

SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CERTIFICATION APPLICATION



**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**

SDVO SB APPLICATION FOR CERTIFICATION

SECTION I. PROGRAM ELIGIBILITY

1. a. Is your Business at least 51% majority owned by a veteran with a service-connected disability who also controls the Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the veteran owner with a service-connected disability served on active duty in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the veteran owner with a service-connected disability been separated from the Armed Forces under honorable or general conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has the veteran owner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Established the present existence of a service-connected disability? OR		
b. Received compensation, disability retirement benefits, or pension because of a public statute 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?		
3. Is the veteran owner domiciled in Kentucky? OR If more than one (1) veteran owner, is each veteran owner domiciled in Kentucky?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is your principal place of business physically located in Kentucky?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is your Business independently owned and operated (i.e. your business is free from outside control and does not depend on a relationship with another firm to be viable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is your business a small business? Is your Business (including any affiliates) within the size standard for its industry? (To find the size standard for your business, use the link to the size standards table listed in Section 1, Number 4 of the Application Instructions).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes':		
a. Identify your business's 6-digit NAICS Code or Business Activity Code: _____		
b. Identify the size standard for your industry: \$_____ OR Number of Employees _____		
7. a. Has the current veteran owner owned and operated the Business for at least one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Date operations started: _____ (month) _____ (year)		
8. Has the Business been continuously operating for at least one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Has the current veteran owner filed at least one year of federal tax returns for the Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(X) STOP! If your answer to ANY question in this section was NO, you Do NOT qualify for this program and you should not complete this application.

SECTION II. GENERAL INFORMATION

1. Legal Name of Business: _____

2. Street Address of Business (P.O. Box number alone is not acceptable):			
City:	County:	State:	Zip Code:
3. Mailing Address of Business (if different from Street Address):			
4. Full Name of Primary Contact Person:		5. Telephone Number: ()	
6. Facsimile Number: ()	7. E-mail:	8. Web Page:	
9. Form of Business: (Please Choose One)			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Services Corporation	<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Other (identify): _____			
10. Does your Business have an S-Corp election? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'yes', provide the S Election Effective Date _____			
11. Has your Business ever existed in a different form or under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes', identify: _____			
12. Is the Address in Section II, Question 2 your Principal Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Does your Business operate at more than one (1) location? If 'Yes', please list other location(s) by city and state: <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Is your Business registered with the Kentucky Secretary of State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Method of Acquisition (check all that apply):			
<input type="checkbox"/> Merger or Consolidation	<input type="checkbox"/> Inherited Business from _____		
<input type="checkbox"/> Started New Business Myself	<input type="checkbox"/> Gift from _____		
<input type="checkbox"/> Bought Existing Business from _____			
<input type="checkbox"/> Other (explain): _____			
16. Type of Business (select one primary business category from the choices listed):			
<input type="checkbox"/> Consultant	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Supplier/Distributor
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Retail	<input type="checkbox"/> Nonprofessional Services
<input type="checkbox"/> Broker	<input type="checkbox"/> Private Foundation	<input type="checkbox"/> Other (identify): _____	
17. List the activities, products or services of the Business:			
18. List your business's gross receipts for the last three (3) fiscal years:			
Gross Receipts: _____ (year) _____ (\$ amount)			
Gross Receipts: _____ (year) _____ (\$ amount)			
Gross Receipts: _____ (year) _____ (\$ amount)			
19. Identify the type of federal tax return filed by the Business for each of the last three (3) years, i.e. 1120, 1120S, 1065, Schedule C (sole proprietor only, etc.):			
Tax Year: _____ Filed Form: _____			
Tax Year: _____ Filed Form: _____			

Tax Year: _____ Filed Form: _____	
20. What is the total number of full-time, part-time and temporary employees employed by the Business over the preceding 12 calendar months?	_____
21. Has your Business applied for reorganization under Chapter 11, and/or liquidation under Chapter 7, within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. List your business's FEIN, if applicable (Do NOT list your social security number): _____	

SECTION III. CERTIFICATION INFORMATION

1.	If certified by the Commonwealth of Kentucky, do you intend to use the certification to qualify for SDVOSB program opportunities in other states? <input type="checkbox"/> Yes <input type="checkbox"/> No												
2.	<p>a. Is your Business verified and in good standing with the U.S. Department of Veterans Affairs, Center for Verification and Evaluation, Veterans First Verification Program? (If you are the surviving spouse of a service-disabled veteran you DO NOT qualify for this program and you should not complete this application.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <u>If 'Yes,' SKIP to SECTION VII. Complete Section VII and submit the following documents:</u></p> <ul style="list-style-type: none"> ▪ Copy of Veterans First Verification Program approval letter from U.S. Department of Veterans Affairs, Center for Verification and Evaluation ▪ Proof of current Kentucky residency (valid Kentucky driver's license, current residential utility bill or agreement, rental housing agreement or residential mortgage statement, deed or property tax bill) for each veteran owner. <p><u>If 'No,' proceed to the next question.</u></p> <p>b. Is your Business certified and in good standing with the Kentucky Minority and Women Business Enterprise Certification Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p><u>If 'Yes,' SKIP to SECTION VII. Complete Section VII and submit the following documents:</u></p> <ul style="list-style-type: none"> ▪ Copy of Department of Defense Form DD 214 for each veteran owner with a disability ▪ Copy of United States Department of Veterans Affairs disability letter (also known as the 'Adjudication' letter) or other United States Department of Veterans Affairs documentation establishing a disability for each veteran owner ▪ Proof of current Kentucky residency (valid Kentucky driver's license, current residential utility bill or agreement, rental housing agreement or residential mortgage statement, deed or property tax bill) for each veteran owner. <p><u>If 'No' or 'Not Applicable' continue to the next question. You must complete the entire application and submit ALL required documents.</u></p>												
3.	<p>a. Has your Business or any of its owners, Board of Directors, officers or management personnel ever been denied approval or reverification by the Veterans First Verification Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'Yes,' please provide the following:</p> <p>Date of Denial: _____</p> <p>Reason for Denial: _____</p> <p>b. Has your Business or any of its owners, Board of Directors, officers or management personnel ever been decertified, denied or removed from SDVOSB certification or MWBE certification by any agency in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'Yes,' please provide the following:</p> <table border="1"> <thead> <tr> <th>State that Denied or Decertified</th> <th>Name of Agency</th> <th>Date</th> <th>Reason for Denial or Decertification</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State that Denied or Decertified	Name of Agency	Date	Reason for Denial or Decertification								
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SECTION IV. RELATIONSHIPS WITH OTHER BUSINESSES

1. Is your Business co-located at any of its business locations **OR** does your Business share a telephone number, P.O. Box, office space, storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff and/or employees with any other business(es), organization(s), entity(ies) or individual(s)? Yes No

If 'Yes', explain the nature of the relationship by providing the following information:

a. Name of other business(es), organization(s), entity(ies) or individual(s) with whom you have any formal, informal, written, or oral agreement:

b. Identify and list each shared resource (examples include telephone number, P.O. Box, office space, storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff and/or employees):

c. Explain the nature of the shared resources:

2. Do any other businesses, organizations, or entities presently hold an ownership interest in your Business? Yes No
If 'Yes', identify:

3. Have any other businesses, organizations, or entities previously held an ownership in your Business? Yes No
If 'Yes', identify:

4. Do any of your immediate family members own or manage another business? Yes No
If 'Yes', please list:

Name of Family Member	Relationship	Type of Business	Own or Manage

5. Do you or any other veteran owners with a disability have an ownership interest in any other business(es)? Yes No
If 'Yes', please list:

Name and Address of Business	Name of Owner	Ownership Percentage

SECTION V. OWNERSHIP

Identify all individuals or entities holding an ownership interest in the Business and list their initial investment (cash, property, equipment and other) in the Business.

Owner 1

Name:	Home Telephone Number: ()	Home Address (Street and House Number):	
City:	State:	Zip Code:	Number of Years Business Ow ned:
Percentage of Business Ow ned:	Are you a veteran w ith a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race/Ethnicity (check all that apply): <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Initial investment to acquire ow nership interest in Business:			
Type	Dollar Value	Date (Month and Year)	
Cash	\$		
Real Estate	\$		
Equipment	\$		
Other	\$		
If 'Other,' explain in detail:			
Was ow nership acquired with joint or marital assets? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Owner 2 (if applicable)

Name:	Home Telephone Number: ()	Home Address (Street and House Number):	
City:	State:	Zip Code:	Number of Years Business Ow ned:
Percentage of Business Ow ned:	Are you a veteran w ith a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race/Ethnicity (check all that apply): <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Initial investment to acquire ow nership interest in Business:			
Type	Dollar Value	Date (Month and Year)	
Cash	\$		
Real Estate	\$		
Equipment	\$		
Other	\$		
If 'Other,' explain in detail:			
Was ow nership acquired with joint or marital assets? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Owner 3 (if applicable)

Name:		Home Telephone Number: ()		Home Address (Street and House Number):	
City:		State:		Zip Code:	Number of Years Business Ow ned:
Percentage of Business Ow ned:		Are you a veteran w ith a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race/Ethnicity (check all that apply): <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Initial investment to acquire ow nership interest in Business:					
Type		Dollar Value		Date (Month and Year)	
Cash		\$			
Real Estate		\$			
Equipment		\$			
Other		\$			
If 'Other,' explain in detail:					
Was ow nership acquired with joint or marital assets? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Owner 4 (if applicable)

Name:		Home Telephone Number: ()		Home Address (Street and House Number):	
City:		State:		Zip Code:	Number of Years Business Ow ned:
Percentage of Business Ow ned:		Are you a veteran w ith a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race/Ethnicity (check all that apply): <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Initial investment to acquire ow nership interest in Business:					
Type		Dollar Value		Date (Month and Year)	
Cash		\$			
Real Estate		\$			
Equipment		\$			
Other		\$			
If 'Other,' explain in detail:					
Was ow nership acquired with joint or marital assets? <input type="checkbox"/> Yes <input type="checkbox"/> No					

SECTION VI. CONTROL

1. Identify the Business's officers and board of directors.

Name and Title	Veteran with a Service-Connected Disability	Race or Ethnicity	Gender	Date Appointed (Month/Year)

Officers	a.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	b.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	c.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Board of Directors	a.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	b.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	c.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Indicate each owner's responsibility for the operations and/or activities of the Business in the following areas.

Key: A = Always F = Frequently S = Seldom N = Never	Owner 1				Owner 2			
	Name: _____ Title: _____				Name: _____ Title: _____			
Set policy for company direction/scope of operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Bidding and estimating	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Major purchasing decisions	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Marketing and sales	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Supervise field operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Attend bid openings and lettings	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Perform office management (billing, accounts receivable/payable, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire management staff	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire field staff or crew	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>

Designate profits, spending or investment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Obligate business by contract/credit/bonding	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Office administration (answer telephones, filing, order supplies, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Purchase equipment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Sign business checks	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>

Key: A = Always F = Frequently S = Seldom N = Never	Owner 3				Owner 4				
	Name: _____				Name: _____				
	Title: _____				Title: _____				
	Set policy for company direction/scope of operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
	Bidding and estimating	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
	Major purchasing decisions	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
	Marketing and sales	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
	Supervise field operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Attend bid openings and lettings	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	
Perform office management (billing,									

accounts receivable/ payable, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire management staff	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire field staff or crew	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Designate profits, spending or investment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Obligate business by contract/credit/bonding	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Office administration (answer telephones, filing, order supplies, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Purchase equipment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Sign business checks	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>

3. Indicate officers, directors, managers and key employees—who are not also owners—that are responsible for the operations and/or activities of the Business in the following areas.

Key: A = Always F = Frequently S = Seldom N = Never	Officer, Director, Manager or Key Employee Name: _____ Title: _____ Race & Gender: _____ Veteran with a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				Officer, Director, Manager or Key Employee Name: _____ Title: _____ Race & Gender: _____ Veteran with a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Set policy for company direction/scope of operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>
Bidding and estimating	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Major purchasing decisions								

	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Marketing and sales	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Supervise field operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Attend bid openings and lettings	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Perform office management (billing, accounts receivable/payable, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire management staff	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire field staff or crew	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Designate profits, spending or investment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Obligate business by contract/credit/bonding	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Office administration (answer telephones, filing, order supplies, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Purchase equipment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Sign business checks	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>

4. Do any of the people listed in Section VI, questions 1, 2 and 3 perform a management or supervisory function for any other Business? Yes No

If 'Yes,' identify:

Name	Title	Business	Job Function

5. Does any owner have a current or past business relationship with any of the business's officers, board members or management employees? (Relationships include direct or indirect ownership interests, shared office space, financial investments, equipment leases or personnel sharing). Yes No

If 'Yes,' identify:

Name	Business Name	Business Relationship

6. Does any principal in your business, or the spouse of any principal, owe any money to the business? Yes No

If 'Yes,' explain:

7. Identify persons or businesses who provide the following services:

a. Information Technology or Computer-Based Services

Name of business	Contact Name	Address	Telephone Number

b. Accountancy/Bookkeeping

Name of business	Contact Name	Address	Telephone Number

c. Legal

Name of business	Contact Name	Address	Telephone Number

d. Principal Suppliers

Name of business	Contact Name	Address	Telephone Number

e. Unions, business or professional associations in which the owner(s) or management personnel have membership

Name of business	Contact Name	Address	Telephone Number

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8. Financial Information:

a. Banking Information

Name of bank	Name of Officer	Address of Bank	Telephone Number

b. Bonding Capacity

Name of Broker/Agent	Bonding Limit \$	Address of Agent or Broker	Telephone Number

c. Source, Amount and Purpose of Money Loaned to the Business

Name of Source	Address of Source	Amount \$	Name of Person Securing the Loan (if other than the owner)

9. List current licenses/permits held by any owner and/or employee of your Business (e.g. contractor, engineer, architect, etc.).

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State

10. List the three (3) largest contracts (by amount) completed by your Business in the past three (3) years.

Name of Owner/Contractor	Name/Location of Project

11. List three (3) active jobs this Business is currently working on:

Name of Owner/Client/Prime Contractor and Project Number	Location of Project	Date Project Began	Anticipated Completion Date

SECTION VII. AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each veteran owner with a disability.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION OR REVOCATION OF A PRIOR APPROVAL.

I, _____, swear or affirm under penalty of law that I am _____
Full Printed Name Title
of applicant Business _____. I have read and understood
Business Name

all of the questions in this application and that all of the foregoing information and statements submitted in the application, attachments and supporting documents are true and correct to the best of my knowledge. All responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named business as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of obtaining certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and I authorize such agency to contact any entity named in the application, and the named Business's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named Business's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named Business and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to the Finance and Administration Cabinet of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I understand and agree that my application for certification will not be complete until:

- a. I have answered all questions in the application for certification;
- b. I have submitted all required documents with the application for certification;
- c. I have submitted any additional information, clarification or documents requested by the Finance and Administration Cabinet;

I understand that my completed application will be reviewed and processed in the order of its receipt.

I acknowledge and agree that any misrepresentations in this application will be grounds for denial or revocation of certification. Further, I acknowledge and agree that failure to provide all necessary information and documentation as required shall constitute the basis for denying certification.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature

Printed Name

Title

Date

Agent or Power of Attorney (if applicable):

Signature

Printed Name

Date

Name of Business _____

Physical Address _____

Subscribed and sworn to before me by _____
Affiant Title

of _____ This _____ day of _____, 20_____.
Name of Business

Notary Public

My Commission Expires

(Notary Seal)

SECTION VIII. DOCUMENTS CHECKLIST

To complete your application for SDVOSB certification, you must attach copies of all of the following documents that apply to you and your Business. Please mark N/A for any documents that do not apply to your Business. A brief explanation for any omissions will prevent delays in processing and assist the program in reaching a final determination regarding your eligibility. This list is not all-inclusive and additional documents may be required after the submission of your application. Failure to provide all necessary information and documentation as required shall constitute the basis for denying certification.

A. Documents that must be provided with the application:

ALL APPLICANTS

1. Copy of Department of Defense Form DD 214 for each veteran owner with a disability
2. Copy of United States Department of Veterans Affairs disability letter (also known as the 'Adjudication' letter) or other United States Department of Veterans Affairs documentation establishing a disability for each veteran owner
3. Copy of Veterans First Verification Program approval letter from U.S. Department of Veterans Affairs, Center for Verification and Evaluation (if applicable)
4. Copy of approval letter or certificate from the Kentucky Minority and Women Business Enterprise Certification Program (if applicable)
5. Copies of certification denials, decertifications and appeal decisions
6. Proof of current Kentucky residency for each veteran owner with a disability
7. Proof of racial/ethnic minority or female status for each veteran owner with a disability (if applicable)
8. Documents indicating business entity status
9. Resumes or Curriculum Vitae for each veteran owner with a disability
10. Proof of contributions used to acquire ownership for each veteran owner with a disability
11. 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
12. Proof of any transfers of assets to/from your business and/or to/from any of its owners over the past 3 years
13. List of all employees, job titles, and dates of employment
14. List of all equipment (including office equipment) and vehicles owned, leased or otherwise made accessible to the business

B. Documents that must be available during the Onsite Review (Unless specifically advised by the FAC staff, all documents referenced in this section shall be available for review and potential reproduction to representatives of the FAC):

1. ALL APPLICANTS

All applicants must provide the following documents for review. In some cases, applicants may also be required to provide copies of the documents.

- Proof of company owned and/or leased real estate (title, warranty deed, tax or mortgage statement and/or signed leases)
- Proof of company owned and/or leased equipment (title, proof of ownership and/or signed leases)
- Titles or registrations to any company owned vehicles
- Signed loan agreements or promissory notes
- Relevant licenses
- List of active contracts
- Invoices and Purchase Orders

2. SOLE PROPRIETORS

All Sole Proprietors must provide the following documents for review. In some cases, Sole Proprietors may also be required to provide copies of the documents.

- Personal Tax returns and all related schedules for the past three (3) years (Schedule C, Profit or Loss From Business)
- Assumed Name documents
- Bank signature card

3. PARTNERSHIPS

All Partnerships must provide the following documents for review. In some cases, partnerships may also be required to provide copies of the documents.

- Personal tax returns for the past three (3) years for each veteran owner with a disability
- Partnership tax returns and all related schedules for the past three (3) years
- Partnership agreement including any buy-out rights and profit sharing agreements (original and any amended versions)
- Minutes of company meetings (past 3 years)
- Bank signature card
- Separate employment agreement(s) between the business and any employee
- Separate consultant agreement(s) between the business and any employee
- Separate contract(s) between the business and any employee
- Separate employment agreement(s) between the business and any partner, member or officer
- Separate consultant agreement(s) between the business and any partner, member or officer
- Separate contract(s) between the business and any partner, member or officer

4. CORPORATIONS

All Corporations must provide the following documents for review. In some cases, Corporations may also be required to provide copies of the documents.

- Articles of incorporation (original and any amendments – include filing copy with state seal/stamp)
- By-laws (original and any amendments)
- Minutes of stockholders and board meetings (past 3 years)
- Stock certificates (both sides)
- Stock ledger (include names, certificate numbers, dates, transfers, cancellations)
- Corporate bank resolutions and/or bank signature card(s)
- Shareholders' Agreement(s)
- Personal tax returns for the past three (3) years for each veteran owner with a disability
- Corporate tax returns and all related schedules for the past three (3) years
- Separate employment agreement(s) between the business and any employee
- Separate consultant agreement(s) between the business and any employee

- Separate contract(s) between the business and any employee
- Separate employment agreement(s) between the business and any officer, director or shareholder
- Separate consultant agreement(s) between the business and any officer, director or shareholder
- Separate contract(s) between the business and any officer, director or shareholder

5. LIMITED LIABILITY COMPANIES AND/OR LIMITED LIABILITY ENTERPRISES

All Limited Liability Companies and/or Limited Liability Enterprises must provide the following documents for review. In some cases, Limited Liability Companies and/or Limited Liability Enterprises may also be required to provide copies of the documents.

- Articles of organization (original and any amendments – include filing copy with state seal/stamp)
- Operating agreement (original and any amendments)
- Minutes of company meetings (past 3 years)
- Bank resolutions and bank signature card(s)
- Personal tax returns for the past three (3) years for each veteran owner with a disability
- Business tax returns and all related schedules for the past three (3) years
- Separate employment agreement(s) between the business and any employee
- Separate consultant agreement(s) between the business and any employee
- Separate contract(s) between the business and any employee
- Separate employment agreement(s) between the business and any officer or member
- Separate consultant agreement(s) between the business and any officer or member
- Separate contract(s) between the business and any officer or member

6. OPTIONAL DOCUMENTS TO BE PROVIDED UPON REQUEST

If requested, all applicants must provide the following documents for review. In some cases, applicants may also be required to provide copies of the documents.

- Trust agreements held by any veteran owner with a disability
- Suppliers: List of product lines carried

RETURN TO:
Finance and Administration Cabinet
Office of EEO/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