

VIRGINIA SMALL BUSINESS JOBS GRANT FUND



Section I. Company Information

SCC Registered Name: _____
 Trade Name: _____

Virginia Location: _____
 Street Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

Remittance Location: _____
 Street Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

Top Company Official: _____
 Contact Name: _____ Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

Organizational or Business structure: _____ Federal Employer Identification No: _____

Please answer the following questions about your company:	Click box to answer
Is it considered tax exempt under IRS Code Section 501 (a)?	<input type="checkbox"/>
How many employees are there company-wide?	<input type="checkbox"/>
Is the company woman or minority owned?	<input type="checkbox"/>
Has there been a significant workforce reduction in the past 12 months?	<input type="checkbox"/>
Is it a subsidiary, associate or created by a merger or acquisition?	<input type="checkbox"/>
Is at least 50% of the company's revenue derived from out of state?	<input type="checkbox"/>
Are you participating in the Virginia Jobs Investment Program?	<input type="checkbox"/>

Section II. Primary Contact Information

Name: _____ Title: _____
 Phone: _____ Email: _____

Section III. Project Information

Please provide a description of products or services at this site:

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What is the new capital investment at this site?	
What is your current total full-time employment in Virginia?	
What is your estimated recruitment and training cost per new job?	
Competing states or countries considered in this location search?	

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Section IV. Estimated Personnel Requirements

Please provide the job classification (i.e. welder, admin, programmer), expected starting wage for that position, and annual projections for each position in this project.

Job Classification	Starting Hourly Wage	1st Year	2nd Year	Total	Total Hourly Wage for Position
				0	\$0.00
				0	\$0.00
				0	\$0.00
				0	\$0.00
				0	
				0	
				0	
				0	
				0	
				0	
Total Personnel Requirements		0	0	0	#DIV/0!
Total Payroll (not inc. benefits) generated by Total Net New Jobs Created				\$	-

Note: Projects run for a maximum of 24 months which begins with the date of the first hire

Section V. Funding Award Agreement

I certify that I am an authorized representative of the company and the information provided in this application is correct. All reimbursements submitted to the Department of Small Business and Supplier Diversity's Small Business Jobs Grant Fund will only be for the employee positions listed in this application. I also certify that I am not receiving a grant from the Virginia Jobs Investment Program at the Virginia Economic Development Partnership. I understand that I will be liable under the Virginia Fraud Against Taxpayers Act (§8.01-216.1, et seq.) and other applicable law, for knowingly providing false information on this application or on requests for reimbursements submitted to SBJGF. An audit may be performed at the end of my project to verify employment and salary of any employee submitted for reimbursement and I will provide any and all records necessary in the performance of such

I understand any funding for this project is contingent upon appropriations to the Small Business Jobs Grant Fund by the Commonwealth of Virginia. I also understand that from time to time, I may be required to produce additional documents or other informatin related to the project that is deemed necessary by the Department of Small Business & Supplier Diversity to verify the information I provided to obtain SBJGF funding. I understand that the company will be required to pay back the SBJGF grant if the facility closes within a year or prior to the Commonwealth of Virginia recovering its return on investment

- Please check box to indicate you understand the above agreement
- Please check box to consent to conduct this transaction electronically

Section VI. Signature of Designee

Company Representative

Date

Title