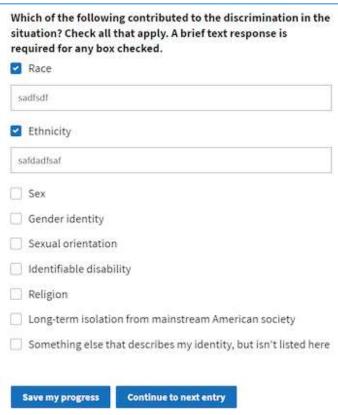
We know that it may be difficult to write about what you've experienced. Take your time as you describe the details, just remember to save your work every 30 minutes by clicking on the Save button after each section. (NOTE: This is important, so you don't lose your response. The Certify application times users out of the system after 30 minutes. It may take you longer than 30 minutes to complete the form.)





Option 1: Submit your Social Disadvantage Narrative as a single document (file format as a PDF). Click the link to "Add documents" and upload your Social Disadvantage Narrative. For help writing your social disadvantage narrative please use the <u>Guide for Writing a Social Disadvantage Narrative</u>.



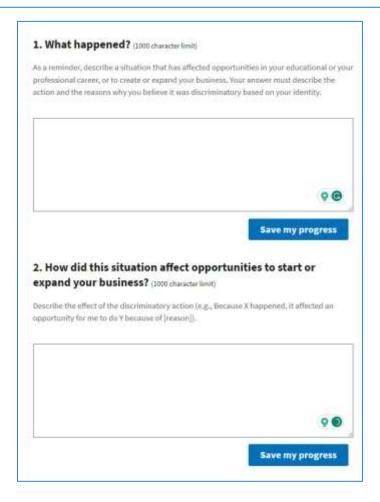






Option 2: Complete the "Experiences that have affected your business" form below.

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the s	nich of the following contributed to the discrimination in ituation? Check all that apply. A brief text response is ired for any box checked.
□ R	ace
☐ E	thnicity
□ S	ex
☑ G	ender identity
sadf	asdf
☐ S	exual orientation
□ lo	dentifiable disability
□ R	eligion
□ L	ong-term isolation from mainstream American society
□ s	omething else that describes my identity, but isn't listed here
	Save my progress





Based on wha	you remember, include a time period (e.g., spring semester in second year of
	n and year (e.g., Spring 2015), or exact date (e.g. May 15, 2015). Be as specific
5. Where	id it happen?
bank in Pittsb	cific place where it happened and the city and state/territory (e.g., Name of rgh, Pennsylvania or job training program in San Juan, Puerto Rico). As a ocation must be in the United States, including U.S. territories and military
5. Who co	ntributed to the discrimination? (200) character limits
nclude the pe	ntributed to the discrimination? (300 character limit) sple and/or organizations who took discriminatory action. It may have been nultiple people. Based on what you remember, include each person's role
include the pe one person or e.g., career ac	ple and/or organizations who took discriminatory action. It may have been nultiple people. Based on what you remember, include each person's role visor or loan officer) or exact name to the extent possible. Any names that yo
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Include the pe one person or (e.g., career ac	ple and/or organizations who took discriminatory action. It may have been nultiple people. Based on what you remember, include each person's role visor or loan officer) or exact name to the extent possible. Any names that you fidential and we will not contact the person for any reason.





Social Disadvantage Narrative 2

Social Disadvantage Narrative Experience 2

As we mentioned earlier, we know that it may be difficult to write about what you've experienced. Take your time as you describe the details, just remember to save your work every 30 minutes by clicking on the Save button after each section.

Submitting your Social Disadvantage Narrative

There are two options for demonstrating your social disadvantage eligibility:

Option 1: Submit your Social Disadvantage Narrative as a single document (file format as a PDF). Click the link to "Add documents" and upload your Social Disadvantage Narrative. For help writing your social disadvantage narrative please use the <u>Guide for Writing a Social Disadvantage Narrative</u>.

O Add documents

OR

Option 2: Complete the "Experiences that have affected your business" form below.

We know that it may be difficult to write about what you've experienced. Take your time as you describe the details, just remember to save your work every 30 minutes by clicking on the Save button after each section. (NOTE: This is important, so you don't lose your response. The Certify application times users out of the system after 30 minutes. It may take you longer than 30 minutes to complete the form.)

Expereince 2

Now, think of a second situation that has affected opportunities in your educational or your professional career, or to create or expand your business because of your race, ethnicity, gender, gender identity, sexual orientation, disability, religion, presence in a socially isolated community, or another characteristic.

The situation may have happened recently or a long time ago.

Next, answer the following questions to help us understand exactly what happened. Only describe situations that happened in the United States, including U.S. territories and military bases.



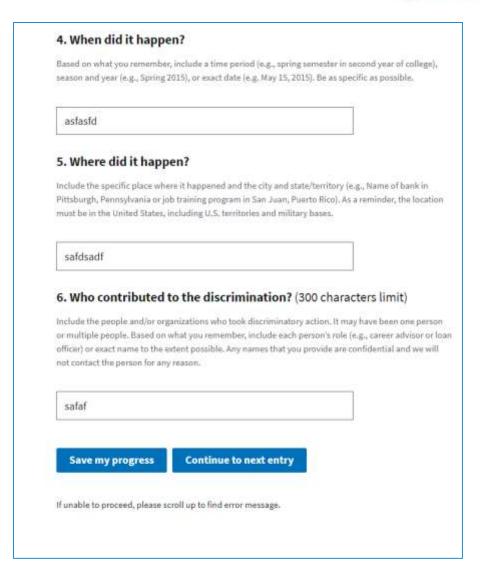


As a reminder, describe professional career, or t	ed? (1000 characters limit) a situation that has affected opportunities in your educational or your o create or expand your business. Your answer must describe the action and oil was discriminatory based on your identity.	sh
asfsafasfasdfsafda	of .	
-	Save my progress	
business? (1000 Describe the effect of the me to do Y because of Jr	e discriminatory action (e.g., Because X happened, it affected an opportunit	
business? (1000 Describe the effect of the	characters limit) e discriminatory action (e.g., Because X happened, it affected an opportunit	
business? (1000 Describe the effect of the me to do Y because of Jr	characters limit) e discriminatory action (e.g., Because X happened, it affected an opportunit	yi

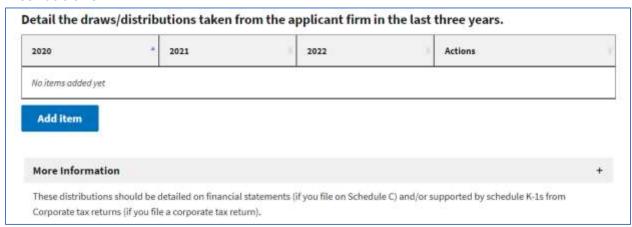
7	Race
57	ndfsdf
2	Ethnicity
Se	ofdadfsaf
	Sex
	Gender identity
	Sexual orientation
	Identifiable disability
	Religion
	Long-term isolation from mainstream American society
	Something else that describes my identity, but isn't listed here







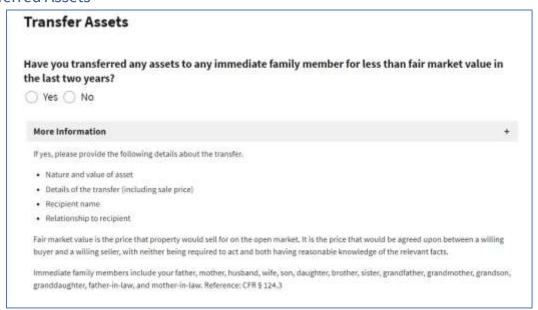
Distributions



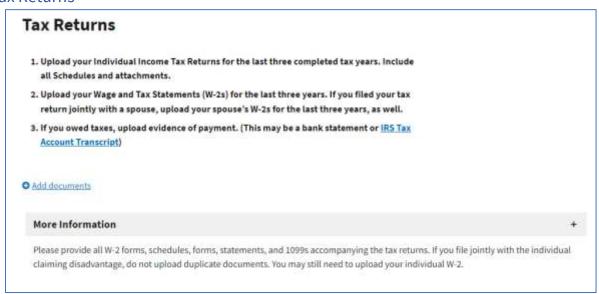




Transferred Assets



Tax Returns

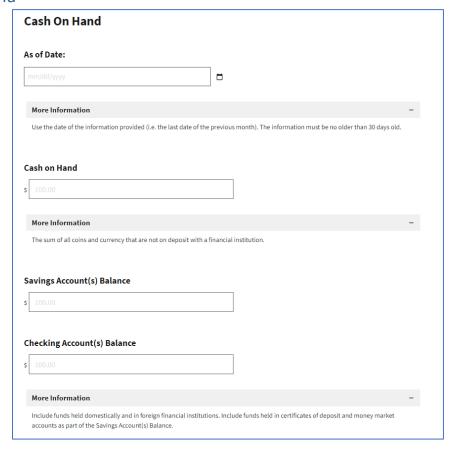






Financial Data

Cash on Hand







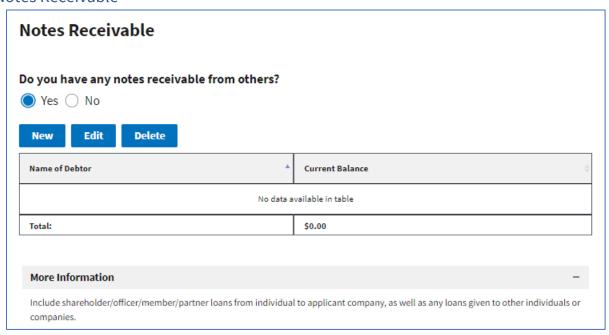
Other Sources of Income

Other Sources Of Income	
Salary	
100.00	
\$ 100.00	
More Information	_
Include yearly salary from applicant company or other salaried positions.	
Other Income	
Other Income	
s 100.00	
More Information	_
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.	
Equity in your company	
s 100.00	
3 100.00	
More Information	_
This is the value of your equity interest in your company. Use your company's current balance sheet to determine your equity interest. The property of the p	e
value of your equity interest equals the company's net worth multiplied by your ownership percentage.	
Varia Equitoria Other communica	
Your Equity in Other companies	
\$ 100.00	
More Information	_
This is the value of the individual's equity interest in companies other than your business. Use the companies' current balance sheets to determine the value of the individual's equity interests. The value of individual's equity interest equals the company's net worth multiplie	ed
by the individual's ownership percentage. The amount on this line should be the sum of the individual's equity interests in all companies	
other than your business.	

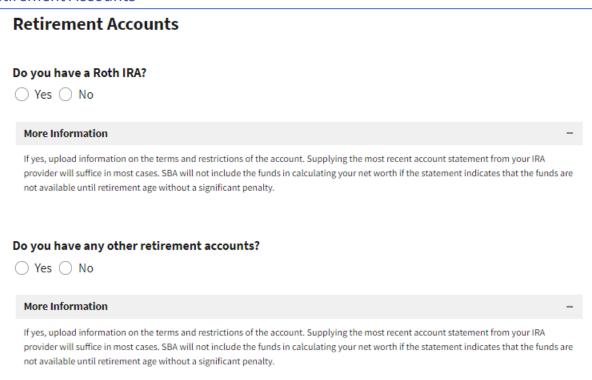




Notes Receivable



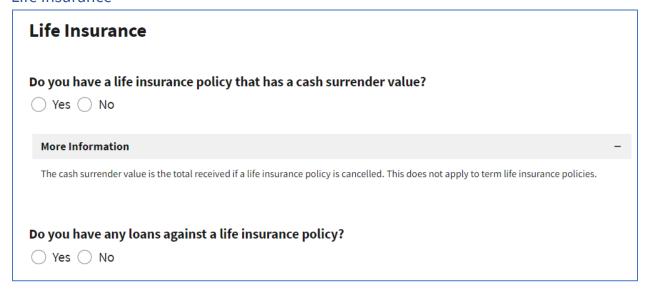
Retirement Accounts



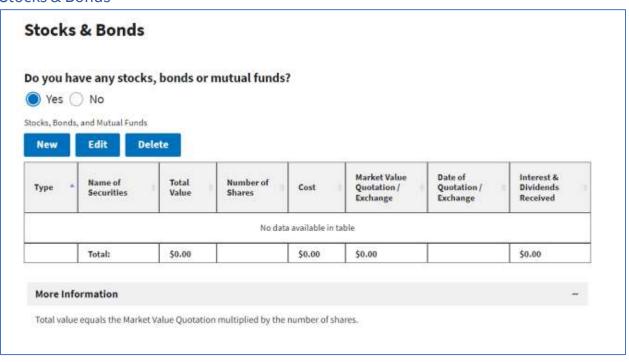




Life Insurance



Stocks & Bonds







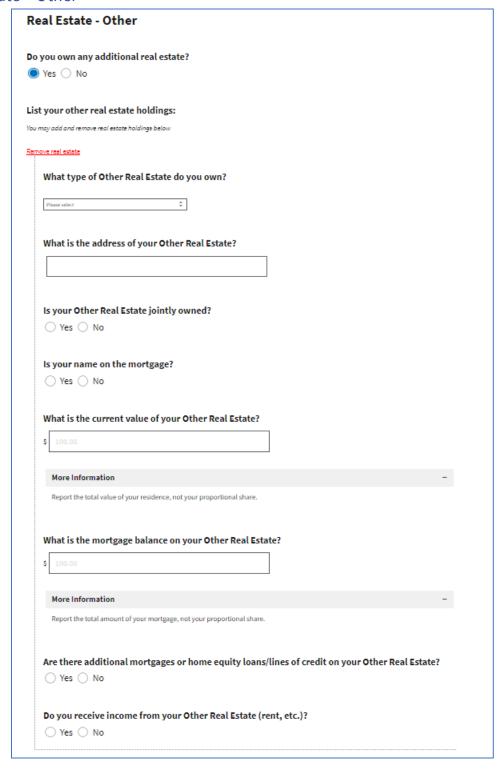
Real Estate - Primary Residence







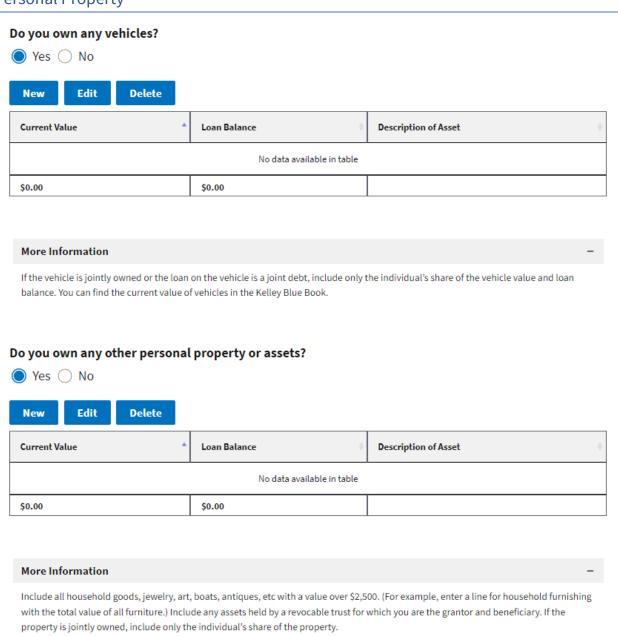
Real Estate - Other







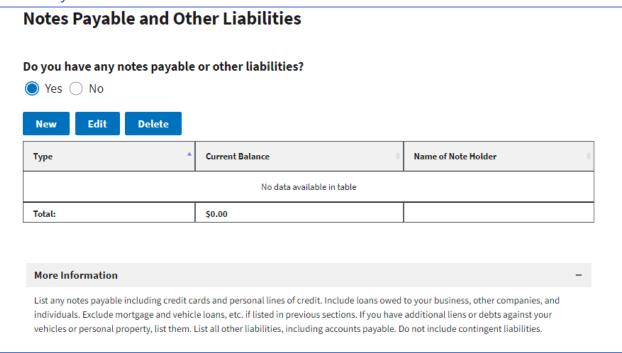
Personal Property



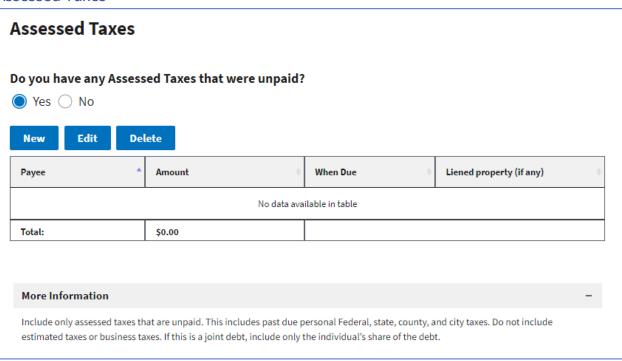




Notes Payable and Other Liabilities



Assessed Taxes







Personal Summary

Cash on Hand	30.00	Auto Payable & Other Liabilities	\$0.06
Savings Assmost(s) Balances	50.00	Installment Account (Auto)	30.00
Checking Account(s) Balances	50.00	Installment Account (Other)	50.00
Accounts & Notes Receivable	50.00	Lose(s) Against Life Insurance	50.00
BIA, 401K or Other Beltremont Account	50.00	Mortgage (Primary Besidence)*	10.00
Refe SA	\$0.00	Wortgages on office Small Estate	50.00
Cards Surrender Value of Whols Life Insurance	50.00	Unpaid Loves	50.00
Stocks and Bonds or Mutual Funds	50.00	Total Liabilities	\$0.00
Real Estate (Primary Residence)	50.00	Net Worth Total Assets - Total Liabilities	\$0.00
Other Real Estate	50.00		
Automobiles	50.00		
Other Personal Property/Assets	50.00		
Applicant's Business Equity	50.00		
Applicant's Equity in Office Firms	50.00		
Total Assets	\$0.00		

Sources of Income	
Salary	\$1.00
Investment Income	\$0.00
Real Estate Income	\$0.00
Other Income	\$1.00
IORE INFORMATION	
ortgage balances are adjusted to i	nclude any liens.
	nclude any liens.





Non-Disadvantaged Individual

General Information

Gender



Marital Status



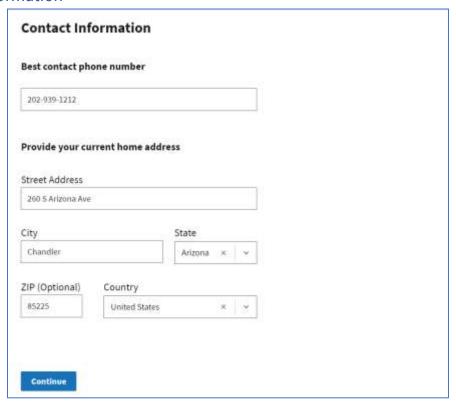
Social Security Number







Contact Information



Date and Place of Birth

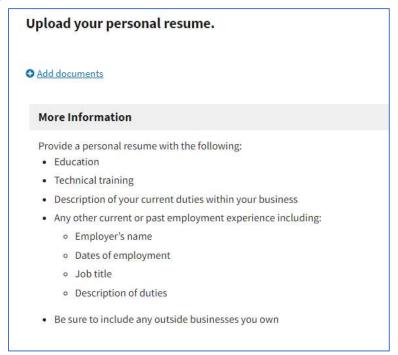






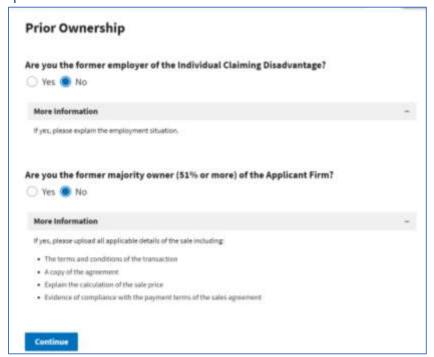
Resume

Upload Resume



Ownership and Control

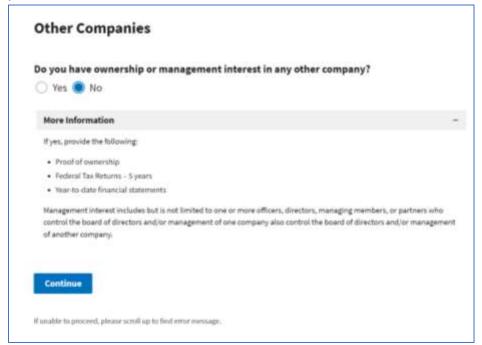
Prior Ownership





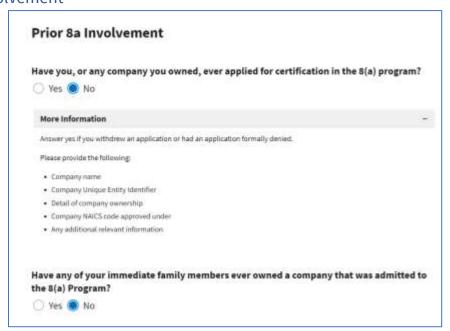


Other Companies



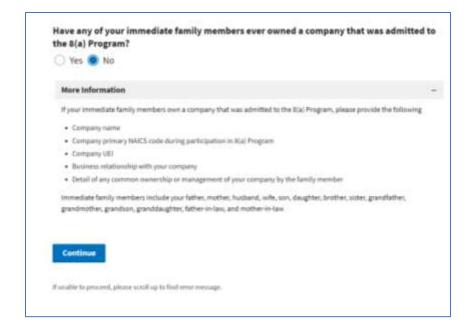
8(a) Program Eligibility

Prior 8a Involvement



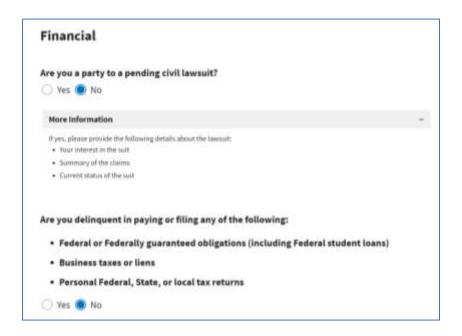






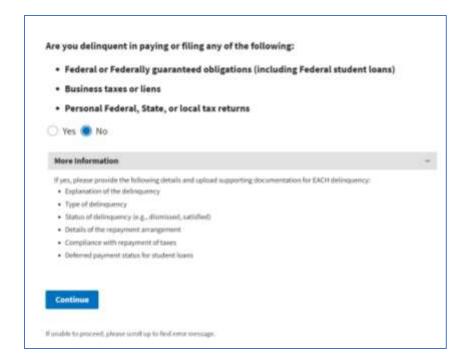
Character

Financial

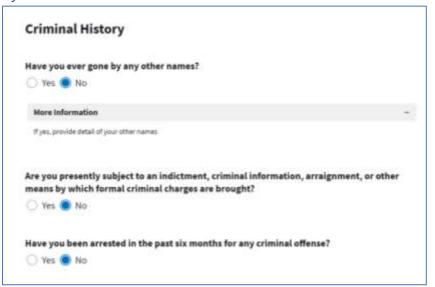








Criminal History







For any criminal offense, including expunged records:

Been convicted

Plead guilty

Plead nolo contendere

Been placed on pretrial diversion

Been placed on any form of parol or probation (including probation of judgement)

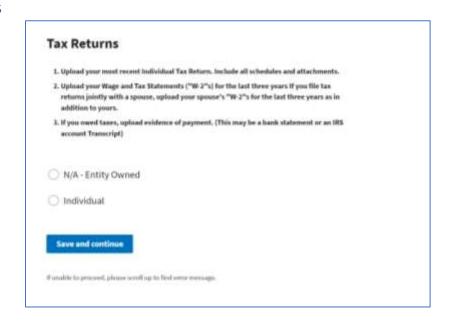
Yes No

Continue

Criminal History Documentation



Tax Returns







Review



Confirm

Please verify all the information in your application, and make sure you have attached all documents required. Once you click "Accept" on the following Signature page, you cannot edit fields or upload additional documents.

0k

<u>Cancel</u>





Signature

Signature

8(a) Business Partner



LIVE FLYER INC

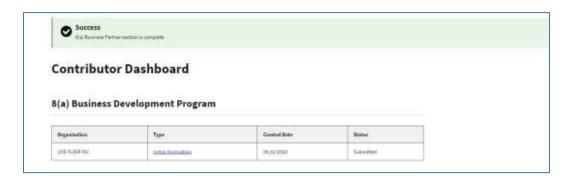
UEI: HV8MHDGACGX6

CAGE: 8AG91

Pursuant to 18 U.S.C. § 1001 and 15 U.S.C. § 645, any person who makes any false statement in order to influence the certification or continuing eligibility process in any way or to obtain a contract awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act, or any other provision of Federal Law that references section 8(a) or 8(d) for a definition of program eligibility, shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in 18 U.S.C. § 1001 and subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both, as stated in 15 U.S.C. § 645; (2) subject to suspension or termination as a Participant in the 8(a) Program; (3) subject to civil and administrative remedies, including suspension and debarment; and (4) ineligible for participation in programs conducted under the authority of the Small Business Act. I hereby certify that any information provided via my Username/Password pair has been reviewed by me personally and is true and accurate.

Continue

If unable to proceed, please scroll up to find error message.







Spouse

Gender



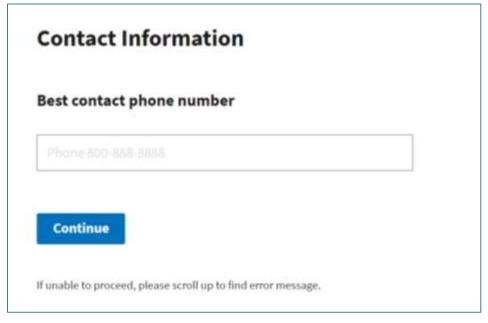
Social Security Number



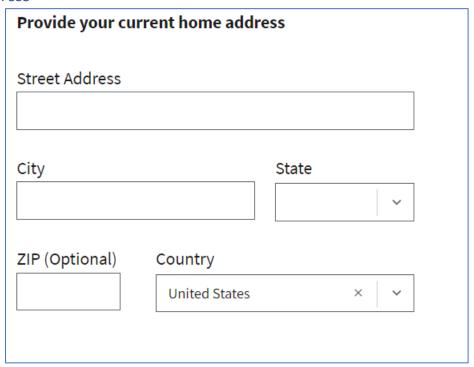




Contact Information/Phone Number



Home Address



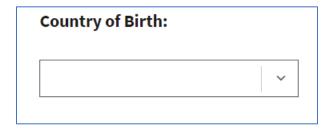




Date of Birth

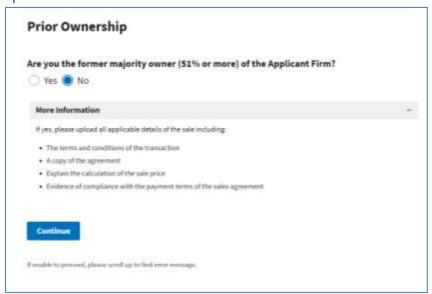


Country of Birth



Ownership and Control

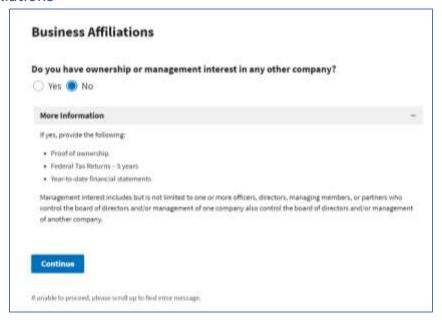
Prior Ownership





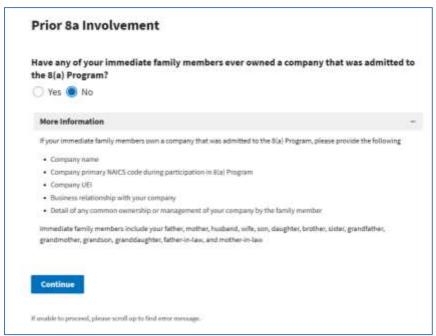


Business Affiliations



8(a) Program Eligibility

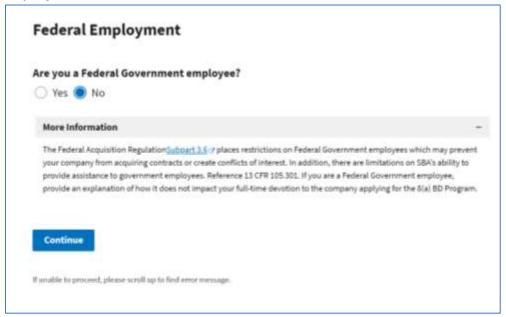
Prior 8(a) Involvement





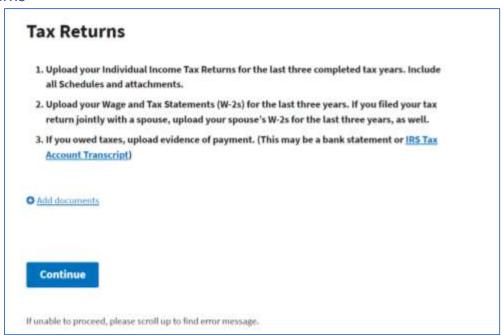


Federal Employment



Economic Disadvantage

Tax Returns

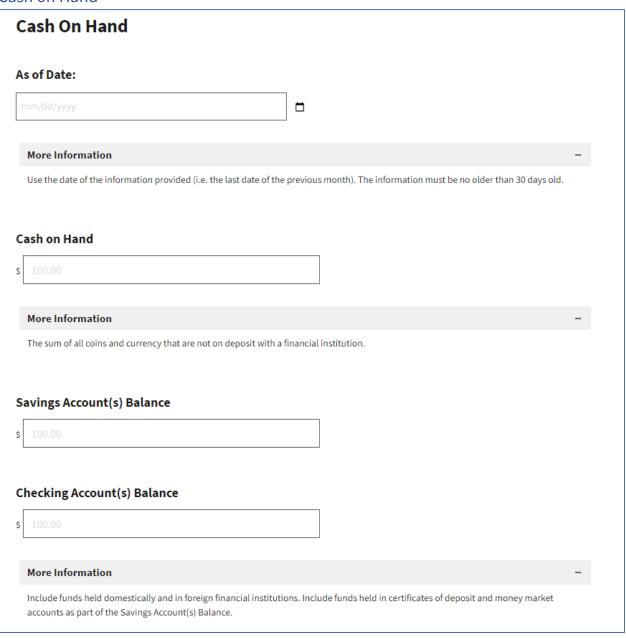






Financial Data

Cash on Hand







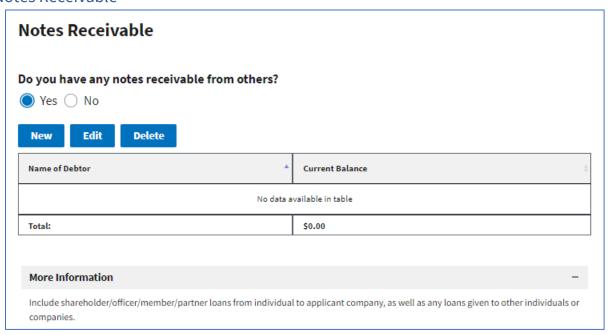
Other Sources of Income

Other Sources Of Income	
Salary	
s 100.00	
More Information	-
Include yearly salary from applicant company or other salaried positions.	
Other Income	
s 100.00	
More Information	_
lactude income from any other courses not identified alcourbon, such as estimated (consists or disphility income. Do not include	
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	n
"Other Income" unless it is desired to have such payments counted toward total income. If you have other income, please describe th	
source in the comment box.	
Equity in your company	
s 100.00	
More Information	_
This is the value of your equity interest in your company. Use your company's current balance sheet to determine your equity interest	The
value of your equity interest equals the company's net worth multiplied by your ownership percentage.	. The
Your Equity in Other companies	
\$ 100.00	
More Information	_
This is the value of the individual's equity interest in companies other than your business. Use the companies' surrent balance sheets	to
This is the value of the individual's equity interest in companies other than your business. Use the companies' current balance sheets determine the value of the individual's equity interests. The value of individual's equity interest equals the company's net worth multi	
by the individual's ownership percentage. The amount on this line should be the sum of the individual's equity interests in all compar	
other than your business.	

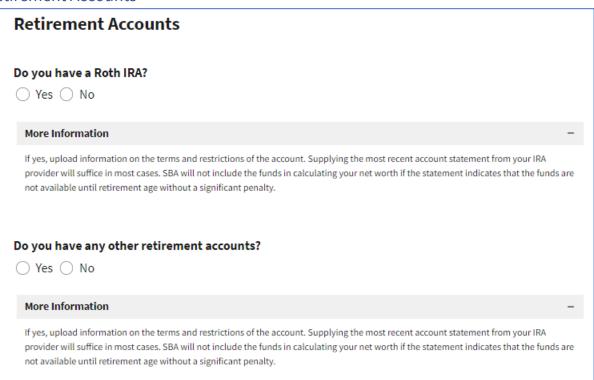




Notes Receivable



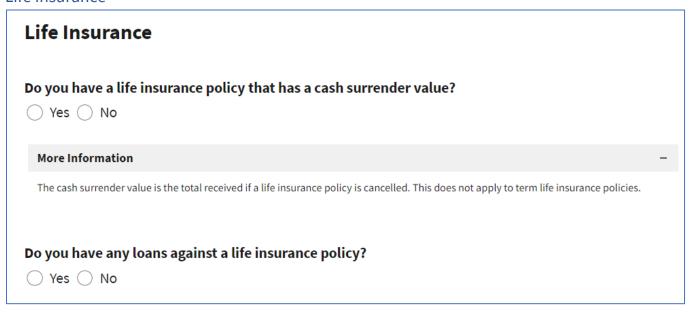
Retirement Accounts



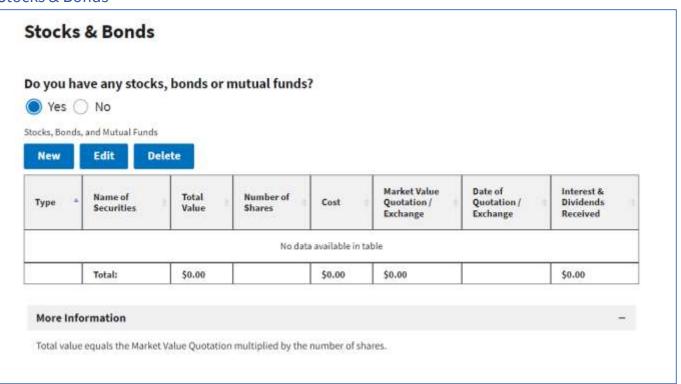




Life Insurance



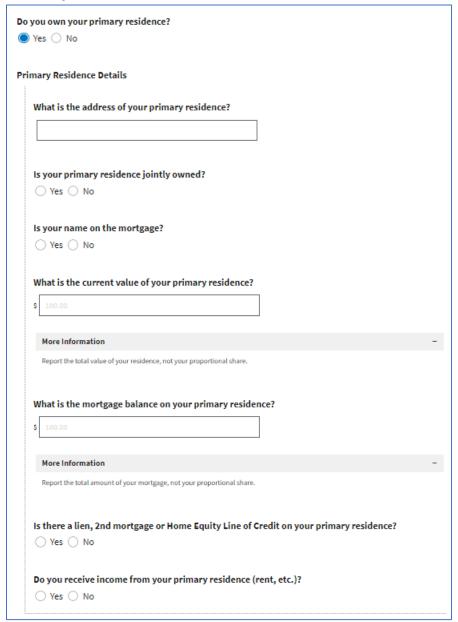
Stocks & Bonds







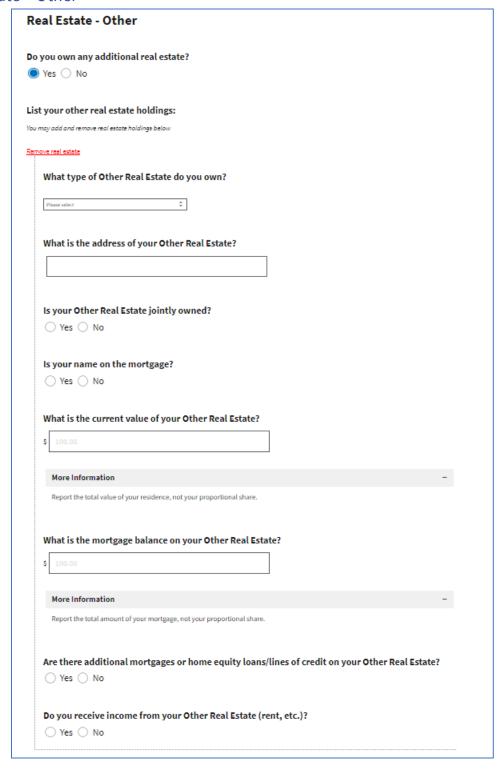
Real Estate - Primary Residence







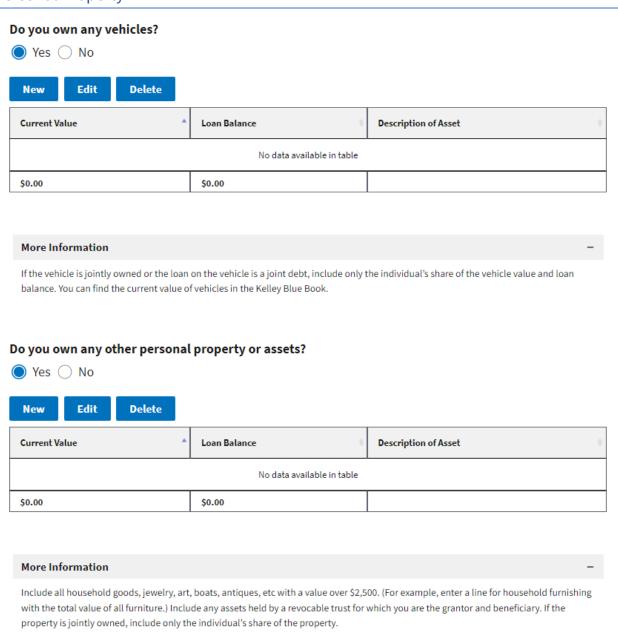
Real Estate - Other







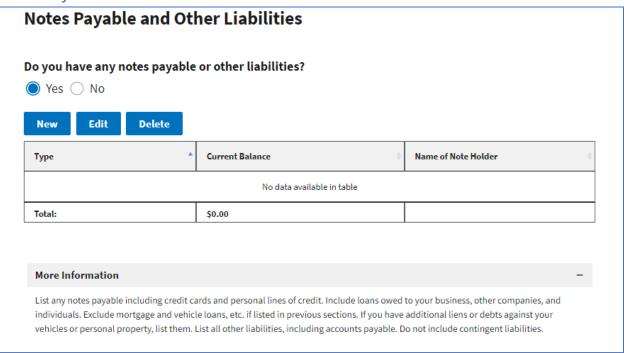
Personal Property



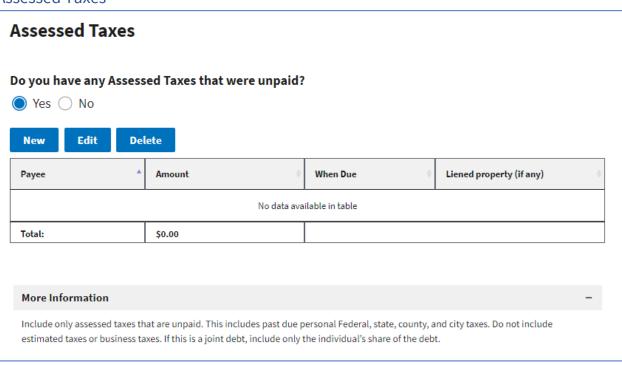




Notes Payable and Other Liabilities



Assessed Taxes







Personal Summary

Cash on Hand	30.06	Nobes Payable & Other Liabilities	50.00
Savings Account(s) Balances	50.00	Installment Account (Auto)	50.00
Checking Account(s) Balances	50.00	Soutationed Account (Other)	50.00
Accounts & Notes Receivable	50.00	Cont(s) Against Life Insurance	50.00
BIA, 455K or Other Beltremont Account	50.00	Mortgage (Primary Besidence)*	30.00
Ruth SA	50.00	Workpages on office Small Estate	\$0.00
Cards Surrender Value of Whole Life Insurance	50.00	Unputed Toxes	50.00
Stocks and Bunds or Mutual Funds	50.00	Total Liabilities	\$0.00
Real Estate (Primary Residence)	50.00	Net Worth Total Assets - Total Liabilities	\$0.00
Other Best Estate	50.00		
Automobiles	50.00		
Other Personal Property/Assets	50.00		
Applicant's Business Equity	50.00		
Applicant's Equity in Other Firms	50.00		
Total Assets	\$0.00		

Sources of Income	
Salary	\$1.00
Investment Income	\$0.00
Real Estate Income	\$0.00
Other Income	\$1.00

MORE INFORMATION

Mortgage balances are adjusted to include any liens.

Continue

If unable to proceed, please scroll up to find error message.





Privacy Statements



Privacy Statements

STATEMENTS REQUIRED BY LAW AND ENE OUT

Privacy Act (5 U.S.C. 553a)

Any person can request to see or get copies of any personal information that SBA has in his or her file when that file is refrieved by individual identifiers such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written pernession of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. For all forms of assistance SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC Sections 634(b)(11) and 687(b) (a), respectively. For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifies.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's investigative files system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks; only to the extent the information is relevant to the requesting agencies' function. See 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses.

such routine use is the disclosure of information maintained in SBA's investigative files system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks; only to the extent the information is relevant to the requesting agencies' function. See 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses.

Freedom of Information Act (5 U.S.C. 552)

This Taw provides, with some exceptions, that SBA must supply information maintained in agency files and records to persons requesting it. Proprietary data, financial forms, confidential business information and personally identifiable information are exceptions and will be protected to the extent the Taw permits.

Executive Order 12549, Debarment and Suspension (13 C.F.R. 145)

The prospective lower tier participant certifies, by submission of the application for program participation (or participant's annual update) that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant (or active participant) is unable to certify to any of the statements in this certification, such participants shall attach an explanation.

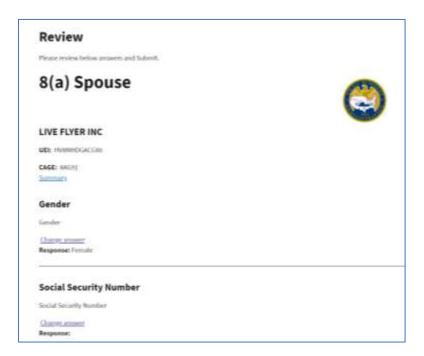
Continue

If unable to proceed, please scroll up to find error message.





Review



Signature

