

**City of Sacramento Small Business Microgrant Program  
Technical Assistance Provider Verification Form**

**Date:**

**Business Name:**

**Description of Recommended Good(s) and/or Service(s):**

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**Technical Assistance Provider/Subject Matter Expert Certification**

By signing below, I hereby certify that I recommend the purchase of the aforementioned good(s) and/or service(s) for the aforementioned business to address a legitimate business need that will improve and/or expand current business operations.

**Signature:**

**Organization Name\*:**

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\*Refers to the technical assistance entity affiliated with the City of Sacramento's Small Business Assistance Center