  

**Small Business Eligibility Attestation Form**

**Instructions:** Complete the Small Business Eligibility Attestation Form. Print the completed form and scan it together with all required documentation **as one single PDF File. Upload the scanned file with your application.**

**Eligibility Criteria and Documentation Requirements**

**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 one of the following. *(Please check the document you are providing):*

[ ]  **LLC, LP, or Corporation** – a copy of your most recent Massachusetts annual report (can be downloaded from the [Secretary of the Commonwealth Corporations Division webpage](https://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx)).

**Program Criterion 3: Your business currently employs a combined total of 50 or fewer full-time equivalent employees in all locations or employees work less than a combined total of 2,600 hours per quarter.**

**To demonstrate your business’ eligibility for this requirement, confirm the following.**

[ ]  **Single Owner Firms (Sole Proprietorship, LLC, LP, or Corporation). By checking this box and signing this form you attest that the applicant is a single owner firm.**

**Program Criterion 4: Your business has gross revenues, as reported on the appropriate Massachusetts Department of Revenue tax forms, of $15 million or less, based on a three-year average.**

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

[ ]  **Firms in business for three or more years** – a copy of the cover page and the pages that contains your firm’s gross revenue from the tax forms filed by your business in the last three years.

[ ]  **Firms in business for less than three years** – copies of the cover page and the pages that contain your firm’s gross revenue from the tax forms filed by your business for the number of years your company has been in business.

| I have provided the following state tax forms as evidence of meeting Program Criterion 4: | **State Tax Form #** | **Most Recent Tax Year(s)** | **Gross Revenue for this Year** |
| --- | --- | --- | --- |
|  | 20\_\_ | $ |
|  | 20\_\_ | $ |
|  | 20\_\_ | $ |

|  |  |
| --- | --- |
| 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 |  |