# Small Business Purchasing Program

# Attestation Form (For-Profit)

This form is used by for-profit businesses that have applied for the Small Business Purchasing Program (SBPP) and, following an initial online verification process, were not validated as SBPP participants. Firms whose eligibility was not validated through the online process must provide documentation to demonstrate [eligibility for the program](https://www.mass.gov/how-to/register-for-the-small-business-purchasing-program-sbpp).

**Instructions:** Scan the completed form with all required documentation **as one single PDF File.** Send the scanned file to sbppreview@mass.gov within 25 business days of receiving the SBPP validation email. Please allow 10 business days to process your request. Direct questions to sbppreview@mass.gov.

## 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):*

[ ]  **Sole Proprietorship** – a copy of your business certificate from the city or town where your business is located.

[ ]  **LLC, LLP, 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)).

[ ]  **All Business Structures** – a copy of the cover page of your business’ most recent Massachusetts state tax form.

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

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

[ ]  **All Other Businesses -** a copy of employment filings submitted to the Department of Unemployment Assistance for the two most recent quarters.

**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\_\_ | $ |

## Applicant Information

|  |  |
| --- | --- |
| COMMBUYS Vendor ID |  |
| Business Name |  |
| Doing Business As (DBA) |  |
| Federal Employer ID # *(FEIN or SSN)* |  |
| Business Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Contact First Name |  |
| Contact Last Name |  |
| Contact Title |  |
| Telephone Number |  |
| Email Address |  |
| Business Structure *(Check One)* | [ ]  Corporation [ ]  Sole Proprietorship[ ]  Partnership | [ ]  Limited Liability Corporation (LLC)[ ]  Limited Liability Partnership (LLP)[ ]  Other – *Please specify: \_\_\_\_\_* |
| Signature | By signing below, I hereby swear under the pains and penalties of perjury that my business meets the Small Business Purchasing Program (SBPP) eligibility criteria and that all documents provided in support of my eligibility are true copies of originals on file with my company. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date |  |

**Send the completed form and all required documentation as *one single PDF File* to** **sbppreview@mass.gov****.**

*Revised 10/25/2021*