

# **SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CERTIFICATION**

## **APPLICATION INSTRUCTIONS**



**Governor Matthew G. Bevin  
Commonwealth of Kentucky**

**Administered by  
Finance and Administration Cabinet  
Office of EEO and Contract Compliance  
702 Capital Avenue  
Capitol Annex, Room 395  
Frankfort, Kentucky 40601  
<http://vetbiz.ky.gov>  
502-564-8099**



Commonwealth of Kentucky  
Finance and Administration Cabinet  
Office of EEO and Contract Compliance  
702 Capital Avenue  
Capitol Annex, Room 395  
Frankfort, KY 40601

**GENERAL INSTRUCTIONS**

1. **FILLING OUT FORM.** Attached in **blue** you will find the instructions for the application. Each question on the application has a corresponding explanatory sentence in the 'Application Instructions.' Please fill out the application pursuant to the guidance contained in the 'Application Instructions.' **If a question does not apply to your Business, please indicate 'Not Applicable' or 'N/A'.**
2. **DOCUMENTS:** Please note that the application includes documents that must be provided with the application. Some documents must be provided at the onsite review. The application will not be considered complete and will not be reviewed unless all of the documents that must be filed with the application are present. Upon receipt of a completed application, the Finance and Administration Cabinet (FAC) will confirm its receipt by email.
3. **ONSITE REVIEW/VISIT:** Upon filing of the application, staff from the FAC will evaluate the application and schedule an onsite visit (if necessary). The purpose of the onsite visit is to review additional documents and to confirm that the applicant satisfies all criteria, particularly business size, ownership and control. The applicant should be prepared to provide the necessary documents and to answer any and all questions that FAC personnel may have.
4. **CERTIFICATION COMMITTEE:** After the onsite visit is completed and all documents have been deemed to be in order the application will then be submitted for review to the Certification Committee of the FAC. The Certification Committee shall review the application and the recommendation from the certification staff. The committee will certify, deny or defer the application. When the committee defers an application, certification staff shall respond to the questions posed by the Certification Committee.
5. **APPROVAL:** If the Certification Committee approves the application, then your Business will be certified as a Service-Disabled Veteran-Owned Small Business (SDVOSB) by the FAC for three (3) years from the date of approval. If the Certification Committee denies the application, you may appeal pursuant to number 6 (below) or reapply at a later date.
  - Annually on the anniversary date of the date of the certification, each certified Business shall send a document to the FAC representing there have been no material changes to the Business that would disqualify it from the certification program.
6. **APPEAL RIGHTS:** If your Business is denied certification and you believe that the decision is erroneous, you can appeal to the agency head of the FAC pursuant to KRS Chapter 13B. You

will need to file your appeal with the Office of Equal Employment Opportunity (EEO) and Contract Compliance of the FAC within 30 days of the denial of certification. The FAC will then schedule a hearing where you will be allowed to present evidence to a hearing officer demonstrating why you believe that your Business qualifies for certification. You may hire a lawyer to represent you if you desire, although it is not required. The hearing officer will draft a Recommended Order to the agency head either recommending that your appeal be upheld or denied. The agency head may accept, reject or modify the Recommended Order of the hearing officer in his Final Order. The Final Order is the final determination of the FAC. This final, administrative order may be appealed to the Franklin Circuit Court pursuant to KRS 13B.140.

An appeal form may be downloaded from the Kentucky Service-Disabled Veteran-Owned Small Business website at [vetbiz.ky.gov](http://vetbiz.ky.gov) and should be mailed, along with any supporting documentation to:

Attn: SDVOSB Appeals Processing  
Office of EEO and Contract Compliance  
702 Capital Avenue, Room 395  
Frankfort, KY 40601

- 7. OPEN RECORDS:** Please be advised that the application of your Business and any other documentation that you file with the FAC MAY be subject to disclosure to anyone who makes a proper request to the FAC under the "Open Records Act", KRS 61.800, et seq. Generally speaking, portions of your application and other documents that are considered "personal" (KRS 61.878(1)(a) or portions that may be "Confidential or Proprietary" MAY BE WITHHELD BY THE FAC. (See 10-ORD-001 & 99-ORD-220) The Office of General Counsel and the Office of EEO and Contract Compliance will attempt to rely on any DESIGNATION OF CONFIDENTIALITY OR PROPRIETARY INFORMATION made by you in responding to a valid Open Records request. Thus, you should clearly designate any information that you deem personal, confidential or proprietary as such, PRIOR to filing your application with the FAC. The FAC will also contact you to make you aware of any Open Records' requests that are made for your file.

Please be further advised that the statements contained in this paragraph are general restatements of the law and are for informational purposes only. Please understand that there is no substitute for good counsel from your attorney of choice on this issue PRIOR TO FILING YOUR APPLICATION. Only an Attorney hired by your Business and acting on its behalf can render your Business timely and appropriate legal advice that can be relied upon by your Business.

- 8. NON-PROFIT ORGANIZATIONS:** Please contact the Finance and Administration Cabinet, Office of EEO/Contract Compliance at 502-564-8099 or [Finance.SDVOSB@ky.gov](mailto:Finance.SDVOSB@ky.gov) for assistance and further instructions.
- 9. APPLICATION PROCESSING:** Electronic copies of the application will not be accepted or processed. An altered version of the application will not be accepted or processed. The Finance and Administration Cabinet treats all applicants in the same manner to ensure equal, fair treatment. For this reason, your completed application will be reviewed and processed in the order of its receipt. Failure to provide all necessary information and documentation as required shall constitute the basis for denying certification.

## APPLICATION INSTRUCTIONS

### Section I. Program Eligibility

1. a. Majority of ownership means at least 51% owned by a veteran with a service-connected disability. (the application states 'service-connected disability')
- b. Has the veteran owner with a disability served on active duty in the Armed Forces? If so, check 'yes.'
- c. Has the veteran owner with a disability been separated from the Armed Forces under honorable or general conditions? If so, check 'yes.'
2. Has the veteran owner
  - a. established the present existence of a service-connected disability OR
  - b. received compensation, disability retirement benefits, or pension because of a public-stature administered by the United States Department of Veterans Affairs or Department of Defense OR
  - c. been terminated from active duty by the Department of Defense because of a disability? If the answer to at least one of these questions is 'yes,' for each veteran owner with a disability, then check 'yes.'
3. Are you a resident of the Commonwealth of Kentucky? OR If more than one (1) veteran owner, is each a resident of the Commonwealth of Kentucky? If so, check 'yes.'
4. Is the principal place of business located in the Commonwealth of Kentucky? If so, check 'yes.'
5. Is your Business independently owned and operated? Is it located in the United States and not dominant in its field on a national basis? Does the Business operate primarily within the United States or make a contribution to the U.S. economy through the payment of taxes or use of American products, materials or labor? If the answer to all of these questions is 'yes,' check 'yes' on question 3.
6. Is your business a small business? Is your Business (including any affiliates) within the size standard for its industry? The Business (including any affiliates) must not exceed the applicable size standards for its industry. To identify your size standard, match the 'Business Activity Code' (also known as the NAICS code) in your federal tax return to the list of size standards. Your size standard will be expressed either in millions of dollars or number of employees. For a complete list of size standards refer to: <http://www.sba.gov/content/table-small-business-size-standards> (Note: affiliates are business concerns and entities in which the veteran owner holds an ownership interest or has the power to exercise control—directly or indirectly through a third party—over the business concern or entity.
7. a. Has the veteran owner owned and operated the Business for at least a full year (365 days) either calendar or fiscal? If so, check 'yes'.
- b. Enter the date operations started.
8. Has the Business been continuously operating at least one year (365 days) either calendar or fiscal as evidenced by federal tax returns and other business records? If so, check 'yes'.
9. Has the veteran owner filed a federal Business tax return consisting of a full year (365 days), either calendar or fiscal? If so, check 'yes.'

### Section II. General Information

1. Please list the official, legal name of the Business.
2. Self-explanatory.
3. Self-explanatory.
4. Self-explanatory.
5. Self-explanatory.
6. Self-explanatory.
7. Self-explanatory.
8. Does your Business have a web page? If so, please list its web address.

9. Please indicate under which legal structure your Business operates.
10. Please indicate whether your Business has elected to file taxes as an S-Corporation. Also, include the effective date of the election.
11. Please list any and all names that have been used previously for the same or substantially same Business and include the form of Business.
12. Please indicate whether your Business address is also the address of your principal residence.
13. Self-explanatory.
14. Please indicate whether your Business is formally registered with the Kentucky Secretary of State.
15. Please indicate how your Business was acquired/initiated.
16. Please indicate the Business's primary type of business.
17. Briefly explain the type of work that your Business would be performing if certified.
18. Please list the gross receipts for your business and any affiliates for the last three (3) fiscal years. (Note: affiliates are business concerns and entities in which the veteran owner holds an ownership interest or has the power to exercise control—directly or indirectly through a third party—over the business concern or entity.)
19. Self-explanatory.
20. Please indicate the total number of full-time, part-time and temporary employees employed by your Business and any affiliates over the preceding 12 calendar months.
21. Please indicate whether your Business or any other Business with which you have been affiliated has filed for bankruptcy within the last three (3) years.
22. Please list your Federal Employer Identification Number (FEIN). **Do not list your social security number.**

### Section III. Certification Information

1. Self-explanatory.
2.
  - a. Please indicate whether your business is verified and in good standing with the U.S. Department of Veterans Affairs, Center for Verification and Evaluation, Veterans First Verification Program. **If so, you do not have to complete the entire application. Carefully, follow the additional instructions in the application that accompany this question.**
  - b. Please indicate whether your business is certified and in good standing with the Kentucky Minority and Women Business Enterprise Certification Program. **If so, you do not have to complete the entire application. Carefully, follow the additional instructions in the application that accompany this question.**
3.
  - a. List any and all denial(s) that your Business has received while applying for or participating in the Veterans First Verification Program.
  - b. List any and all denial(s) and/or decertification(s) that your Business has received while applying for or participating in a SDVOSB program.

### Section IV. Relationships with Other Businesses

1. Self-explanatory.
2. Self-explanatory.
3. Self-explanatory.
4. Immediate family members include the following: parents (including step-parents), spouse, children (including step-children) and siblings.
5. Please list the other businesses in which each veteran owner holds an ownership interest. Also, include the name of the veteran owner and his or her corresponding ownership percentage.

## Section V. Ownership

Please answer the questions related to detailing your ownership interest(s) in the Business applying for certification. Attach separate sheets as needed.

## Section VI. Control

1. Please list the Business's officers and board of directors as of the date of the application. If additional space is required, attach a separate sheet.
2. For each category, identify whether the owner possesses and exercises decision-making authority in the areas listed and indicate whether the individual's involvement is 'Always', 'Frequently', 'Seldom' or 'Never'. Attach separate sheets as needed.
3. For each category, identify whether the officers, directors, managers and key personnel—that are **NOT OWNERS**—possess and exercise decision-making authority in the areas listed and indicate whether the individual's involvement is 'Always', 'Frequently', 'Seldom' or 'Never'. Attach separate sheets as needed.
4. Self-explanatory.
5. Self-explanatory.
6. Self-explanatory.
7. Self-explanatory.
8. Self-explanatory.
9. Self-explanatory.
10. Self-explanatory.
11. Self-explanatory.

## Section VII. Affidavit of Certification

Each owner claiming status as a veteran owner with a disability must review and sign the affidavit.

## Section VIII. Documents Checklist

### A. Documents that must be provided with the Application

Check the appropriate box to indicate all documents have been submitted with the application.

1. Please provide copies of Department of Defense Form DD 214 for each veteran owner with a disability.
2. Please provide copies of United States Department of Veterans Affairs disability letter or other United States Department of Veterans Affairs documentation establishing a disability for each veteran owner. (Note: this letter is sometimes referred to as the 'Adjudication' letter)
3. Please provide a copy of the Veterans First Verification Program approval letter from U.S. Department of Veterans Affairs, Center for Verification and Evaluation (if applicable).
4. Please provide a copy of the approval letter or certificate from the Kentucky Minority and Women Business Enterprise Certification Program (if applicable).
5. Please provide copies of certification denials, decertifications and appeal decisions.
6. Please provide proof of each veteran owner's Kentucky residency, e.g. valid Kentucky driver's license, current residential utility bill or agreement, rental housing agreement or residential mortgage statement, deed or property tax bill.

7. Please provide proof of racial/ethnic minority or female status, e.g. birth certificate, passport, tribal record/card, or driver's license
  - Note 1 - Required **ONLY** if the veteran owners with 51% or more ownership in the business are also racial/ethnic minorities and/or women **AND** are simultaneously applying for the Kentucky Minority and Women Business Enterprise certification Program.
  - Note 2 - Racial/ethnic minorities are African American, Hispanic American, Asian Pacific American, Subcontinent Asian American or Native American.
8. Documents indicating the Business's entity status including but not limited to Articles of Incorporation, Certificate of Organization, or Assumed Name. We are interested in any and all documents related to this Business filed with the office of the Secretary of State or, in the case of sole proprietorships, with the County Clerk's office.
9. Please provide the current resumes/curriculum vitae for each veteran owner. At a minimum, the resume/curriculum vitae must cover the past 5 years and include places of ownership/employment with corresponding dates. **A biographical sketch will not be accepted.**
10. Please provide documentary proof/evidence of ownership for each veteran owner. Examples of documentary proof/evidence of contributions used to acquire ownership or capitalize the business include front and back copies of cancelled checks, receipts, bank statements, withdrawal tickets, and/or loan documents.
11. Please provide a compensation schedule to include annual salaries, owner draws, owner distributions, shareholder distributions and bonuses for all owners, controlling members, officers, managers, and directors for the previous year. **Do not submit W-2 forms.**
12. Please provide proof of any transfers of assets.
13. Please provide a list of all employees including names, job titles, and dates of employment.
14. Please provide a list of the equipment (including office equipment) and vehicles owned, leased or made accessible to the Business.

B. Documents that must be available for review during the Onsite Review - Self-explanatory.

\* \* \* \* \*

**REMINDER: If a question does not apply to your Business, please indicate 'Not Applicable' or 'N/A'.**

\* \* \* \* \*

**The application and supporting documents should be returned to:**

**Finance and Administration Cabinet  
Office of EEO and Contract Compliance  
702 Capital Avenue  
Capitol Annex, Room 395  
Frankfort, KY 40601**

**If you have any questions please call us at 502-564-8099; for the hearing impaired, please call the Kentucky Relay Service at 800-648-6056 or 711.  
Email inquiries can be sent to: [Finance.SDVOSB@ky.gov](mailto:Finance.SDVOSB@ky.gov).**