**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)*