



Qualification Criteria for Defense Impacted Firm

I. Basic Information

Name of Firm: _____

Address: _____

City: _____ Zip code: _____

Website: _____

Contact: _____

Phone Number: _____ Email: _____

II. Criteria

For a firm to be eligible for services, at least one of the following three criteria has to be fulfilled. If there are more applicants than can be accommodated, we will work with those with the highest priority first (Priority #1 first etc.).

Please check the box that best describes your firm between 2012 and the present:

Priority #1: The firm experienced a loss of employment as well as a loss or an imminent threat of a loss of at least 5% of sales and/or production or of a major product line (defined as 25% of total sales or production) attributable to defense budget reductions. Time Period: _____

Priority #2: At least 5% of the firm's loss in sales/production can be attributed to defense budget reductions. Time Period: _____

Priority #3: The firm is a prime defense contractor or first, second, third, fourth, etc. tier subcontractor to a prime contractor affected by defense budget reductions. Reduction occurred in time period: _____

I agree that my firm meets at least one of the three criteria above to qualify as a defense impacted firm.

Signature

Position/Title

Printed Name

Date