



Business Operating Statement (January 2021 - September 2021)

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 have submitted my Business Continuity Plan to my business coach.
- ____ I can confirm that the business referenced in this document is actively operating.

If the business is not actively operating please provide a detailed explanation:

Owner Signature: _____

Date: _____