

Alaska Native Corporation Information

The Alaska Native Corporation that owns the applicant business concern must complete this form. 13 C.F.R. § 124.109(a).

YOUR SIGNATURE ON THIS FORM INDICATES THAT YOU FULLY UNDERSTAND ALL QUESTIONS AND CERTIFIES THAT ALL RESPONSES AND DOCUMENTS ARE TRUTHFUL AND ACCURATE. Please submit this form with the 8(a) Business Development Program Application - SBA Form 1010. The information will be used as part of the program eligibility determination.

Name of Applicant Business Concern (include any trade or d.b.a. names): Name of Parent Alaska Native Corporation (ANC):					
Telephone: ()	I	Fax: ()			
Address:					
City:	County:	State:	7	Zip:	
E-mail:		@			
Mailing Address (if differen	t from above)				
Address:					
City:	State:	Zip:		-	
ANC percent ownership of	applicant business	concern:			
Please answer the follow	ring questions and p	provide the required docum	ients:		
1. Does the ANC or subside business concern other to identify the names of an code of the other business concerns have	han the applicant busy y other business concess concern(s), and wh	iness concern? If yes, tern(s), the primary NAICS tich (if any) of the other	[]Yes	[]No	
2. Does the ANC own the	applicant business co	ncern directly (rather than	[]Yes	[]No	

through a subsidiary)?

3. Does the ANC own the applicant business concern through a subsidiary(ies)? If yes, provide the name(s) and address(es) for the concern(s).

[]Yes []No

Please provide the following documents:

- □ Copy of the ANC's Articles of Incorporation and Bylaws (including any amendments).
- Copies of the governing documents of the subsidiary(ies) identified in Question 3 above.
 - For Corporations: Articles of Incorporation, Bylaws (including any amendments), and stock certificates and register.
 - For Limited Liability Companies: Articles of Organization and Operating Agreement (including all amendments).
- □ Copies of minutes or other documentation from the ANC and/or the business concerns identified in Question 3 above that relate to the applicant business concern (e.g., delegation of authority, designation of representatives or directors, authorization for capitalization and/or formation, etc.).
- □ Copies of Federal tax returns, including all schedules, filed for the past three years for the ANC and any business concern identified in Question 3 above.
- □ Copies of the balance sheet and profit and loss statement for each of the three most recent fiscal year-end periods, signed, certified, and dated by the highest managing individual for the ANC and any business concern identified in Question 3 above.

NOTICE OF CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS: Under Title 18 U.S.C. § 1001 and Title 15 U.S.C. § 645, any person who misrepresents a business concern's status as an 8(a) Program participant, or makes any other false statement in order to influence the certification 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 reference Section 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 Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (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.

CERTIFICATIONS: By signing this form, I certify that all information in this application, including all supporting documents, is true and complete to the best of my knowledge, and that I understand that SBA is relying on this information in making its determination of my company's eligibility for 8(a) BD Program.

Form must be signed by the ANC's President or CEO.					
Signature	Print Name	Date			

The estimated burden for completing this form, including reading the instructions and gathering the information, is 1 hour for initial application and each annual update. (A submission for reconsideration is estimated to require approximately 30 minutes). You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**