

**Workforce Advancement Training Grant**

**Attachment A: Small Business Certification Statement**

The college and employer requesting Workforce Advancement Training grant funding:

1. Certify that the information below is true.
2. Understand that grant funding is competitive and not all applications are funded.

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| --- | --- | --- |
| **Business Information** | | |
| Business Name: |  | |
| CEO Name: |  | |
| Contact Person—Name and telephone number: |  | |
| Business Address: |  | |
| Web Page Address: |  | |
| Federal Employer ID Number: |  | |
| **Small Business WATG Qualifications**  *No more than 250 employees or no more than $10 million in gross annual income in most recent fiscal year (s. 38.41, Stat.)* | | |
| *Supply information for either of the two following bases for qualifying as a small business for WATG purposes.* | | |
| Number of Wisconsin Employees: |  | |
| Gross Annual Income and Fiscal Year End Date: |  | |
| **Ownership Information** | | |
| Name: (First & Last) | | Ownership % |
| 1. | |  |
| 2. | |  |
| 3. | |  |
| 4. | |  |
| All others | |  |
| Total | | 100% |

Signature: Date:

*(Employer Authorized Representative)*

Signature: Date:

*(College Authorized Representative)*