**Non-Profit Eligibility Attestation Form**

**Instructions:** Complete the Non-Profit Eligibility Attestation Form. Print the completed form and scan it together with all required documentation as **one single PDF File.** **Upload the scanned PDF along with your application.** Your non-profit attestation will be validated based on your filing(s) with the [Non-Profit Organizations/Public Charities Division of the Attorney General's Office](https://www.mass.gov/service-details/public-charities-annual-filings).

**Eligibility Criteria and Documentation Requirements**

I hereby attest that the non-profit organization listed on this form meets the following criteria. (*Please check the document you are providing):*

**Program Criterion 1: Your principal place of business is in Massachusetts.**

**Program Criterion 2: You have been in business for at least one year.**

To demonstrate your business’ eligibility for these requirements, provide the following. *(Please check the document you are providing):*

**Proof of your organization’s IRS 501 (c)(3) or (c)(4) designation.**

**Program Criterion 3: The confirmation provided from your organizations most recent PC filing** with the Attorney General’s Office’s Non-profits & Charities Office.

To demonstrate your business’ eligibility for this requirement, provide one of the following. *(Please check the document you are providing):*

**Your organization’s most recent Certificate of Solicitation** (the form may be downloaded from the [Attorney General Office’s Non-Profits & Charities Search](http://www.charities.ago.state.ma.us/charities/))or

**Your organization’s most recent Letter of Good Standing** issued by the Attorney General Office’s Non-Profits & Charities.

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| Signature | By signing below, I hereby swear under the pains and penalties of perjury that my business meets the eligibility criteria as set forth in this grant opportunity and that all documents provided in support of my eligibility are true copies of originals on file with my company.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date |  |