



**SEMI-ANNUAL REPORT ON REPRESENTATIVES USED AND COMPENSATION PAID  
FOR SERVICES IN CONNECTION WITH OBTAINING FEDERAL CONTRACTS  
FOR THE PERIOD \_\_\_\_\_ TO \_\_\_\_\_.**

As required by 15 USC 637(a)(20) (a) and 13 CFR Parts 124.601 and 124.112, all 8(a) Participants are required to semiannually report to SBA information on compensation provided to any Agents or Representatives (hereafter referred to as "Representatives"), including attorneys, accountants, and consultants, for assisting the Participants to obtain a Federal contract. The information includes the amount of compensation provided to the Representative and a description of the services performed in return for such compensation. The information is used to ensure that Participants do not engage in any improper or illegal activity in connection with obtaining a contract. The 1790 is to be submitted at the time of the firm's annual review and six months thereafter to their servicing Business Opportunity Specialist (BOS). Failure to provide this information is good cause for SBA to initiate proceedings to terminate your 8(a) Program participation.

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Fees, Commissions or Compensation:

Amount Paid (If any) \$ \_\_\_\_\_

Amount Due (If any) \$ \_\_\_\_\_

Total Amount of Compensation \$ \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Fees, Commissions or Compensations:

Amount Paid (If any) \$ \_\_\_\_\_

Amount Due (If any) \$ \_\_\_\_\_

Total Amount of Compensation \$ \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby certifies that the information for the six-month period beginning \_\_\_\_\_ and ending \_\_\_\_\_, as provided above is accurate and complete. (If necessary, the statement of services may be continued on a separate page).

Name of 8(a) Participant Firm: \_\_\_\_\_

Principals' Printed Name: \_\_\_\_\_ 8(a) Case # \_\_\_\_\_

Principals' Printed Title: \_\_\_\_\_

Principals' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The total estimated time to respond to this form, including time to read instructions, and compile the information needed to respond, is 15 minutes. You are not required to respond to this or any collection of information unless it displays a currently valid OMB approval number and expiration date. Comments on the burden should be sent to: U.S. Small Business Administration, Chief, AIB, 409 Third St., S.W., Washington, DC 20416 and Desk Officer for the U.S. Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503

**PLEASE DO NOT SEND FORMS TO OMB.**