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|  | **Minority Business Accelerator** | | | | | |  | |
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|  | | THIS CERTIFIES THAT | | | |  | | |
|  | | | | | | | | |
|  | Recipient Name | | | | | | |  |
|  | |  | |  |  |  | | |
|  | | HAS SUCCESSFULLY COMPLETED | | | |  | | |
|  | |  | | | |  | | |
|  | | A total of technical assistance hours. | | | |  | | |
|  | |  | | | |  | | |
|  | Month, Day, Year | |  | SIGNED, Signature Name, Title | | | |  |
|  | |  | | | |  | | |
|  | |  | | Intermediary’s Logo |  |  | | |