

8(a) Application Preview

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Basic Eligibility

Revenue

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 you will need to request a waiver of this requirement. If your business has not yet generated revenues, you will not be successful in obtaining a waiver. Reference: 13 CFR § 124.107.

Please note that companies owned by Alaska Native Corporations, Tribes, Native Hawaiian Organizations, and Community Development 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).

Prior Company Participation

Has your company ever participated in the 8(a) Program?

Yes No

More Information

A company can only participate in the 8(a) Program one time. This includes participation under another name, voluntary withdrawal, 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

Are 50% or more your company's assets from a former 8(a) Participant?

Yes No

More Information +

If so, provide detail of the assets and the name of prior 8(a) Program participant. A company is not eligible for the 8(a) Program if 50% or more of their assets are from a former 8(a) Participant

Resource Partner

Have you met with a Resource Partner to assist with your 8(a) application?

Yes No

+ [Add documents](#)

More Information +

If you provide evidence of your coordination with the Resource Partner, your application may be prioritized for review. You can find local resource partners near you at sba.gov/local-assistance.

Outside Consultant

Did you hire a consultant to help with your 8(a) application?

Yes No

More Information +

If yes, upload a signed [Representatives and Fees form](#) and consulting agreement. Outside consultants may include attorneys, accountants, appraisers, agents, or other representatives who assisted in preparing your application.

U.S. Citizenship

Are you a U.S. Citizen?

Yes No

More Information +

In order to participate in the 8(a) Business Development program, any individuals claiming disadvantaged status must be U.S. citizens. Reference: 13 CFR § 124.101

If you were born outside the United States, upload evidence of your U.S. Citizenship. Acceptable evidence includes:


- U.S. Passport
- Certificate of Naturalization
- Consular Report of Birth Abroad of a Citizen of the United States of America (Form FS-240)

Ownership

Ownership Table

Ownership

Please detail the ownership of your company:

Type of Owner	Name	Claiming Disadvantage?	Basis for Social Disadvantage	Ownership %	Action
Individual Primary Owner	Bryan Smith	No	Black American	100%	

Type Of Owner

Individual - Primary Owner
▼

Name

Claiming Disadvantage?
 Yes No

Basis For Social Disadvantage

Ownership %

OK Cancel

Total				100%	

Add Entry

[Add documents](#)

More Information +

Save and continue

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

Management Table

Detail the management of your company:

Principal Type	Name	Position	Action
<i>No items added yet</i>			

Add Entry

More Information +

All officers, board members, managing members, industry licensing holder, and any key employees must complete their own section of the application. You will be prompted for contact information to invite each additional contributor.

Change in Last Two Years

Has your company's ownership, legal structure, or name changed in the past two years?

Yes No

More Information +

If yes, provide detail of all prior owners, ownership percentages, and dates of ownership transfer within the last two years. Also provide the buy/sell agreement, proof of payment, and evidence of how the firm was valued.

Corporate Governance Documents

Corporations

Please upload the following:

- **Articles of Incorporation (original and current version)**
- **Bylaws (current version)**
- **Current Shareholder meeting minutes showing the election of the Board of Directors**
- **Current Board of Director meeting minutes showing the election of Officers**
- **Stock certificates (front and back) created in accordance with your Bylaws**
- **Stock ledger**

More Information +

Bylaws should show that you have complete control of the company. Common issues include supermajority or unanimous consent voting provisions that could impact complete control of the company. Shareholder and Board meetings must be held in accordance with your company's by-laws and meeting minutes must detail the election of the Board of Directors and the Officers.

LLC Governance Documents

Partnership Governance Documents

Please upload your Partnership Agreement.

[Add documents](#)

More Information +

One or more individual(s) claiming disadvantaged status must serve as general partners, with control over all partnership decisions. A partnership in which no individual claiming disadvantaged status is a general partner will be ineligible for participation. Reference: [13 CFR §124.105\(b\)](#)

Sole Proprietorship DBA

Does the applicant firm have a Doing Business As (DBA) Name?

Yes No
Attachment is required

[+ Add documents](#)

Please explain why you made this choice.

Comment is required

More Information +

If yes, upload the DBA Name Certificate or Fictitious Business Name Filing with the city, county or state where the name applies. Specific filing requirements are established by one of those governing authorities and will vary. If your city or state does not require this filing, please explain. Doing Business As Name may include an Assumed Name, Fictitious Name, or Trade Name.

Certificate of Good Standing

Please upload your company's Certificate of Good Standing (dated within one year)

Attachment is required

[+ Add documents](#)

More Information

A **Certificate of Good Standing** is a state-issued document that says your firm is authorized to do business in that state. It is issued by your state's Secretary of State office. Different states use different names for the Certificate of Good Standing. It may also be called a Certificate of Existence or a Certificate of Status.

Character

Pending Lawsuits

Is your company a defendant in any pending lawsuits?

Yes No

[+ Add documents](#)

More Information +

If yes, please provide:

- A summary of the current status of the lawsuit and claims, including the company's interest in the suit
- A copy of the complaint, answer, and/or counterclaim filed in the suit

Company Bankruptcy

Has your company filed for bankruptcy or insolvency in the last 7 years?

Yes No

[+ Add documents](#)

More Information +

If yes, please provide a copy of the bankruptcy court's final order with all schedules and/or discharge.

Company Delinquent Debt

Does your company have any outstanding delinquent federal, state, or local financial obligations or liens?

Yes No

More Information +

Report any obligations, including delinquent tax returns and delinquent SBA loans. If yes, provide all of the follow that apply:

- Information about any tax limits and unsatisfied judgments
- Evidence of repayment arrangements
- Proof of compliance with repayment arrangements
- Year of tax delinquency and an explanation

If a company or any of its principals fails to pay significant overdue debts to the Federal Government, both the company and the principals are not eligible to participate in the 8(a) Business Development program. Examples of debts are unresolved tax liens and defaults on federal loans or other federally assisted financing.

Potential for Success

Tax Returns

Please upload your company's federal tax returns filed in the last five years, including all schedules, attachments, and proof of payment if a balance was due.

[+ Add documents](#)

More Information +

If your company has not been in business for five years, upload all available tax returns.

Primary NAICS

Are you applying for the 8(a) Program under the same primary NAICS code listed for your company on [SAM.gov](https://sam.gov)?

621420

More Information +

If no, enter your new primary NAICS code in the explanation field. You must also update your primary NAICS code in SAM.gov.

You can find your primary NAICS code in your business profile on Certify.SBA.gov or SAM.gov.

In most cases, your company's primary NAICS code must account for the largest portion of sales during the most recently completed fiscal year.

Two Year Tax Revenue

Do your company's two most recent tax returns show revenues in its primary industry?

Yes No

[Add documents](#)

More Information +

SBA requires a company to have at least two years in business generating operating revenues to be eligible for the 8(a) Program. SBA may waive this requirement if you can provide evidence that you meet five conditions related to your company's potential for success in the 8(a) Program.

- Provide evidence that you have substantial business management experience.
- Provide evidence that your company has technical experience in its primary industry.
- Provide evidence of your company's current financial position.
- Provide evidence that your company has a successful history of performance in its primary industry.
- Provide evidence that your company will be able to perform on contracts in the program.

Financial Statements

Financial Statements

Upload your company's most recent year-end and current year-to-date financial statements.

[Add documents](#)

Documents previously added


Name	Type	Date	Comments	Edit
FAKE	Third Party Certification	05/17/2023		Remove

More Information +

Financial statements must include a balance sheet and a profit & loss Statement, be prepared in accordance with generally accepted accounting principles, and be no more than 180 days old when submitted. Ensure that equity/retained earnings roll forward correctly and that the distributions reported on the balance sheet are supported by company tax returns.

Fiscal Year

When does your company's fiscal year end?



More Information

Your company's fiscal year is the 12-month accounting period used for financial and tax reporting purposes.

Contracts

List the 10 largest contracts/projects awarded to your company in the last year.

Award Date	Customer Name	NAICS Code	Description of Work	Total Contract Value	Annual Revenue	Action
No items added yet						

[Add Entry](#)

More Information +

If you performed work as a subcontractor, list the prime contractor as the customer.

Industry Licensing

Is your company required to have any industry specific licensing?

Yes No
Attachment is required

[Add documents](#)

More Information +

If yes, upload your company's special licenses required in its industry, such as engineering, accounting, construction, etc. Please include detail showing the individual who qualified your company for the industry specific licensing.

Construction Bonding

Is your company in the construction industry?

Yes No

[+ Add documents](#)

More Information +

If yes, upload a Statement of Bonding Ability detailing the single and aggregate bonding limits or an explanation of why bonding is not required.

Control

Control Agreements

Control Agreements

Does your company have any agreements that may impact ownership or control? These may include:

- joint venture
- mentor protégé
- indemnity
- consulting
- distributorship
- licensing
- teaming
- trust
- franchise
- management
- Certifications
- Permits
- Shared locations or other resources
- Ownership of another company
- Other financial support
- Lease with financial or familial interest
- Loans not from a commercial bank
- Buy/Sell Agreement
- Transmutation Agreement protecting your majority ownership (required if you are married and living in a community property State/Territory-Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, Puerto Rico)

Yes No

More Information +

Upload a copy of each agreement.

Highest Compensation

Are you the highest compensated person in your company?

Yes No Not Applicable - Entity Owned

Please explain why you made this choice.

More Information +

Please provide evidence of who the highest compensated member of your company is. If it is not you, please provide an explanation why that is in the best interest of your company.

Disadvantaged Applicant

Gender

Gender

▼

Continue

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

Marital Status

Marital Status

Unmarried

Married

Legally Separated
Attachment is required

[Add documents](#)

More Information +

Continue

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

Social Security Number

Social Security Number

.....

Phone Number

Best contact phone number

Phone 800-888-8888

Home Address

Provide your current home address


Street Address

City State

ZIP (Optional) Country x | v

Date of Birth

Date of Birth



Country of Birth

Country of Birth:

Resume

Upload your personal resume.

[Add documents](#)

More Information

Provide a personal resume with the following:

- Education
- Technical training
- Description of your current duties within your business
- Any other current or past employment experience including:
 - Employer's name
 - Dates of employment
 - Job title
 - Description of duties
- Be sure to include any outside businesses you own

Outside Employment

Do you have a job outside your company?

Yes No

More Information +

If yes, provide an explanation of how your outside employment impacts your ability to manage your company during normal business hours and evidence of your work schedule from your employer. If you received W-2 income from any source outside the applicant company on your most recent personal tax return, you must provide a letter from your prior employer attesting to your last date of employment.

Ownership or Management of Other Company

Do you have ownership or management interest in any other company?

Yes No

More Information +

If yes, provide the following:

- Proof of ownership
- Federal Tax Returns – 5 years
- Year-to-date financial statements

Management interest includes but is not limited to one or more officers, directors, managing members, or partners who control the board of directors and/or management of one company also control the board of directors and/or management of another company.

Family 8(a) Participation

Have any of your immediate family members ever owned a company that was admitted to the 8(a) Program?

Yes No

[Add documents](#)

More Information +

If your immediate family members own a company that was admitted to the 8(a) Program, please provide the following

- Company name
- Company primary NAICS code during participation in 8(a) Program
- Company EUI
- Business relationship with your company
- Detail of any common ownership or management of your company by the family member

Immediate family members include your father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, and mother-in-law

DVD Federal Employment

Are you a Federal Government employee?

Yes No

[Add documents](#)

More Information +

The Federal Acquisition Regulation [Subpart 3.6](#) places restrictions on Federal Government employees which may prevent your company from acquiring contracts or create conflicts of interest. In addition, there are limitations on SBA's ability to provide assistance to government employees. Reference 13 CFR 105.301. If you are a Federal Government employee, provide an explanation of how it does not impact your full-time devotion to the company applying for the 8(a) BD Program.

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

Have you filed for personal bankruptcy in the last 7 years?

Yes No

More Information

If yes, please provide an explanation and attach a copy of the bankruptcy court's final order or discharge.

Pending Civil Lawsuit

Are you a party to a pending civil lawsuit?

Yes No

More Information

If yes, please provide the following details about the lawsuit:

- Your interest in the suit
- Summary of the claims
- Current status of the suit

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**

Yes 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

Have you ever gone by any other names?

Yes No

Please explain why you made this choice.

Comment is required

More Information

If yes, provide detail of your other names

Current Charges

Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought?

Yes No

More Information

+

If yes, upload evidence of the current status of the charges.

Recent Arrest

Have you been arrested in the past six months for any criminal offense?

Yes No

More Information

+

If yes, upload an explanation including the current status of any charges.

Prior Convictions

For any criminal offense, other than minor motor vehicle violations, have you ever:

- **Been convicted**
- **Plead guilty**
- **Plead nolo contendere**
- **Been placed on pretrial diversion**
- **Been placed on any form of parole or probation (including probation before judgment)**

Yes No

More Information

+

If yes, provide details including dates, locations, fines, sentences; misdemeanor or felony, dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information. Include expunged records.

Social Disadvantage

Social Disadvantage

Select one of the following “presumed disadvantaged groups” as the basis of your social disadvantage.

More Information +

Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American society because of their identities as members of groups and without regard to their individual qualities. The following individuals are presumed socially disadvantaged:

- Black Americans
- Hispanic Americans (South America, Central America, Mexico, Cuba, the Dominican Republic, Puerto Rico, Spain, and Portugal)
- Native Americans (Alaskan Natives, Native Hawaiian, enrolled member of federally or state recognized Indian Tribe)
- Asian Pacific Americans (Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Hong Kong, Taiwan, Laos, Cambodia, Kampuchea, Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands, Republic of Palau, Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Fiji, Tonga, Kiribati, Tuvalu, Nauru)
- Subcontinent Asian Americans (India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, Nepal)

NOTE: Being born in a country does not, by itself, suffice to make the birth country an individual’s country of origin for purposes of being included within a designated group. An individual who is not a member of one of these groups must establish individual social disadvantage by a preponderance of the evidence. 13 C.F.R. § 124.103(c).

Native American Documentation

Native American Documentation

Please provide documentation supporting your membership in the Native American group.

[Add documents](#)

More Information +

Native American includes Alaska Natives, Native Hawaiians, and enrolled members of a Federally or State recognized Indian Tribes.

Native Hawaiian - upload a copy of your birth certificate or registry card from the Office of Hawaiian Affairs.

Other Native American groups - upload a copy of your tribal card or other document showing your status as an enrolled member.

If you are Native American but not a member of a Federally or State recognized tribe, you can still apply under the “preponderance of the evidence” standard by selecting other in the previous question.

Other Basis of Disadvantage

Select one of the following “objective distinguishing features” as the basis of your social disadvantage and add details in the comment field.

Other ×

Please explain why you made this choice.

More Information

Please identify the specific feature in the comment field. For example, if you selected “Physical Handicap” you might write “Visually Impaired” in the comment field.

Social Disadvantage

Social Disadvantage

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 [Guide for Writing a Social Disadvantage Narrative](#)

[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 [Guide for Writing a Social Disadvantage Narrative](#).

[Add documents](#)

or

Document Upload

Name your files DocumentType_Year. Document types are listed in the drop-down box below. Max file size is 25 MB and you can upload or drag and drop.

[Choose a .pdf file](#) or drag it here

Edit text fields or make selections below, as indicated.

Name	Type (edit)	Date	Comments (edit)	Action
socialdisadvantagen	Social Disadvantage Narrative	09/28/2023	Comments	Remove

Which of the following contributed to the discrimination in the situation? Check all that apply. A brief text response is required for any box checked.

Race

Ethnicity

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

[Save my progress](#) [Continue to next entry](#)

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.)

1. What happened? (1000 character limit)

As a reminder, describe a situation that has affected opportunities in your educational or your professional career, or to create or expand your business. Your answer must describe the action and the reasons why you believe it was discriminatory based on your identity.

Save my progress

2. How did this situation affect opportunities to start or expand your business? (1000 character limit)

Describe the effect of the discriminatory action (e.g., Because X happened, it affected an opportunity for me to do Y because of [reason]).

Save my progress

3. Which of the following contributed to the discrimination in the situation? Check all that apply. A brief text response is required for any box checked.

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

Save my progress

4. When did it happen?

Based on what you remember, include a time period (e.g., spring semester in second year of college), season and year (e.g., Spring 2015), or exact date (e.g. May 15, 2015). Be as specific as possible.

5. Where did it happen?

Include the specific place where it happened and the city and state/territory (e.g., Name of bank in Pittsburgh, Pennsylvania or job training program in San Juan, Puerto Rico). As a reminder, the location must be in the United States, including U.S. territories and military bases.

6. Who contributed to the discrimination? (300 character limit)

Include the people and/or organizations who took discriminatory action. It may have been one person or multiple people. Based on what you remember, include each person's role (e.g., career advisor or loan officer) or exact name to the extent possible. Any names that you provide are confidential and we will not contact the person for any reason.

Save my progress

Continue to next entry

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

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 [Guide for Writing a Social Disadvantage Narrative](#).

[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.)

Experience 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.

1. What happened? (1000 characters limit)

As a reminder, describe a situation that has affected opportunities in your educational or your professional career, or to create or expand your business. Your answer must describe the action and the reasons why you believe it was discriminatory based on your identity.

asfsafasfadsfsafdaf

Save my progress

2. How did this situation affect opportunities to start or expand your business? (1000 characters limit)

Describe the effect of the discriminatory action (e.g., Because X happened, it affected an opportunity for me to do Y because of [reason]).

sadfasfsaf

Save my progress

Which of the following contributed to the discrimination in the situation? Check all that apply. A brief text response is required for any box checked.

Race

sadfsdf

Ethnicity

safdadsaf

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

Save my progress

Continue to next entry

4. When did it happen?

Based on what you remember, include a time period (e.g., spring semester in second year of college), season and year (e.g., Spring 2015), or exact date (e.g. May 15, 2015). Be as specific as possible.

5. Where did it happen?

Include the specific place where it happened and the city and state/territory (e.g., Name of bank in Pittsburgh, Pennsylvania or job training program in San Juan, Puerto Rico). As a reminder, the location must be in the United States, including U.S. territories and military bases.

6. Who contributed to the discrimination? (300 characters limit)

Include the people and/or organizations who took discriminatory action. It may have been one person or multiple people. Based on what you remember, include each person's role (e.g., career advisor or loan officer) or exact name to the extent possible. Any names that you provide are confidential and we will not contact the person for any reason.

[Save my progress](#) [Continue to next entry](#)

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

Distributions

Detail the draws/distributions taken from the applicant firm in the last three years.

2020	2021	2022	Actions
No items added yet			

[Add item](#)

More Information +

These distributions should be detailed on financial statements (if you file on Schedule C) and/or supported by schedule K-1s from Corporate tax returns (if you file a corporate tax return).

Transferred Assets

Transfer Assets

Have you transferred any assets to any immediate family member for less than fair market value in the last two years?

Yes No

More Information +

If yes, please provide the following details about the transfer.

- Nature and value of asset
- Details of the transfer (including sale price)
- Recipient name
- Relationship to recipient

Fair market value is the price that property would sell for on the open market. It is the price that would be agreed upon between a willing buyer and a willing seller, with neither being required to act and both having reasonable knowledge of the relevant facts.

Immediate family members include your father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, and mother-in-law. Reference: CFR § 124.3

Tax Returns

Tax Returns

1. Upload your Individual Income Tax Returns for the last three completed tax years. Include all Schedules and attachments.
2. Upload your Wage and Tax Statements (W-2s) for the last three years. If you filed your tax return jointly with a spouse, upload your spouse's W-2s for the last three years, as well.
3. If you owed taxes, upload evidence of payment. (This may be a bank statement or [IRS Tax Account Transcript](#))

[Add documents](#)

More Information +


Please provide all W-2 forms, schedules, forms, statements, and 1099s accompanying the tax returns. If you file jointly with the individual claiming disadvantage, do not upload duplicate documents. You may still need to upload your individual W-2.

Financial Data

Cash on Hand

Cash On Hand

As of Date:

More Information -

Use the date of the information provided (i.e. the last date of the previous month). The information must be no older than 30 days old.

Cash on Hand

\$

More Information -

The sum of all coins and currency that are not on deposit with a financial institution.

Savings Account(s) Balance

\$

Checking Account(s) Balance

\$

More Information -

Include funds held domestically and in foreign financial institutions. Include funds held in certificates of deposit and money market accounts as part of the Savings Account(s) Balance.

Other Sources of Income

Other Sources Of Income

Salary

\$

More Information

—

Include yearly salary from applicant company or other salaried positions.

Other Income

\$

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

\$

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.

Your Equity in Other companies

\$

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 multiplied 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

Notes Receivable

Do you have any notes receivable from others?

Yes No

New **Edit** **Delete**

Name of Debtor	Current Balance
No data available in table	
Total:	\$0.00

More Information —

Include shareholder/officer/member/partner loans from individual to applicant company, as well as any loans given to other individuals or companies.

Retirement Accounts

Retirement Accounts

Do you have a Roth IRA?

Yes No

More Information —

If yes, upload information on the terms and restrictions of the account. Supplying the most recent account statement from your IRA provider will suffice in most cases. SBA will not include the funds in calculating your net worth if the statement indicates that the funds are not available until retirement age without a significant penalty.

Do you have any other retirement accounts?

Yes No

More Information —

If yes, upload information on the terms and restrictions of the account. Supplying the most recent account statement from your IRA provider will suffice in most cases. SBA will not include the funds in calculating your net worth if the statement indicates that the funds are not available until retirement age without a significant penalty.

Life Insurance

Life Insurance

Do you have a life insurance policy that has a cash surrender value?

Yes No

More Information —

The cash surrender value is the total received if a life insurance policy is cancelled. This does not apply to term life insurance policies.

Do you have any loans against a life insurance policy?

Yes No

Stocks & Bonds

Stocks & Bonds

Do you have any stocks, bonds or mutual funds?

Yes No

Stocks, Bonds, and Mutual Funds

New **Edit** **Delete**

Type	Name of Securities	Total Value	Number of Shares	Cost	Market Value Quotation / Exchange	Date of Quotation / Exchange	Interest & Dividends Received
No data available in table							
	Total:	\$0.00		\$0.00	\$0.00		\$0.00

More Information —

Total value equals the Market Value Quotation multiplied by the number of shares.

Real Estate – Primary Residence

Do you own your primary residence?
 Yes No

Primary Residence Details

What is the address of your primary residence?

Is your primary residence jointly owned?
 Yes No

Is your name on the mortgage?
 Yes No

What is the current value of your primary residence?
\$

More Information –
Report the total value of your residence, not your proportional share.

What is the mortgage balance on your primary residence?
\$

More Information –
Report the total amount of your mortgage, not your proportional share.

Is there a lien, 2nd mortgage or Home Equity Line of Credit on your primary residence?
 Yes No

Do you receive income from your primary residence (rent, etc.)?
 Yes No

Real Estate – Other

Real Estate - Other

Do you own any additional real estate?

Yes No

List your other real estate holdings:

You may add and remove real estate holdings below

[Remove real estate](#)

What type of Other Real Estate do you own?

Please select

What is the address of your Other Real Estate?

Is your Other Real Estate jointly owned?

Yes No

Is your name on the mortgage?

Yes No

What is the current value of your Other Real Estate?

\$

More Information

Report the total value of your residence, not your proportional share.

What is the mortgage balance on your Other Real Estate?

\$

More Information

Report the total amount of your mortgage, not your proportional share.

Are there additional mortgages or home equity loans/lines of credit on your Other Real Estate?

Yes No

Do you receive income from your Other Real Estate (rent, etc.)?

Yes No

Personal Property

Do you own any vehicles?

Yes No

New **Edit** **Delete**

Current Value	Loan Balance	Description of Asset
No data available in table		
\$0.00	\$0.00	

More Information

If the vehicle is jointly owned or the loan on the vehicle is a joint debt, include only the individual's share of the vehicle value and loan balance. You can find the current value of vehicles in the Kelley Blue Book.

Do you own any other personal property or assets?

Yes No

New **Edit** **Delete**

Current Value	Loan Balance	Description of Asset
No data available in table		
\$0.00	\$0.00	

More Information

Include all household goods, jewelry, art, boats, antiques, etc with a value over \$2,500. (For example, enter a line for household furnishing with the total value of all furniture.) Include any assets held by a revocable trust for which you are the grantor and beneficiary. If the property is jointly owned, include only the individual's share of the property.

Notes Payable and Other Liabilities

Notes Payable and Other Liabilities

Do you have any notes payable or other liabilities?

Yes No

[New](#) [Edit](#) [Delete](#)

Type	Current Balance	Name of Note Holder
No data available in table		
Total:	\$0.00	

More Information -

List any notes payable including credit cards and personal lines of credit. Include loans owed to your business, other companies, and individuals. Exclude mortgage and vehicle loans, etc. if listed in previous sections. If you have additional liens or debts against your vehicles or personal property, list them. List all other liabilities, including accounts payable. Do not include contingent liabilities.

Assessed Taxes

Assessed Taxes

Do you have any Assessed Taxes that were unpaid?

Yes No

[New](#) [Edit](#) [Delete](#)

Payee	Amount	When Due	Liened property (if any)
No data available in table			
Total:	\$0.00		

More Information -

Include only assessed taxes that are unpaid. This includes past due personal Federal, state, county, and city taxes. Do not include estimated taxes or business taxes. If this is a joint debt, include only the individual's share of the debt.

Personal Summary

Cash on Hand	\$0.00	Notes Payable & Other Liabilities	\$0.00
Savings Account(s) Balances	\$0.00	Instalment Account (Auto)	\$0.00
Checking Account(s) Balances	\$0.00	Instalment Account (Other)	\$0.00
Accounts & Notes Receivable	\$0.00	Loan(s) Against Life Insurance	\$0.00
IRA, 401K or Other Retirement Account	\$0.00	Mortgage (Primary Residence)*	\$0.00
Roth IRA	\$0.00	Mortgages on other Real Estate	\$0.00
Cash Surrender Value of Whole Life Insurance	\$0.00	Unpaid Taxes	\$0.00
Stocks and Bonds or Mutual Funds	\$0.00	Total Liabilities	\$0.00
Real Estate (Primary Residence)	\$0.00	Net Worth	\$0.00
Other Real Estate	\$0.00	Total Assets - Total Liabilities	\$0.00
Automobiles	\$0.00		
Other Personal Property/Assets	\$0.00		
Applicant's Business Equity	\$0.00		
Applicant's Equity in Other Firms	\$0.00		
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.

Non-Disadvantaged Individual

General Information

Gender

Gender

Gender

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

Marital Status

Marital Status

Marital Status

Unmarried
 Married
 Legally Separated

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

Social Security Number

Social Security Number

Social Security Number

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

Contact Information

Contact Information

Best contact phone number

Provide your current home address

Street Address

City State

ZIP (Optional) Country

[Continue](#)

Date and Place of Birth

Date and Place of Birth

Date of Birth

Country of Birth

[Continue](#)

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

Resume

Upload Resume

Upload your personal resume.

[+ Add documents](#)

More Information

Provide a personal resume with the following:

- Education
- Technical training
- Description of your current duties within your business
- Any other current or past employment experience including:
 - Employer's name
 - Dates of employment
 - Job title
 - Description of duties
- Be sure to include any outside businesses you own

Ownership and Control

Prior Ownership

Prior Ownership

Are you the former employer of the Individual Claiming Disadvantage?

Yes No

More information ⋮

If yes, please explain the employment situation.

Are you the former majority owner (51% or more) of the Applicant Firm?

Yes No

More information ⋮

If yes, please upload all applicable details of the sale including:

- The terms and conditions of the transaction
- A copy of the agreement
- Explain the calculation of the sale price
- Evidence of compliance with the payment terms of the sales agreement

[Continue](#)

Other Companies

Other Companies

Do you have ownership or management interest in any other company?

Yes No

More Information

If yes, provide the following:

- Proof of ownership
- Federal Tax Returns - 5 years
- Year-to-date financial statements

Management interest includes but is not limited to one or more officers, directors, managing members, or partners who control the board of directors and/or management of one company also control the board of directors and/or management of another company.

Continue

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

8(a) Program Eligibility

Prior 8a Involvement

Prior 8a Involvement

Have you, or any company you owned, ever applied for certification in the 8(a) program?

Yes No

More Information

Answer yes if you withdrew an application or had an application formally denied.

Please provide the following:

- Company name
- Company Unique Entity Identifier
- Detail of company ownership
- Company NAICS code approved under
- Any additional relevant information

Have any of your immediate family members ever owned a company that was admitted to the 8(a) Program?

Yes No

Have any of your immediate family members ever owned a company that was admitted to the 8(a) Program?

Yes No

More Information

If your immediate family members own a company that was admitted to the 8(a) Program, please provide the following

- Company name
- Company primary NAICS code during participation in 8(a) Program
- Company UIC
- Business relationship with your company
- Detail of any common ownership or management of your company by the family member

Immediate family members include your father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, and mother-in-law

Continue

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

Character

Financial

Financial

Are you a party to a pending civil lawsuit?

Yes No

More Information

If yes, please provide the following details about the lawsuit:

- Your interest in the suit
- Summary of the claims
- Current status of the suit

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**

Yes No

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**

Yes No

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

Continue

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

Criminal History

Criminal History

Have you ever gone by any other names?

Yes No

More information —

If yes, provide detail of your other names.

Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought?

Yes No

Have you been arrested in the past six months for any criminal offense?

Yes No

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 parole or probation (including probation of judgement)**

Yes No

Continue

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

Criminal History Documentation

Criminal History Documentation

Upload a completed Form FD-258 Fingerprint Card.

[Add documents](#)

More information -

Fingerprint cards can be printed from the FBI's website.

Continue

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

Tax Returns

Tax Returns

1. Upload your most recent Individual Tax Return. Include all schedules and attachments.
2. Upload your Wage and Tax Statements ("W-2's") for the last three years. If you file tax returns jointly with a spouse, upload your spouse's "W-2's" for the last three years as in addition to yours.
3. If you owed taxes, upload evidence of payment. (This may be a bank statement or an IRS account Transcript)

N/A - Entity Owned

Individual

Save and continue


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

Review

Review

Please review below answers and Submit.

8(a) Business Partner



LIVE FLYER INC
VBI: #WVHEDGAC08
CAGE: 84983
[Summary](#)

Gender
Gender:
[Change answer](#)
Response: Female

Marital Status
Marital Status:
[Change answer](#)
Response: Unmarried

Social Security Number
Social Security Number:
[Change answer](#)
Response: 212446666

Contact Information

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.

[Cancel](#)

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.

 **Success**
8(a) Business Partner section is complete

Contributor Dashboard

8(a) Business Development Program

Organization	Type	Created Date	Status
LIVE FLYER INC	Initial Registration	06/02/2021	Submitted

Spouse

Gender

Gender

Gender

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

Social Security Number

Social Security Number

Social Security Number

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

Contact Information/Phone Number

Contact Information

Best contact phone number

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

Home Address

Provide your current home address


Street Address

City State

ZIP (Optional) Country

Date of Birth

Date of Birth

Country of Birth

Country of Birth:


Ownership and Control

Prior Ownership

Prior Ownership

Are you the former majority owner (51% or more) of the Applicant Firm?

Yes No

More Information 

If yes, please upload all applicable details of the sale including:

- The terms and conditions of the transaction
- A copy of the agreement
- Explain the calculation of the sale price
- Evidence of compliance with the payment terms of the sales agreement

[Continue](#)

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

Business Affiliations

Business Affiliations

Do you have ownership or management interest in any other company?

Yes No

More information —

If yes, provide the following:

- Proof of ownership
- Federal Tax Returns - 3 years
- Year-to-date financial statements

Management interest includes but is not limited to one or more officers, directors, managing members, or partners who control the board of directors and/or management of one company also control the board of directors and/or management of another company.

Continue

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

8(a) Program Eligibility

Prior 8(a) Involvement

Prior 8a Involvement

Have any of your immediate family members ever owned a company that was admitted to the 8(a) Program?

Yes No

More information —

If your immediate family members own a company that was admitted to the 8(a) Program, please provide the following:

- Company name
- Company primary NAICS code during participation in 8(a) Program
- Company UEI
- Business relationship with your company
- Detail of any common ownership or management of your company by the family member

Immediate family members include your father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, and mother-in-law

Continue

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

Federal Employment

Federal Employment

Are you a Federal Government employee?

Yes No

More information

The Federal Acquisition Regulation [Subpart 3.5](#) places restrictions on Federal Government employees which may prevent your company from acquiring contracts or create conflicts of interest. In addition, there are limitations on SBA's ability to provide assistance to government employees. Reference 13 CFR 105.301. If you are a Federal Government employee, provide an explanation of how it does not impact your full-time devotion to the company applying for the 8(a) BD Program.

Continue

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

Economic Disadvantage

Tax Returns

Tax Returns

1. Upload your Individual Income Tax Returns for the last three completed tax years. Include all Schedules and attachments.
2. Upload your Wage and Tax Statements (W-2s) for the last three years. If you filed your tax return jointly with a spouse, upload your spouse's W-2s for the last three years, as well.
3. If you owed taxes, upload evidence of payment. (This may be a bank statement or [IRS Tax Account Transcript](#))

[Add documents](#)

Continue

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

Financial Data

Cash on Hand

Cash On Hand

As of Date:

More Information -

Use the date of the information provided (i.e. the last date of the previous month). The information must be no older than 30 days old.

Cash on Hand

\$

More Information -

The sum of all coins and currency that are not on deposit with a financial institution.

Savings Account(s) Balance

\$

Checking Account(s) Balance

\$

More Information -

Include funds held domestically and in foreign financial institutions. Include funds held in certificates of deposit and money market accounts as part of the Savings Account(s) Balance.

Other Sources of Income

Other Sources Of Income

Salary

\$

More Information

—

Include yearly salary from applicant company or other salaried positions.

Other Income

\$

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

\$

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.

Your Equity in Other companies

\$

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 multiplied 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

Notes Receivable

Do you have any notes receivable from others?

Yes No

New **Edit** **Delete**

Name of Debtor	Current Balance
No data available in table	
Total:	\$0.00

More Information —

Include shareholder/officer/member/partner loans from individual to applicant company, as well as any loans given to other individuals or companies.

Retirement Accounts

Retirement Accounts

Do you have a Roth IRA?

Yes No

More Information —

If yes, upload information on the terms and restrictions of the account. Supplying the most recent account statement from your IRA provider will suffice in most cases. SBA will not include the funds in calculating your net worth if the statement indicates that the funds are not available until retirement age without a significant penalty.

Do you have any other retirement accounts?

Yes No

More Information —

If yes, upload information on the terms and restrictions of the account. Supplying the most recent account statement from your IRA provider will suffice in most cases. SBA will not include the funds in calculating your net worth if the statement indicates that the funds are not available until retirement age without a significant penalty.

Life Insurance

Life Insurance

Do you have a life insurance policy that has a cash surrender value?

Yes No

More Information -

The cash surrender value is the total received if a life insurance policy is cancelled. This does not apply to term life insurance policies.

Do you have any loans against a life insurance policy?

Yes No

Stocks & Bonds

Stocks & Bonds

Do you have any stocks, bonds or mutual funds?

Yes No

Stocks, Bonds, and Mutual Funds

New **Edit** **Delete**

Type	Name of Securities	Total Value	Number of Shares	Cost	Market Value Quotation / Exchange	Date of Quotation / Exchange	Interest & Dividends Received
No data available in table							
	Total:	\$0.00		\$0.00	\$0.00		\$0.00

More Information -

Total value equals the Market Value Quotation multiplied by the number of shares.

Real Estate – Primary Residence

Do you own your primary residence?
 Yes No

Primary Residence Details

What is the address of your primary residence?

Is your primary residence jointly owned?
 Yes No

Is your name on the mortgage?
 Yes No

What is the current value of your primary residence?
\$

More Information –
Report the total value of your residence, not your proportional share.

What is the mortgage balance on your primary residence?
\$

More Information –
Report the total amount of your mortgage, not your proportional share.

Is there a lien, 2nd mortgage or Home Equity Line of Credit on your primary residence?
 Yes No

Do you receive income from your primary residence (rent, etc.)?
 Yes No

Real Estate – Other

Real Estate - Other

Do you own any additional real estate?

Yes No

List your other real estate holdings:

You may add and remove real estate holdings below

[Remove real estate](#)

What type of Other Real Estate do you own?

Please select

What is the address of your Other Real Estate?

Is your Other Real Estate jointly owned?

Yes No

Is your name on the mortgage?

Yes No

What is the current value of your Other Real Estate?

\$

More Information

Report the total value of your residence, not your proportional share.

What is the mortgage balance on your Other Real Estate?

\$

More Information

Report the total amount of your mortgage, not your proportional share.

Are there additional mortgages or home equity loans/lines of credit on your Other Real Estate?

Yes No

Do you receive income from your Other Real Estate (rent, etc.)?

Yes No

Personal Property

Do you own any vehicles?

Yes No

New **Edit** **Delete**

Current Value	Loan Balance	Description of Asset
No data available in table		
\$0.00	\$0.00	

More Information

If the vehicle is jointly owned or the loan on the vehicle is a joint debt, include only the individual's share of the vehicle value and loan balance. You can find the current value of vehicles in the Kelley Blue Book.

Do you own any other personal property or assets?

Yes No

New **Edit** **Delete**

Current Value	Loan Balance	Description of Asset
No data available in table		
\$0.00	\$0.00	

More Information

Include all household goods, jewelry, art, boats, antiques, etc with a value over \$2,500. (For example, enter a line for household furnishing with the total value of all furniture.) Include any assets held by a revocable trust for which you are the grantor and beneficiary. If the property is jointly owned, include only the individual's share of the property.

Notes Payable and Other Liabilities

Notes Payable and Other Liabilities

Do you have any notes payable or other liabilities?

Yes No

New **Edit** **Delete**

Type	Current Balance	Name of Note Holder
No data available in table		
Total:	\$0.00	

More Information

List any notes payable including credit cards and personal lines of credit. Include loans owed to your business, other companies, and individuals. Exclude mortgage and vehicle loans, etc. if listed in previous sections. If you have additional liens or debts against your vehicles or personal property, list them. List all other liabilities, including accounts payable. Do not include contingent liabilities.

Assessed Taxes

Assessed Taxes

Do you have any Assessed Taxes that were unpaid?

Yes No

New **Edit** **Delete**

Payee	Amount	When Due	Liened property (if any)
No data available in table			
Total:	\$0.00		

More Information

Include only assessed taxes that are unpaid. This includes past due personal Federal, state, county, and city taxes. Do not include estimated taxes or business taxes. If this is a joint debt, include only the individual's share of the debt.

Personal Summary

Cash on Hand	\$0.00	Notes Payable & Other Liabilities	\$0.00
Savings Account(s) Balances	\$0.00	Installment Account (Auto)	\$0.00
Checking Account(s) Balances	\$0.00	Installment Account (Other)	\$0.00
Accounts & Notes Receivable	\$0.00	Loan(s) Against Life Insurance	\$0.00
IRA, 401K or Other Retirement Account	\$0.00	Mortgage (Primary Residence)*	\$0.00
Roth IRA	\$0.00	Mortgages on other Real Estate	\$0.00
Cash Surrender Value of Whole Life Insurance	\$0.00	Unpaid Taxes	\$0.00
Stocks and Bonds or Mutual Funds	\$0.00	Total Liabilities	\$0.00
Real Estate (Primary Residence)	\$0.00	Net Worth	\$0.00
Other Real Estate	\$0.00	Total Assets - Total Liabilities	\$0.00
Automobiles	\$0.00		
Other Personal Property/Assets	\$0.00		
Applicant's Business Equity	\$0.00		
Applicant's Equity in Other Firms	\$0.00		
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.

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Privacy Statements



Privacy Statements

STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER

Privacy Act (5 U.S.C. 552a)

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 retrieved by individual identifiers such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission 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 identifiers.

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.

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

This law 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 law 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.

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Review

Review

Please review below answers and Submit.

8(a) Spouse



LIVE FLYER INC
UID: HVMH0GAC000
CAGE: 8AGD1
[Summary](#)

Gender
Gender:
[Change answer](#)
Response: Female

Social Security Number
Social Security Number:
[Change answer](#)
Response:

Signature

Signature

8(a) Spouse



LIVE FLYER INC
UID: HVMH0GAC000
CAGE: 8AGD1

Pursuant to 18 U.S.C. § 1001 and 18 U.S.C. § 640, 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(b), 9, or 11 of the Small Business Act, or any other provision of Federal Law that references section 8(a) or 8(b) 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 18 U.S.C. § 640; (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.

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