

### PROPOSAL

The undersigned hereby certifies that the above-named project is a project of the State of Massachusetts and that the project is eligible for the State's financial assistance under the provisions of the State's financial assistance program.

The undersigned hereby certifies that the project is a project of the State of Massachusetts and that the project is eligible for the State's financial assistance under the provisions of the State's financial assistance program.

NAME	ADDRESS	CITY	STATE	ZIP

DATE: \_\_\_\_\_

### LINGTON



STATE OF MASSACHUSETTS  
 DEPARTMENT OF REVENUE  
 700 STATE STREET, SUITE 1000  
 BOSTON, MASSACHUSETTS 02118