



Newport News Micro-Enterprise Grant Program
CERTIFICATE OF COMPLETION
Counseling Sessions or Workshop

I, _____, do hereby certify that I have completed the following counseling sessions or workshop as required by the City of Newport News Micro-Enterprise Grant Program Guidelines and Agreement.

[] SBDC Counseling Sessions: Date of Completion ___/___/___

(A separate certificate is required for each of the two required sessions)

[] SCORE Counseling Sessions: Date of Completion ___/___/___

(A separate certificate is required for each of the two required sessions)

[] SBDC Starting a Business Workshop: Date of Completion ___/___/___

[] City of Newport News Sponsored SBDC Workshop: Date of Completion ___/___/___

[] Two Five & J Counseling Sessions or Workshop: Date of Completion ___/___/___

(A separate certificate is required for each required session)

[] Other; (Attach pre-approval from City): Date of Completion ___/___/___

(A separate certificate is required for all required sessions stated in the pre-approval)

Signature

Date

SBDC, SCORE or City Representative Signature

Date

Questions?

Priscilla Green
Phone: (757) 926-3803
Email: greenpa@nnva.gov

Tricia Wilson
Phone: (757) 926-3793
Email: wilsontf@nnva.gov

City of Newport News
Department of Development
3rd Floor
2400 Washington Avenue
Newport News, VA 23607
(757) 926-8428