



**Business Operating Statement (October 2020 – December 2020)**

**Business Name:** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_

**Reporting Month:** \_\_\_\_\_

**To verify business continues in operation, please provide one of the following documents:**

- \_\_\_\_ Recent Monthly Bank Statements showing deposits of business income over \$500
- \_\_\_\_ Sales Transaction Receipts no older than 15 days
- \_\_\_\_ Purchase Order(s) no older than 15 days
- \_\_\_\_ Copies of Bid(s) including the proposal amount
- \_\_\_\_ Executed Contract(s) including the contract award amount

**To verify you are following the contract performance requirement, please check only those that are applicable during the current reporting month:**

- \_\_\_\_ I have read the "Beneficiary Contract Requirements and What to Expect" document that outlines program requirements, deadlines, and three different points of contact for the Thrive program
- \_\_\_\_ I acknowledge that per the Beneficiary Agreement I must meet with a business coach for guidance during the grant period of October 2, 2020 – December 10, 2020.
- \_\_\_\_ I have scheduled my initial appointment with my business coach
- \_\_\_\_ I have participated in a business coaching session for the current reporting month
- \_\_\_\_ I have reviewed by budget and submitted a "Not to Exceed" budget adjustment form
- \_\_\_\_ I acknowledge the per the Beneficiary Agreement I must complete a Business Continuity Plan and submit the plan by November 17<sup>th</sup>
- \_\_\_\_ I have submitted by Business Continuity Plan to my business coach
- \_\_\_\_ I can confirm that the business referenced in this document is actively operating

**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_