



2015

VIRGINIA ENTERPRISE ZONE GRANT PROGRAM
Real Property Investment Grant Qualification Form

Please read the 2015 Real Property Investment Grant Instruction Manual before completing this form.

TO BE COMPLETED BY THE QUALIFIED ZONE INVESTOR

PART I: BACKGROUND INFORMATION

Form with 13 numbered sections for background information including investor name, address, and classification.

PART II: PLACED-IN-SERVICE DOCUMENTATION

Form with sections A and B for placed-in-service documentation, including checkboxes for occupancy and inspection.

**PART III: ITEMIZED LIST OF QUALIFIED REAL PROPERTY INVESTMENTS**

List the category of work and the total costs involved for each qualified real property investment. For a list of items regarded as qualified real property investments, see pages 11-12 of the 2015 Real Property Investment Grant Instruction Manual.

Zone Investor made the following qualified real property investments to the building/facility located at physical address, Virginia.

| Qualified Real Property Investment                  | Dollar Amount                          |
|---|--|
| 1.  | \$                                     |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| 9.  |  |
| 10.   |  |
| 11.   |  |
| 12.   |  |
| 13.   |  |
| 14.   |  |
| 15.   |  |
| 16.   |  |
| 17.   |  |
| 18.   |  |
| 19.   |  |
| 20.   |  |
| 21. <b>Total Qualified Real Property Investment</b> | <b>\$</b> (amount to enter in line 3A) |

NOTE: For projects that contain more than 20 qualified real property investments, list the sum of the remaining dollar amount in line 20 and label the category as "See Attachment". Attach a list of the remaining items and corresponding dollar amounts to the hard copy of this form.

**PART IV: QUALIFICATION INFORMATION**

|  |  |
|--|--|
| <b>1. Date Real Property Placed in Service (MM/DD/YYYY)</b><br><ul style="list-style-type: none"> <li>▪ To verify this date <u>attach a copy</u> of the final Certificate of Occupancy, final building inspection (approved by local jurisdiction), or a licensed third party inspector's report in cases where project did not require a permit.</li> <li>▪ When submitting a licensed third party inspector's report, <u>attach a letter</u> from the local Building Official verifying that project did not require any permits.</li> </ul> | 1. / /   |
| <b>2. Qualification is requested for calendar year:</b>  | 2. 2015  |
| <b>3. Grant Calculation:</b>   |  |
| A. Actual dollar amount of qualified real property investments made by applicant:  | 3A. \$   |
| B. Applicable investment threshold based on the type of real property investment:  | 3B. \$   |
| C. Grant eligible dollar amount (Line 3A minus Line 3B):   | 3C. \$   |
| D. Multiply line (C) by 20%. This is the amount of grant the zone investor is requesting.<br><ul style="list-style-type: none"> <li>▪ For investments (line A) less than \$5 million, this amount cannot exceed \$100,000.</li> <li>▪ For investments (line A) of \$5 million or more, this amount cannot exceed \$200,000.</li> </ul> <i>Tenants or zone investors who own a space within a building cannot request the maximum grant amount if they did not coordinate qualification or receive owner consent.</i>                           | 3D. \$   |
| <b>4. Real Property Investment Grants previously issued to this building or facility.</b><br><i>See RPIG Award Schedule to complete this section.</i>  |  |
| A. Have real property investment grants been awarded to the building or facility in the last four years?<br><i>(If yes, complete section B)</i>  | 4A. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. If yes, indicate the total amount received in previous years.   | 4B. \$   |

**PART V: CONTACT INFORMATION**

| 1. Name of Grant Applicant Representative                                       |                |              |                          |                        |                |
|---|----------------|--------------|--------------------------|------------------------|----------------|
| Prefix (Mr., Ms., Dr.)  | First Name     | Last Name    | Title                    | Daytime Phone<br>( ) - | E-mail Address |
| Principal Mailing Address (Grant correspondence will be mailed to this address) |                |              | City                     | State                  | Zip Code       |
| 2. Certified Public Accountant (preparer of required Attestation Report)        |                |              |                          |                        |                |
| Name of Certified Public Accountant   |                | VA License # | Daytime Phone #<br>( ) - | Email Address          |                |
| 3. Accounting Firm  | Street Address |              | City                     | State                  | Zip Code       |

**Part VI: APPLICATION INFORMATION**

|  |  |
|--|--|
| Check the boxes below that apply to your application submission. |  |
| 1.   | <input type="checkbox"/> This application has been submitted electronically                  |
| 2.   | <input type="checkbox"/> Application includes Supplemental EZ-RPIG Mixed-Use Form            |
| 3.   | <input type="checkbox"/> Application includes Supplemental EZ-RPIG Multiple-Owner Form       |
| 4.   | <input type="checkbox"/> Application includes Supplemental EZ-RPIG Tenant Coordination Form  |
| 5.   | <input type="checkbox"/> Application includes Supplemental EZ-RPIG Tenant-Owner Consent Form |
| 6.   | <input type="checkbox"/> Submission includes CPA Attestation Report Form                     |
| 7.   | <input type="checkbox"/> Submission includes Final Placed-in-Service documentation           |

**PART VII: DECLARATION**

APPLICANT: I, the undersigned, on behalf of the zone investor, declare that I have made the management decisions necessary to complete this form and this form has been examined by me and is an accurate statement. I have disclosed all of the required documentation so that the CPA could perform the Agreed Upon Procedures established by DHCD. I am authorized to sign on behalf of the zone investor.

|           |                       |       |                   |
|-----------|-----------------------|-------|-------------------|
| Signature | Typed or Printed Name | Title | Date (MM/DD/YYYY) |
|-----------|-----------------------|-------|-------------------|

**KEEP A COPY OF THIS FORM FOR YOUR RECORDS.** The Department may at any time review qualified zone investors records related to qualification to assure that information provided in the application process is accurate. Qualified zone investors shall maintain all documentation regarding qualification for Enterprise Zone incentive grants for a minimum of three years following the receipt of any grant. Real Property Investment Grants that do not have adequate documentation regarding qualified real property investments may be subject to repayment by the qualified zone investor.

**The application form(s), final CPA Attestation Report form, and all required documentation** are due by **April 1<sup>st</sup>** of the calendar year subsequent to the grant year (EZ-RPIG Part IV, Item 2). Applications submitted by April 1<sup>st</sup> without the required attestation report shall be considered late applications.

Applicants must send original application materials using one of the following mechanisms: 1) United States Postal Service certified mail, return receipt requested and postmarked no later than April 1<sup>st</sup>; 2) UPS, Fed Ex or another service where shipping can be tracked with a shipped date no later than April 1<sup>st</sup>. Hand delivery is accepted but not preferred and must be received by DHCD by the close of business on April 1<sup>st</sup>.

**Enterprise Zone Program**  
**Virginia Department of Housing and Community Development**  
**600 E. Main Street, Suite 300**  
**Richmond, VA 23219**

Any applications submitted without the required CPA Attestation Report form or submitted after the April 1<sup>st</sup> due date but before May 15<sup>th</sup> will be considered late. Such applications will be held until the Department determines that funds remain without the need to prorate on-time grant awards. At such time, the Department will review and process late applications on a first-come, first-served basis.

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| For questions on completing this application, please contact DHCD at (804) 371-7030 or via email <a href="mailto:ezone@dhcd.virginia.gov">ezone@dhcd.virginia.gov</a> . |
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2015

VIRGINIA ENTERPRISE ZONE GRANT PROGRAM
Supplemental RPIG Form for a Zone Investor who Owns Space in a Building

Please read the 2015 Real Property Investment Grant Instruction Manual before completing this form.

TO BE COMPLETED BY THE QUALIFIED ZONE INVESTOR

Fill out this supplemental form if you only own a portion of a building (such as an office condominium spanning one of eight floors) and are applying for qualified real property investments made to that space within the building/facility.

PART I: BACKGROUND INFORMATION

Form with fields for: 1. Qualified Zone Investor's Legal Name (Print), 2. Federal Employment Identification Number (FEIN)/ Social Security # (SSN), 3. Physical Address of Zone Property (Should match Part I, Question 4 of EZ-RPIG) including Street Number(s), Street Name, and Town/County/City and Zip code.

PART II: QUALIFICATION INFORMATION

Table with 3 rows: 1. Square footage owned by zone investor (for which grant is being sought) - square feet; 2. Total usable floor space in building - square feet; 3. Total usable floor space occupied by zone investor - %.

TO BE COMPLETED BY ALL OTHER OWNERS IN THE BUILDING

DHCD requires the zone investor to coordinate with all other owners by the date on the placed in service documentation (i.e. Certificate of Occupancy or approved Final Building Inspection). The grant application process must be coordinated with all other owners (even if they do not occupy the building) so that no more than the applicable grant cap (\$100,000 per building/facility for a 5-consecutive-year period for investment levels under \$5 million and \$200,000 per building/facility for a 5-consecutive-year period for investment levels of more than \$5 million) is requested. Additional forms should be completed for each owner, as necessary.

PART III: COORDINATION

Text area for coordination statement: I am an authorized representative of the owner located within the building at [ ] in [ ], VA. I acknowledge that zone investor's name is applying for the Real Property Investment Grant. As a representative of the owner listed below, I give my consent to the Applicant, listed in Part I, Question 1, to apply for the Real Property Investment Grant in the amount of \$ [ ].

Form with fields for: A. Owner, B. Representative, Title, C. Square footage owned, D. Signature, E. Date, F. Notary (Sworn and subscribed to before me, a Notary Public, in and for the Commonwealth of Virginia by [ ] this [ ] day of [ ] 201[ ] Notary Public [ ] Registration Number [ ] My Commission Expires: [ ])

**TO BE COMPLETED BY THE QUALIFIED ZONE INVESTOR**

GRANT APPLICANT REPRESENTATIVE: I, the undersigned, on behalf of the qualified zone investor, declare that the information has been prepared and examined by me and is, to the best of my knowledge, accurate. I also understand that I will disclose the deed of trust or other applicable real estate documents to the CPA performing the Agreed Upon Procedures established by DHCD and to DHCD at their request.

|                                       |              |                                  |                          |
|---------------------------------------|--------------|----------------------------------|--------------------------|
| <b>Grant Applicant Representative</b> | <b>Title</b> | <b>Daytime Phone #</b><br>(    ) | <b>E-mail Address</b>    |
| <b>Signature</b>                      |              |                                  | <b>Date (MM/DD/YYYY)</b> |

**THIS SUPPLEMENTAL FORM IS TO BE SUBMITTED WITH THE FORM EZ-RPIG.**

**KEEP A COPY OF THIS FORM FOR YOUR RECORDS.** The Department may at any time review qualified zone investors records related to qualification to assure that information provided in the application process is accurate. Qualified zone investors shall maintain all documentation regarding qualification for Enterprise Zone incentive grants for a minimum of three years following the receipt of any grant. Real Property Investment Grants that do not have adequate documentation regarding qualified real property investments may be subject to repayment by the qualified zone investor.

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| For questions on completing this application, please contact DHCD at (804) 371-7030 or via email <a href="mailto:ezone@dhcd.virginia.gov">ezone@dhcd.virginia.gov</a> . |
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2015

VIRGINIA ENTERPRISE ZONE GRANT PROGRAM
Supplemental RPIG Form for Tenant Coordination

Please read the 2015 Real Property Investment Grant Instruction Manual before completing this form.

TO BE COMPLETED BY THE QUALIFIED ZONE INVESTOR

PART I: BACKGROUND INFORMATION

Form with fields for: 1. Qualified Zone Investor's Legal Name (Print), 2. Federal Employment Identification Number (FEIN)/ Social Security # (SSN), 3. Physical Address of Zone Property (Should match Part I, Question 4 of EZ-RPIG)

PART II: QUALIFICATION INFORMATION

Table with 3 rows and 2 columns: 1. Square footage leased by zone investor (for which grant is being sought), 2. Total useable floor space in building, 3. Total useable floor space occupied by zone investor

TO BE COMPLETED & NOTARIZED BY ALL OTHER TENANTS IN THE BUILDING/FACILITY

For buildings in which there are multiple tenants, the RPIG application process must be coordinated with all other tenants so that all tenant applications within a 5-year period shall not exceed the applicable grant cap (\$100,000 per building/facility for a 5-consecutive-year period for investment levels under \$5 million; \$200,000 per building/facility for investment levels of more than \$5 million).

PART III: COORDINATION

Notarization text: I am an authorized representative of the tenant located within the building/facility at ... in ... VA. I acknowledge that zone investor's name is applying for the Real Property Investment Grant

Notary section with fields: A. Tenant, B. Representative, Title, C. Square footage leased, D. Signature, E. Date, F. Notary (Sworn and subscribed to before me, a Notary Public, in and for the Commonwealth of Virginia by ...)

\*Additional rows may be added as necessary.

**TO BE COMPLETED BY THE QUALIFIED ZONE INVESTOR**

GRANT APPLICANT REPRESENTATIVE: I, the undersigned representative of the qualified zone investor, declare that the information has been prepared and examined by me and is, to the best of my knowledge, accurate. I also understand that I will disclose the deed of trust or other applicable real estate documents to the CPA performing the Agreed Upon Procedures established by DHCD and to DHCD at their request.

|                                       |              |                                   |                          |
|---------------------------------------|--------------|-----------------------------------|--------------------------|
| <b>Grant Applicant Representative</b> | <b>Title</b> | <b>Daytime Phone #</b><br>(     ) | <b>E-mail Address</b>    |
| <b>Signature</b>                      |              |                                   | <b>Date (MM/DD/YYYY)</b> |

**THIS SUPPLEMENTAL TENANT FORM IS TO BE SUBMITTED WITH THE FORM EZ-RPIG.**

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2015

VIRGINIA ENTERPRISE ZONE GRANT PROGRAM
Supplemental RPIG Tenant Form for Owner Consent

Please read the 2015 Real Property Investment Grant Instruction Manual before completing this form.

TO BE COMPLETED BY QUALIFIED ZONE INVESTOR WHO IS A TENANT

PART I: APPLICANT INFORMATION

Form with fields for: 1. Qualified Zone Investor's Legal Name (Print), 2. Federal Employment Identification Number (FEIN)/ Social Security # (SSN), 2. Physical Address of Building/Facility (Physical address listed on EZ-RPIG) including Street Number(s), Street Name, and Town/County/City and Zip Code.

PART II: OWNER INFORMATION

Form with fields for: 1. Name & Contact Information for Property Owner including Prefix, First Name, Last Name, Title, Daytime Phone #, E-mail Address, Principal Mailing Address, City, State, and Zip Code.

PART III: QUALIFICATION INFORMATION

Table with 3 rows for qualification information: 1. Square footage leased by Zone Investor, 2. Total useable floor space in building, 3. Total useable floor space occupied by zone investor.

TO BE COMPLETED BY THE OWNER OF THE BUILDING/FACILITY

For zone investors applying as tenants, this section must be signed and notarized by the owner of the building as authorization for the application. Tenants can only apply for the qualified real property investments made to the portion of the building for which they hold a valid lease, and said investments must be capitalized by the tenant applying as the zone investor.

PART IV: TYPE OF CONSENT (CHECK ONLY ONE BOX BELOW)

Form with sections A. Sole Tenant and B. Multiple Tenants, each containing checkboxes for consent conditions.

PART V: CONSENT OF OWNER

Form for owner consent with fields for Name of Owner, Signature, Date, and Notary Public information.



**TO BE COMPLETED BY THE QUALIFIED ZONE INVESTOR**

GRANT APPLICANT REPRESENTATIVE: I, the undersigned representative of the qualified zone investor, declare that the information has been prepared and examined by me and is, to the best of my knowledge, accurate. I also understand that I will disclose the lease or other applicable real estate documents to the CPA performing the agreed upon procedures established by DHCD and to DHCD at their request.

|                                       |              |                                  |                          |
|---------------------------------------|--------------|----------------------------------|--------------------------|
| <b>Grant Applicant Representative</b> | <b>Title</b> | <b>Daytime Phone #</b><br>(    ) | <b>E-mail Address</b>    |
| <b>Signature</b>                      |              |                                  | <b>Date (MM/DD/YYYY)</b> |

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|---|



**2015**  
**VIRGINIA ENTERPRISE ZONE GRANT PROGRAM**  
**Supplemental RPIG Form for Mixed-Use Buildings**

*Please read the 2015 Real Property Investment Grant Instruction Manual before completing this form.*

**TO BE COMPLETED BY THE QUALIFIED ZONE INVESTOR**

*Fill out this supplemental form if qualified real property investments have been made to a mixed-use building.*

**PART I: BACKGROUND INFORMATION**

|  |  |  |  |  |                               |  |  |
|--|--|--|--|--|-------------------------------|--|--|
| <b>1. Qualified Zone Investor's Legal Name (Print)</b>                                   |  | <b>2. Federal Employment Identification Number (FEIN)/ Social Security # (SSN)</b> |  |  |                               |  |  |
|  |  |  |  |  |                               |  |  |
| <b>3. Physical Address of Zone Property (Should match Part I, Question 4 of EZ-RPIG)</b> |  |  |  |  |                               |  |  |
| Street Number(s) of Zone Property  |  | Street Name of Zone Property   |  |  | Town/County/City and Zip code |  |  |
|  |  |  |  |  |                               |  |  |

**PART II: QUALIFICATION INFORMATION**

|  |     |                     |
|--|-----|---------------------|
| <b>1. Number of Useable Floors in Building</b>   | 1.  |                     |
| <b>2. Square footage by use</b>  |     |                     |
| a. Useable square footage for office, commercial, or industrial use  | 2a. |                     |
| b. Useable square footage for residential use  | 2b. |                     |
| <b>3. Total Useable Floor Space*</b><br>▪ Add Part II items 2a and 2b  | 3.  | Sq. ft. in building |
| <b>4. Total useable floor space in building devoted to commercial, office, retail, or industrial use.</b><br>▪ Divide line 2a by line 3 and multiply by 100.<br>▪ Line 4 must be at least 30 percent of the useable floor space to meet the VEZ definition of mixed-use. | 4.  | %                   |

\* See the glossary in the 2014 Real Property Investment Grant Instruction Manual for the Program's definition of "useable floor space."

**TO BE COMPLETED BY PREPARER OF MEASURED DRAWINGS/PLANS SUBMITTED TO LOCALITY**

*This section is to be completed by the preparer of the measured drawings or buildings plans that were submitted to the locality for approval prior to construction. If no plans were required by the local jurisdiction to obtain the necessary permits for the building or if the applicant prepared his/her own drawings, proceed to the next section.*

**PART III: ARCHITECT VERIFICATION**

PREPARER OF MEASURED DRAWINGS/PLANS: I, the undersigned, declare that I have prepared the measured drawings/plans used to complete this form and that such plans were submitted to the locality and approved in order to obtain the necessary permits for the mixed-use building. In addition to my signature, I have included my professional seal (i.e. AIA) as the verification that the information on this form is accurate and based on the above mentioned measured drawings/plans. If an architect did not prepare the drawings, the preparer of the drawings (i.e. surveyor, draftsman) must sign and have this form notarized.

|                                   |  |                               |                          |
|-----------------------------------|--|-------------------------------|--------------------------|
| <b>Preparer of Drawings/Plans</b> | <b>Title</b>   | <b>Daytime Phone #</b><br>( ) | <b>E-mail Address</b>    |
| <b>Signature</b>                  |  |                               | <b>Date (MM/DD/YYYY)</b> |
| <b>AIA Seal</b>                   | <b>Notary</b>  |                               |                          |
|                                   | Sworn and subscribed to before me, a Notary Public, in and for the Commonwealth of Virginia by |                               |                          |
|                                   | _____, this ____ day of _____ 201__.   |                               |                          |
|                                   | Notary Public _____  |                               |                          |
|                                   | Registration Number _____ My Commission Expires: _____   |                               |                          |

**TO BE COMPLETED BY ZONE INVESTOR IF NO PLANS WERE REQUIRED BY THE LOCALITY**

*This section is to be completed by an independent third party **only** if no plans were required by the local jurisdiction to obtain the necessary permits for the building **or** if the applicant (or a member of the Applicant's firm) prepared his/her own drawings. If the third party individual is not an architect, his/her signature must be notarized. If you completed Part II, you are not required to complete Part III.*

**PART III: THIRD PARTY VERIFICATION**

THIRD PARTY: As an independent third party to the qualified zone investor listed in Part I, Item 1, I verify that I have reviewed the information listed in Part II and the information regarding the square footage within the building located at the address identified in Part I, Item 2 accurately describes the allocated uses and physical space within the building. In addition to my signature, I have included my professional seal (i.e. AIA) as the verification that the information on this form is accurate.

|                         |  |                               |                          |
|-------------------------|--|-------------------------------|--------------------------|
| <b>Third Party Name</b> | <b>Title</b>   | <b>Daytime Phone #</b><br>( ) | <b>E-mail Address</b>    |
| <b>Signature</b>        |  |                               | <b>Date (MM/DD/YYYY)</b> |
| <b>AIA Seal</b>         | <p><b>Notary Required if Third Party is not an architect.</b></p> <p><i>Sworn and subscribed to before me, a Notary Public, in and for the Commonwealth of Virginia by</i></p> <p>_____, this ____ day of _____ 201__.</p> <p><i>Notary Public</i> _____</p> <p><i>Registration Number</i> _____ <i>My Commission Expires:</i> _____</p> |                               |                          |

**TO BE COMPLETED BY THE QUALIFIED ZONE INVESTOR**

GRANT APPLICANT REPRESENTATIVE: I, the undersigned representative of the qualified zone investor, declare that the information has been prepared and examined by me and is, to the best of my knowledge, accurate. I also understand that I will disclose the lease or other applicable real estate documents to the CPA performing the agreed upon procedures established by DHCD, to the Architect or Third Party completing this verification, and to DHCD at their request.

|                                       |              |                               |                          |
|---------------------------------------|--------------|-------------------------------|--------------------------|
| <b>Grant Applicant Representative</b> | <b>Title</b> | <b>Daytime Phone #</b><br>( ) | <b>E-mail Address</b>    |
| <b>Signature</b>                      |              |                               | <b>Date (MM/DD/YYYY)</b> |

**THIS SUPPLEMENTAL MIXED-USE FORM IS TO BE SUBMITTED WITH THE FORM EZ-RPIG.**

**KEEP A COPY OF THIS FORM FOR YOUR RECORDS.** The Department may at any time review qualified zone investors records related to qualification to assure that information provided in the application process is accurate. Qualified zone investors shall maintain all documentation regarding qualification for Enterprise Zone incentive grants for a minimum of three years following the receipt of any grant. Real Property Investment Grants that do not have adequate documentation regarding qualified real property investments may be subject to repayment by the qualified zone investor.

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