# Small Business Purchasing Program

# Attestation Form (Non-Profit)

This form is used by non-profit organizations that have applied for the Small Business Purchasing Program (SBPP) and, following an initial online verification process, were not validated as SBPP participants. Organizations 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). Your attestation will be validated based on your organization’s 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).

**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

I hereby attest that the non-profit organization listed on this form meets the following SBPP criteria. *(Please check the criteria your organization meets and provide additional information where required):*

**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):*

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

**Program Criterion 3: Your organization currently employs a combined total of 50 or fewer Full-Time Equivalent (FTE) 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):*

[ ]  **Volunteer-only organization.** By checking this box and signing this form, you attest that the organization only uses volunteers and is not required to file quarterly reports with the Massachusetts Department of Unemployment Assistance (DUA).

[ ]  **All other organizations.** Please provide copies of employment filings submitted to the Massachusetts DUA for the two most recent quarters.

**Program Criterion 4: Your organization ‘s revenues are under $15 million (based on a three-year average) as reported in the Massachusetts Attorney General’s Public Charities Division Form PC.**

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

[ ]  **Your organization’s Form PC for the immediately preceding 3 years** (the form may be downloaded from the [Attorney General Office’s Non-Profits & Charities Search](http://www.charities.ago.state.ma.us/charities/))**.**

## Applicant Information

|  |  |
| --- | --- |
| COMMBUYS Vendor ID |  |
| Organization Name |  |
| Doing Business As (DBA) |  |
| Federal Employer ID # *(FEIN)* |  |
| Business Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Contact First Name |  |
| Contact Last Name |  |
| Contact Title |  |
| Telephone Number |  |
| Email Address |  |
| Business Structure *(Check One)* | [ ]  Non-Profit Organization | [ ]  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 and signed form and all required documentation *as one single PDF* to** **sbppreview@mass.gov**.

*Revised 10/25/2021*