

OMB Approval No. 3245-0331 Expiration Date: 02/29/2020

Native Hawaiian Organization Information

The Native Hawaiian Organization that owns the applicant business concern must complete this form. 13 C.F.R. § 124.110.

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 Parent Native Hawaiian Organization (NHO):							
service organization se corporation that has fi the Hawaii Departmen	erving Native Hawaiians in led articles of incorporation t of Commerce and Consur lawaiians, and whose busin	the State of Hawaii whic n with the Director (or th ner Affairs, or any succe:	ch is a non-profit ne designee thereof) of ssor agency, is				
Telephone: ()	F	Fax: ()					
Address:							
City:	County:	State:	Zip:				
E-mail:		@					
Mailing Address (if di	fferent from above)						
Address:							
	Stata	7in:					
City:	State	Z ip					

Provide the following information on each NHO member, director, and officer (Add additional pages if necessary)

Name	Position in NHO	Native Hawaiian (Y/N)	Economically Disadvantaged (Y/N)	U.S. Citizen (Y/N)

Please answer the following questions and provide the required documents:

- 1. Does the NHO or subsidiary of the NHO own 50% or more of another business other than the applicant business? If yes, identify the names of any other business concern(s), the percentage of the NHO's ownership, the names of the individuals who manage and control it by serving as officers, directors, or managers, the primary NAICS code of the other business concern(s), and which (if any) of the other business concerns have ever participated in the 8(a) BD Program.
- []Yes []No
- 2. Has the NHO ever been an owner, stockholder or guarantor for a concern which has received an SBA loan?

[]Yes []No

Please provide the following documents:

- □ The NHO's directors, members, officers, key managers, individuals claiming disadvantaged status, and any hired manager(s) with authority to speak for and commit the NHO must complete and submit the Individual Information form (See Form 1010-IND).
- □ NHO's Balance sheet and profit and loss statement for the preceding three (3) fiscal year-end periods. These should be signed, certified, and dated by the NHO's highest managing individual.
- □ Copy of the NHO's corporate bylaws.
- □ Signed copies of the NHO's Federal tax returns, including all schedules, filed for the past three years, if applicable.
- □ Copy of the birth certificates of those NHO members/directors who claim to be Native Hawaiian.
- Documentation which demonstrates the legal status of the NHO, including the pertinent documentation filed with the State of Hawaii's Department of Commerce and Consumer Affairs.
- □ Copies of all minutes of NHO board of directors meetings and all resolutions of the board of directors for the past two years.
- □ Copies of all minutes of NHO members meetings showing the election of directors.
- Documentation showing the NHO's ownership of the applicant business concern.

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.

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 NHO's President or CEO.

Signature

Print Name

Date

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

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.**