



# SAMPLE APPLICATION for HUBZone Program

## A SECTION A - LOCATION IN QUALIFIED HUBZone

We have determined the following for the geographical location of the **principal office** address of "Big Release Inc"

• Located in a qualified census tract?	<b>Yes</b>
• Track number: <b>160199712</b>	
• Located in a qualified non-metropolitan County based on income?	<b>No</b>
• Located in a qualified non-metropolitan County based on unemployment?	<b>No</b>
• Located within the external boundary of a Federally recognized Indian reservation?	<b>No</b>

**\*** Edit the **mailing address** of "Big Release Inc" if different from its **principal office** address

Address, line1: <input type="text" value="405 Shoup Ave"/>	Address, line2: <input type="text"/>	City: <input type="text" value="Idaho Falls"/>
State: <input type="text" value="ID"/>	ZIP Code: <input type="text" value="83402"/> - <input type="text" value="0909"/>	

## B SECTION B - GENERAL BUSINESS INFORMATION-Contact Person:

Contact Name:	Prefix <input type="text"/>	First <input type="text"/>	Initial <input type="text"/>	Last <input type="text"/>
Title:	<input type="text"/>		Phone No: (999) 999 9999 <input type="text"/> - <input type="text"/> - <input type="text"/>	Ext. <input type="text"/>
E-mail:	<input type="text"/>		Fax No: (999) 999 9999 <input type="text"/> - <input type="text"/> - <input type="text"/>	Ext. <input type="text"/>

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# SAMPLE APPLICATION for HUBZone Program

## **B** SECTION B - GENERAL BUSINESS INFORMATION - *Continued*

Business Type: Agriculture, Forestry, Fishing and Hunting	<input checked="" type="radio"/> For Profit <input type="radio"/> Non Profit <a href="#">See 121.105(a) &amp; (b)</a>
Organizational Structure: Corporation	

Business Established: Date: (mm/dd/yyyy) State: (mm/dd) 12/12/2002 IA 12/12	Business Fiscal Year Ending: (mm/dd) 12/12
---	--

Description of principal products and/or services of "Big Release Inc":  
 Provide description of your concern's products and/or services here.

**\*** Primary NAICS Code details:

Primary NAICS Code: <b>541511</b> Effective Year: <b>2002</b>	Size: Limited to <b>\$21,000,000.00</b> by 'Average Annual Receipts' <a href="#">See 121.104</a>	Description: <b>Custom Computer Programming Services</b>
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**\*** Ownership by other entities:

Is "Big Release Inc" owned in whole or part by one or more Indian Tribal Governments, or owned in whole or part by a corporation that is wholly owned by one or more Indian Tribal Governments? <a href="#">See 126.202</a>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is "Big Release Inc" wholly owned by a Community Development Corporation (CDC) or owned in part by one or more CDCs?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is "Big Release Inc" an Alaskan Native Corporation (ANC) owned and controlled by Natives (determined pursuant to section 29(e)(1) of the ANCSA); or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of ANCSA, if that subsidiary, joint venture, or partnership is owned and controlled by Natives (determined pursuant section 29(e)(2)) of the ANCSA)?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**\*** Size information:

Number of full-time/full-time equivalent employees of "Big Release Inc" at time of application: <a href="#">See 126.103</a>	43
Number of full-time/full-time equivalent employees of "Big Release Inc" who reside in a HUBZone at time of application: <a href="#">See 126.200</a>	22
Average number of employees on the payroll of "Big Release Inc" during the last 12 calendar months: <a href="#">See 121.106</a>	35
Average Annual Receipts for "Big Release Inc" over its last three Fiscal Years: <a href="#">See</a>	\$1,455,000

calendar months: [See 121.106](#)

Average Annual Receipts for "Big Release Inc" over its last three Fiscal Years: [See 121.104](#)

\$ 454555.99

**\*** Debarment information:

Has "Big Release Inc" ever been debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government?  Yes  No

*If 'yes' to the above question, provide the following information for each such instance:*

<input type="text"/>			<a href="#">Need Help ?</a>
Date of Action:	Type of Action:	Agency Taking Action:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="button" value="Enter"/>	<input type="button" value="Delete"/>	

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## **C** SECTION C- OWNERSHIP AND CONTROL - CORPORATION

This section must be completed using the current company information. "Big Release Inc" (the Business Concern Applying for HUBZone Certification) is responsible for ensuring that all pertinent information is maintained and available to support and verify the U.S. citizenship ([13 CFR Section 126.103 - Citizen](#)) ([126.304 \(a\)\(1\)](#)) of all persons ([126.201](#)) who own and maintain a controlling interest in "Big Release Inc".

**Note:**

With the exception of the following, all Business Concerns Applying for HUBZone Certification must be 100% owned and controlled by persons, who are U.S. Citizens:

1. An ANC owned and controlled by Natives or a direct or indirect subsidiary corporation, joint venture, or partnership of an ANC qualifying pursuant to section 29(e)(1) of the ANCSA,
2. A Business Concern wholly owned by one or more Indian Tribal Governments, or by a corporation that is wholly owned by one or more Indian Tribal Governments,
3. A Business Concern owned in part by one or more Indian Tribal Governments or in part by a corporation that is wholly owned by one or more Indian Tribal Governments, if all other owners are either United States citizens or SBCs,
4. A Business Concern wholly owned by a CDC or owned in part by one or more CDCs, if all other owners are either United States citizens or SBCs.

You must still complete the following information for each "individual" that is a stockholder, owner, director or officer of the business concern seeking certification into the program.

***For ALL stockholders, ALL members of the board of directors and ALL officers of "Big Release Inc", provide the information below***

***If there is more than one such individual, select the 'Next Individual' button at the bottom and enter the requested information.***

***Please start by identifying the highest ranking individual in the organization, proceeding to the next highest ranking and so on for all individuals.***

**\*** Individual(s):

Name:	First <input type="text" value="Rahul"/>	Middle <input type="text"/>	Last <input type="text" value="Johri"/>
	Title <input type="text" value="President"/>	E-mail Address <input type="text" value="emailid@domain.ext"/>	
Select all that apply to	<input checked="" type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Board Member	U.S. Citizenship: <input type="radio"/> Yes <input checked="" type="radio"/> No	

Select all that apply to this individual:

- Stockholder
- Board Member
- Officer

U.S. Citizenship:

- Yes
- No

**\* Individual's interest in other business:**

Does this individual have a financial interest or hold a management position in any other business?  Yes  No

Does "Big Release Inc" share facilities, equipment, or personnel with any other business in which this individual has a financial interest or holds a management position?  Yes  No

***If 'Yes' to either of the above two questions, provide the following information for each of such business:***

[Need Help ?](#)

Business name:

Title or Position:

% of Ownership




Street:

City:

State:

ZIP Code:



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Average Number of employees for the last 12 months

Average Annual Revenue for this business over the last three Fiscal Years

[See 121.104](#)

**\* Individual debarment information:**

Has this individual ever been debarred, suspended, voluntarily excluded or otherwise rendered ineligible by any department or agency of the Federal Government?  Yes  No

***If 'yes' to the above question, provide the following information for each such instance:***

[Need Help ?](#)

Date of Action:

Type of Action:

Agency Taking Action:

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## C SECTION C - OWNERSHIP AND CONTROL - CORPORATION- *Continued*

Are all of the current directors and officers of "Big Release Inc" U.S. Citizens?

Yes  
 No

Are all issued shares of stock in "Big Release Inc" owned by person(s) who are U.S. Citizens? (Including common/preferred, voting/non-voting.)

Yes  
 No

Is any stock of "Big Release Inc" voted under a proxy agreement, a trust or voting trust?

Yes  
 No

• If 'Yes' to the above, are all proxy holders, trustees and beneficiaries U.S. Citizens?

Yes  
 No

Has "Big Release Inc" agreed to combine with or merge with another concern(s) in the future by sale of stock or assets?

Yes  
 No

• If yes to the above, please answer the following:

• Name of the concern(s) with which "Big Release Inc" has agreed to merge with

Business name:

[use comma(,) to separate if more than one]

• Date on which the merger will take place:  (mm/dd/yyyy)

• Is/Are the merging concern(s) exclusively owned and controlled by persons who are U.S. Citizens?

Yes  
 No

• Will the merger result in an entity that continues to qualify as a Small Business Concern under SBA Size Standards?

Yes  
 No

Does "Big Release Inc" have any outstanding convertible debentures?

Yes  
 No

• If yes to the above, are all debenture holders U.S. Citizens?

Yes  
 No

Does "Big Release Inc" have any outstanding Stock Options?

Yes  
 No

• If yes to the above, are all stock option holders U.S. Citizens?

Yes  
 No

Does "Big Release inc" have an Employee Stock Option Plan (ESOP)?

Yes  
 No

Does "Big Release Inc" have an Employee Stock Option Plan (ESOP)?

Yes  
 No

• If yes to the above, are all stock trustees and plan members U.S. Citizens?

Yes  
 No

**D SECTION D - FINANCIAL INFORMATION**

*The following balance sheet information must be taken from the most recent, official financial statements of "Big Release Inc"*

Current Assets: \$ <input type="text" value="0.00"/>	Fixed Assets: \$ <input type="text" value="0.00"/>	Other Assets: \$ <input type="text" value="0.00"/>	Total Assets: \$ <input type="text" value="0.00"/>
Current Liabilities: \$ <input type="text" value="0.00"/>	Long-term Liabilities: \$ <input type="text" value="0.00"/>	Total Liabilities: \$ <input type="text" value="0.00"/>	Net Worth: \$ <input type="text" value="0.00"/>

*If for any reason, you are unable to provide complete financial information, please explain why:*

If your are not able to provide the financial information, please explain why...

**E SECTION E - HUBZone EMPLOYMENT - INDIVIDUAL EMPLOYMENT DATA**

*The question below refers to each employee who is currently on your payroll, and whom you rely upon to meet the 35% HUBZone residency requirement. In calculating the percentage of employees who are HUBZone residents, DO NOT include temporary employees, independent contractors or leased employees. Further, in verifying employee residence, be sure to use the actual resident addresses: post office boxes are not acceptable.*

"Big Release Inc" has researched the resident status of its employees and has determined that at least 35% of its full-time/full-time equivalent employees are HUBZone residents.	<input checked="" type="radio"/> Yes <input type="radio"/> No
"Big Release Inc" has calculated the percentage of HUBZone residents utilizing current employment records as of the date of this application and will ensure that these records and all other pertinent information are maintained to document that at least 35% of its full-time/full-time equivalent employees are HUBZone residents.	<input checked="" type="radio"/> Yes <input type="radio"/> No

**F SECTION F - AFFILIATION**

*In order to determine the affiliation (as defined pursuant to 13 CFR Section 121.103) of "Big Release Inc", please answer the following two questions.*

**Note:**

An affiliation with other entity(ies) can be established by virtue of one or more of the following:

- Joint Venture agreement(s)
- Franchise or License agreement(s)
- Stock Holding, Partnership, Membership or Ownership
- Sharing of Equipment/Facilities/Employees
- Sharing or use of Special license(s) required for operation of "Big Release Inc"
- Bonding Assistance Indemnification or guarantee to "Big Release Inc"

Does "Big Release Inc" have one or more affiliation interest(s) listed above in any other

Yes



Does "Big Release Inc" have one or more affiliation interest(s) <u>listed</u> above in any other business?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does any other <u>entity</u> (ies) have one or more affiliation interest(s) <u>listed</u> above in "Big Release Inc"?	<input checked="" type="radio"/> Yes <input type="radio"/> No

*If 'Yes,' to either of the above questions, give the details of each such entity on the next page.*

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## **F** SECTION F - AFFILIATION

*Please provide the following information for ALL affiliates of "Big Release Inc."  
Provide details of Affiliate(s) who own interest in "Big Release Inc" and in which "Big Release Inc" owns interest.*

*If you have more than one affiliate, use the 'Next Affiliate' button at the bottom of the screen and enter the information for the next affiliate.*

*When you are done with ALL entries, select 'Next Page' button at the bottom of the page.*

Affiliate's Business Name:

**\*** Affiliate's business address:

Street Address:

City:

State:

ZIP Code:

 - 

**\*** Affiliate's business type:

Select ONE of the following that applies to this affiliate:

If this affiliate is a Community Development Corporation (CDC), provide the date on which it received the Financial Assistance under Part 1 of Subchapter A of the Community Economic Development Act of 1981, 42 U.S.C. 9805-9808.

Date:

(mm/dd/yyyy)

**\*** Affiliate's relationship with "Big Release Inc":

Identify the relationship(s) of this affiliate to "Big Release Inc."  
(Answer the following).

• Joint Venture agreement(s)	<input type="radio"/> Yes <input type="radio"/> No
• Franchise or License agreement(s)	<input type="radio"/> Yes <input type="radio"/> No
• Stock Holder, Partner, Member or Owner	<input type="radio"/> Yes <input type="radio"/> No
• Sharing of Equipment / Facilities / Employees	<input type="radio"/> Yes <input type="radio"/> No

• Sharing of Equipment / Facilities / Employees	<input type="radio"/> Yes <input type="radio"/> No
• Sharing or use of Special license(s) required for operation of "Big Release Inc"	<input type="radio"/> Yes <input type="radio"/> No
• Bonding Assistance indemnification or guarantee to "Big Release Inc"	<input type="radio"/> Yes <input type="radio"/> No
What percentage of voting stock, interest or ownership does "Big Release Inc" hold in this affiliate?	<input type="text"/> %

**\* Affiliate's business information:**

What percentage of voting stock, interest or ownership does this affiliate hold in "Big Release Inc"?	<input type="text"/> %
If "Big Release Inc" is owned in part by (1) an Indian Tribal Government, or (2) a corporation that is wholly owned by one or more Indian Tribal Governments, or (3) a CDC (3) an ANC and one or more of the other owners is a business concern, then please certify the following: You have researched and hereby certify that the business concern, which owns part of the applicant ("Big Release Inc"), is a "small business concern" pursuant to 13 C.F.R. part 121.	<input type="radio"/> Yes <input type="radio"/> No
The average number of employees of the affiliate for the last 12 months:	<input type="text"/>
The average annual receipts of the affiliate for the last three fiscal years:	\$ <input type="text"/>

**↓ Help me on Affiliates ↓**

**Entered Affiliate[s]**

Select Enter Button to add new affiliate <input type="button" value="Enter"/>	Select Modify Button to modify an existing affiliate <input type="button" value="Modify"/>	Select Delect Button to delete an existing affiliate <input type="button" value="Delete"/>	- Add New Affiliate - <input type="text"/>
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**How to edit the Entered Affiliate[s]?**

- To **MODIFY** an already Entered Affiliate, select the corresponding affiliate's name from the list of 'Entered Affiliate[s]' **above**, make the necessary modifications and select the **Modify** button. Select 'Next Page' button at the bottom when you are done.
- To **ADD** a new affiliate to the list, select **-- Add New Affiliate --** from the Entered Affiliate[s] list, a blank form will be presented. Enter the new affiliate's information and select **Enter** button to continue adding more. Select 'Next Page' button at the bottom when you are done.
- To **DELETE** an already entered affiliate, select the corresponding affiliate's name from the list of 'Entered Affiliate[s]' **above**, then select **Delete** button. This Affiliate should then disappear from the list of 'Entered Affiliates!'. Select 'Next Page' button at the bottom when

**list of 'Entered Affiliate[s]' **above**, then select Delete button. This Affiliate should then disappear from the list of 'Entered Affiliate[s]'. Select 'Next Page' button at the bottom when you are done.**

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# SAMPLE APPLICATION for HUBZone Program

## Step 3

### Notice of Verification

The SBA will need to verify your ability to represent "Big Release Inc" for HUBZone certification. To facilitate this process, the system is designed to automatically identify the highest-ranking officer named earlier in the 'Key Person' listing. You can choose to override this designation with another 'Key Person' by using the drop down menu, but this action will be recorded and may prompt an inquiry. You may also choose to identify someone other than a 'Key Person,' and this would be entered in the section titled 'Other.'

#### Additional Point of Contact:

The responding executive will need to have the PRO-Net password for "Big Release inc" and his/her e-mail address available. The e-mail notice he/she receives will provide the PRO-Net ID and the HUBZone application number automatically.

Key Person List

#### Other:

Contact Name:

First	Middle	Last	Suffix Jr, Sr etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title

Phone Number

 -  - 

Ext.

E-mail Address




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# SAMPLE APPLICATION for HUBZone Program

## ▶ What happened?

- You have successfully completed **steps 1 to 3** of the HUBZone Electronic Application.
- Carefully read this page and follow instructions for next action. We **strongly** suggest you **PRINT** this page using the 'File-Print' option of your internet browser and retain it for your records.

## ▶ Missing or Inconsistent Response to question(s)

- Sec C-No Owner identified. Sole Proprietorship concern **CAN HAVE ONLY ONE OWNER.**
- Please complete the remaining two steps of the HUBZone Online Application. Then use '**Edit Your Application**' option, which will allow you to correct the missing/inconsistent response(s) in the appropriate section(s).

## ▶ Potential Decline Factor(s)

We have determined that following factors can cause your application to be 'Declined.' Carefully review each Potential Decline Factor.

- Sec E-You have not researched the resident status of your employees and determined that at least **35%** of your full-time/full-time equivalent employees are HUBZone residents.

## ▶ What else to do?

- Please proceed to next page and complete **steps 4 & 5**, in order to complete your application.
- Edit Your Application to correct the missing/inconsistent response list above under the "Missing or Inconsistent Response to question(s)" heading.

**We strongly suggest you print this page for your records and review the "Potential Decline Factor(s)" stated above.**

**To proceed to the next steps, select the 'next page' button below.**



**next page**

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# SAMPLE APPLICATION for HUBZone Program

## Step 4 Download COMPLETED Application

- Your HUBZone Application has been submitted. The application number is **1341**
- You must now view your COMPLETED application and make sure that all the information appearing is accurate.
- You can '**Edit Your Application**' as many times as you want before responding to the 'Electronic Verification.' Once we receive the Electronic Verification, we will not allow you to make further edits to the application.
- To view your **COMPLETED** application, click the 'display my application' button below. We strongly recommend you Save & Print the Application for your records.

 **display my application**

## Step 5 Check List

- Have you printed out your completed application? If not, print and retain it now for your records.
- In order for us to further proceed with your application, you must ensure that the 'Additional Point of Contact' identified by you in Step 3 completes the 'Electronic Verification' process using the information provided in the E-mail notification sent to him/her. If this is not done within 10 calendar days, your application will be 'Deleted.'
- Click FINISH to proceed.

 **FINISH**

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# SAMPLE APPLICATION for HUBZone Program

application



## HUBZone

Historically Underutilized Business Zones

Application No.: **1340**  
PRO-Net Id: **P0194771**  
Business Name: **Big Release Inc**

### SECTION A - LOCATION IN QUALIFIED HUBZONE

#### Principal office address:

333 Some Street  
Idaho Falls, ID, 83402 -0909

#### Other Address:(Mailing)

333 Some Street  
Idaho Falls, ID, 83402 -0909

**We have determined the following for the geographical location of the principal office address of "Big Release Inc"**

Located in a qualified census tract?

**Yes**

• Census Tract Number:

**160199712**

Located in a qualified non-metropolitan County based on income (median household income is less than 80% of the non-metropolitan state median household income)?

**No**

Located in a qualified non-metropolitan County based on unemployment (unemployment rate is less than 14% of the state unemployment rate)?

The applicant has a written policy that the applicant will ensure that these records and all other pertinent information are maintained to document that at least 35% of its full-time/full-time equivalent employees are HUBZone residents.

**Yes**

### Contact Information for Person Entering the Application Data

Name:	<b>Mr. raeaea eaea</b>
Title or Position:	<b>44444444</b>
Phone No.:	<b>4444444444 Ext.:4444</b>
E-mail:	<b>rahul.johri@sn.fbf</b>

-----[ PLEASE "SAVE & PRINT" IT FOR YOUR RECORDS ]-----

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# SAMPLE APPLICATION for HUBZone Program

 Thank You

    
down back help

- You have successfully submitted your application for HUBZone certification.
- You may visit our website at [www.sba.gov/hubzone](http://www.sba.gov/hubzone) at any time and use the following options.
  - Edit Your Application\*
  - Check Application Status
  - Cancel Your Application
- If additional information/clarification is required, we will email/fax the request to the individual listed as the point of contact in the application.

**NOTE:**

You may **cancel** the application at any time before we receive the Electronic Verification response allowing us to proceed with your application or if you receive a "System Rejected" message or if you feel that you have made a mistake in the application. You are welcome to re-submit a new application for re-evaluation.

\*You can '**Edit Your Application**' as many times as you want before responding to the 'Electronic Verification.' Once we receive the Electronic Verification, we will not allow you to make further edits to the application.

**END**



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**END**