

SAMPLE APPLICATION | VIRGINIA ENTERPRISE ZONE | JOB CREATION GRANT

PART I BACKGROUND INFORMATION	
1. QUALIFIED ZONE INVESTOR'S LEGAL NAME	
2. TRADING NAME, IF DIFFERENT THAN LEGAL NAME	
3. DATE BUSINESS BEGAN OPERATION IN THE ZONE	
4. FEDERAL EMPLOYMENT ID # (FEIN)	
5. ACTIVITY # (FIRST 3 DIGITS OF THE NAICS CODE)	
6. PHYSICAL ADDRESS OF ZONE ESTABLISHMENT	
CITY/COUNTY/TOWN	
ZIP CODE	
7. TYPE OF APPLICATION (SELECT ONE)	STANDARD
	HIGH UNEMPLOYMENT AREA (HUA) OR
	SWAM-CERTIFIED BUSINESS
8. TYPE OF JOB CREATION MADE BY THE APPLICANT	EXPANSION OF AN EXISTING FIRM
	NEW FIRM (START UP)
	RELOCATION OF A FIRM FROM OUTSIDE VIRGINIA
	RELOCATION & EXPANSION OF FIRM WITHIN VIRGINIA (FIRMS ARE NOT ELIGIBLE IF SIMULTANEOUSLY CLOSING A FACILITY IN VIRGINIA)
9. FEDERAL EMPLOYMENT ID # (FEIN) OF PARENT COMPANY (IF APPLICABLE)	
10. IF FIRM IS SUBSIDIARY, NAME OF PARENT CO.	
11. ZONE NAME (LOCATION)	
12. ZONE #	
13. ZONE DESIGNATION DATE	
14. NAME OF LOCAL ZONE ADMINISTRATOR	
15. NAME OF GRANT APPLICANT REPRESENTATIVE	
TITLE	
DAYTIME PHONE #	
EMAIL ADDRESS	
16. PRINCIPAL MAILING ADDRESS	
CITY/STATE/ZIP CODE	
PART II QUALIFICATION INFORMATION	
GRANT IS REQUESTED FOR CALENDAR YEAR 2023	
2. CHECK YEAR OF QUALIFICATION	YR1 YR2 YR3 YR4 YR5
3. BASE CALENDAR YEAR USED BY BUSINESS (BASE YEAR REMAINS THE SAME FOR THE 5 YEARS OF QUALIFICATION)	
4. NEW JOB CREATION	(PFTP=PERMANENT FULL TIME POSITION) (ALL DOCUMENTED JOBS MUST EXCLUDE POSITIONS IN RETAIL, FOOD & BEVERAGE, & PERSONAL SERVICE)
4A. # OF ALL EQUIVALENT PFTP FILLED BY THE FIRM DURING THE BASE YEAR (BASE YEAR REMAINS THE SAME FOR THE 5 YEARS OF QUALIFICATION)	
4B. # OF ALL EQUIVALENT FTP FILLED BY THE FIRM DURING THE GRANT YEAR	

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4C. INCREASE IN THE # OF EQUIVALENT PFTP CREATED OVER THE BASE YEAR (SUBTRACT LINE 4A FROM LINE 4B)	
4D. NEW JOBS CREATED OVER FOUR NET NEW JOB THRESHOLD (SUBTRACT 4 FROM LINE 4C (IF LINE C IS EQUAL TO OR LESS THAN 4, THE FIRM WILL NOT QUALIFY FOR JOB CREATION GRANTS))	
5. GRANT ELIGIBLE EMPLOYEES	
5E. NEW ELIGIBLE PFTP FILLED IN GRANT YEAR EARNING AT LEAST 175% OF THE MINIMUM WAGE AND OFFERED HEALTH CARE BENEFITS (B5 ON JCG WORKSHEET)	
5F. NEW ELIGIBLE PFTP FILLED IN GRANT YEAR EARNING AT LEAST 150% OF THE MINIMUM WAGE (BUT LESS THAN 175% AND OFFERED HEALTH CARE BENEFITS) (B6 ON JCG WORKSHEET)	
5G. NUMBER OF NEW GRANT YEAR PFTP MEETING WAGE AND HEALTH BENEFITS REQUIREMENTS (ADD LINES E & F)	
PART III CPA INFORMATION	
NAME OF CERTIFIED PUBLIC ACCOUNTANT (IF COMPANY IS EXEMPT FROM CPA ATTESTATION, PUT "EXEMPT" AS CPA NAME.)	
CPA VA LICENSE #	
DAYTIME PHONE #	
EMAIL ADDRESS	
ACCOUNTING FIRM	
ADDRESS	
CITY/STATE/ZIP CODE	
PART IV UPLOAD DOCUMENTS	
*INDICATES A DOCUMENT THAT MUST BE UPLOADED TO SUBMIT THE APPLICATION	(THE DOCUMENTS LISTED BELOW MUST BE UPLOADED INTO THE ONLINE SYSTEM. PASSWORD PROTECTED DOCUMENTS WILL NOT BE ACCEPTED. ALL DOCUMENTS MUST BE UPLOADED SEPARATELY. ONE PDF WITH ALL THE DOCUMENTS WILL NOT BE ACCEPTED.)
APPLICANT DECLARATION FORM*	
JCG WORKSHEETS (MUST UPLOAD EXCEL VERSION)*	
COV FORM W-9*	
LOCAL ZONE ADMINISTRATOR REVIEW*	
CPA ATTESTATION FORM (IF NOT EXEMPT)	
ADDITIONAL INFORMATION/DOCUMENTATION	