



8(a) Participant Benefits Report

Who Submits this Benefits Report Form?

As part of its annual financial submission each 8(a) Participant owned by a Tribe, ANC, NHO or CDC must submit to SBA information showing how the Tribe, ANC, NHO or CDC has provided benefits to the Tribal or native members and/or the Tribal, native or other community due to the Tribe's/ANC's/NHO's/CDC's participation in the 8(a) Business Development (BD) program through one or more firms. For 8(a) Participants owned by Tribes, ANCs, NHOs and CDCs that submits a consolidated financial statements prepared by the parent entity that include schedules for each 8(a) Participant instead of separate audited financial statements for each individual 8(a) Participant, the Parent may submit this report. This data includes information relating to funding cultural programs, employment assistance, jobs, scholarships, internships, subsistence activities, and other services provided by the Tribe, ANC, NHO or CDC to the affected community. 13 C.F.R. § 124.604.

Each individual 8(a) Participant is responsible for submitting this report to SBA. The 8(a) Participant may use information provided by its Parent Corporation or holding company.

CATEGORIES OF BENEFITS

- Category 1: Health, Social and Cultural Support
- Category 2: Education and Development
- Category 3: Lands
- Category 4: Economic and Community Development
- Category 5: Employment
- Category 6: Economic Benefits

SECTION I - ENTITY INFORMATION

The 8(a) Participant is owned by:

- American Indian Tribe ANC NHO CDC

The information is being provided by the:

- 8(a) Participant Parent Corporation Wholly-owned holding company

2. Name of 8(a) Participant: _____

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

3. Point of Contact Information:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Business Telephone: _____ Fax Number: _____

4. List the name(s) of the 8(a) Participant(s) owned by the Tribe, ANC, NHO or CDC during the applicable fiscal year and the year(s) in which the firm(s) was (were) certified to participate in the 8(a) BD program.

Legal Name of 8(a) Participant	Date of Certification	Date Exited Program

*If more space is needed, provide in an attachment marked as “Attachment –8(a) Participant Firms.”

Complete the information below for each 8(a) Participant for the preceding fiscal year

Name*	8(a) Participant Number	Total Revenue	8(a) Revenue	Non-8(a) Revenue	Fiscal Year
Total		\$	\$	\$	

*If more space is needed, provide in an attachment marked as “Attachment –Income Generated”

SECTION II – SBA BENEFITS REPORTING CATEGORIES

Below are six (6) specific categories SBA has identified as potentially providing benefits to the Native or other communities through the firm’s participation in the 8(a) BD program. Identify the total financial contribution made for all programs under this category. List the programs supported and, if known, estimate the total number of beneficiaries and total financial contribution of each identified program. In providing a response make sure to list and describe all applicable programs, initiatives, donations, and investments of funds. If the category is not applicable please indicate and briefly explain why it is not applicable.

Each category has a section for a narrative statement to describe both tangible and intangible contributions.

Category 1: Health, Social and Cultural Support

Identify contributions (established or funded) in the following categories, as applicable, made for the benefit of the Native or other communities.

- Monetary donations or contributions*
- Social programs*
- Cultural programs* (may include language revitalization programs, cultural camps, and after school programs).
- Beneficiary outreach and communication efforts* (may include newsletters, websites, conferences, informational meetings, gatherings, and annual meetings of Native or community members).
- Death benefits* (may include funeral benefits, life insurance proceeds, and potlatch funds).

Contributions made for the Health, Social, and Cultural Support of the Native or other communities.

Programs Supported:

Total financial contribution: \$ _____

Additional Narrative/Information for Health, Social, and Cultural Support programs:

* If more space is needed, provide in an attachment marked “Benefits Attachment Category 1”.

Category 2: Education and Development

Identify contributions (established or funded) in the following categories, as applicable.

- Scholarship programs*
- Life skills programs*
- School program support*
- Apprentice programs*
- Intern programs*
- Training programs* (may include Board, Tribal Council, and Management training programs and mentor programs)

Contributions made for the Education and Development of the Native or other communities.

Programs Supported:

Total financial contribution: \$ _____

Additional Narrative/Information for Education and Development programs:

* If more space is needed, provide in an attachment marked "Benefits Attachment Category 2".

Category 3: Lands

Identify contributions (established or funded) in the following categories, as applicable.

- Land management programs*
- Subsistence programs (e.g., agriculture farming)*
- Resource management and enforcement*
- Water management*

Contributions made for the Lands support of the Native or other communities.

Programs Supported:

Total financial contribution: \$ _____

Additional Narrative/Information for Lands:

* If more space is needed, provide in an attachment marked "Benefits Attachment Category 3".

Category 4: Economic and Community Development

Identify contributions (established or funded) in the following categories, as applicable.

- Investment in new businesses*
- Community infrastructure*
- Support to small businesses or entrepreneurs*
- Federal and state tax payments*
- Housing Assistance*
- Energy Assistance*

Contributions made for the Economic and Community Development support of the Native or other communities.

Programs Supported:

Total financial contribution: \$ _____

Additional Narrative/Information Economic and Community Development:

* If more space is needed, provide in an attachment marked "Benefits Attachment Category 4".

Category 5: Employment

Identify contributions (established or funded) in the following categories, as applicable.

- Total number of jobs directly or indirectly created*
- Employment assistance and support*

Contributions made for the Employment support of the Native or other communities.

Programs Supported:

Total financial contribution: \$ _____

Additional Narrative/Information Employment support:

* If more space is needed, provide in an attachment marked "Benefits Attachment Category 5".

Category 6: Economic Benefits

Identify contributions (established or funded) in the following categories, as applicable.

- Investment or payments made for the support of elder trusts*
- Investment or payments made for the support of settlement trusts*
- Investment or payments made towards permanent funds or restricted funds*
- Dividends paid*
- Increase in the value of the equitable interest*

Contributions made for the Economic Benefit support of the Native or other communities.

Programs Supported:

Total financial contribution: \$ _____

Additional Narrative/Information Economic Benefit support:

* If more space is needed, provide in an attachment marked "Benefits Attachment Category 6".

PLEASE NOTE: The estimate burden for completing this form is 1 ½ hours. 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 Desk Officer of the U.S. Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval No. _____. **PLEASE DO NOT SEND FORMS TO OMB.**