APPLICATION
Tourism Development Fund

Please complete this form and submit it to the Tourism Zone Administrator prior to making your qualifying capital investment.

Business Information

Business Name: _____

Federal EIN: _____ Contact Person: _____

Owner Name (if different than contact person): _____

Phone: _____ Email: _____

Business Address: _____

PRN # of property: _____

Website (if applicable): _____

Business Details

(Check all that apply)

- ☐ Lodging (Hotel, B&B, Campground)
- ☐ Restaurant or Eatery
- ☐ Attraction / Experience
- ☐ Retail establishment
- ☐ Outdoor Recreation / Outfitter
- ☐ Winery / Brewery / Distillery
- ☐ Theater / Museum / Art Gallery
- ☐ Event Facility / Venue
- ☐ Artisan Studio Space
- ☐ Agritourism / Farm-based Tourism
- ☐ Educational / Experiential Tourism

Mecklenburg
COUNTY, VIRGINIA

Project Details

Estimated Capital Investment

($500,000 minimum in year 1 required)

- Year 1: $_____
- Year 2: $_____
- Year 3: $_____

Estimated out-of-county visitors

(for non-lodging projects only)

- Year 1: _____
- Year 2: _____
- Year 3: _____

Estimated Occupancy Tax generated annually (if applicable)

(Estimated annual revenue x 5%)

- Year 1: $_____
- Year 2: $_____
- Year 3: $_____

Estimated Number of Jobs Created

- Year 1: _____
- Year 2: _____
- Year 3: _____

Average Hourly Wage of New Jobs: $_____

(*Please attach a detailed list of jobs and wages.)*

Benefits Offered

(Check all that apply)

- ☐ None
- ☐ Health Insurance
- ☐ Life Insurance
- ☐ Disability Insurance
- ☐ HSA
- ☐ Retirement / 401(k)

Please attach a detailed benefits package.

Site and Zoning Information

Is this an adaptive reuse project?

_____

Is this going on the same site as an existing building? If so, is demo required?

_____

What is the current zoning classification of the property? _____

What utilities serve the site? _____

Note: If the project is within a "Rural Crossroads" designated by the County's Comp Plan the Administrator will verify and add points

Project Timeline

Anticipated State Date of Project: _____ Anticipated Completion Date: _____

Brief Description of Project

Please provide a short summary of the proposed project: (attach additional pages if necessary)

_____
_____
_____
_____

Statement of Understanding

I understand and agree to the following:

1. **Use of funds:** Any grant funds awarded will be used only for the project described and approved through this application.
2. **Performance Agreement:** If this application is approved, I will be required to review, sign, and comply with a Performance Agreement before beginning the project. The agreement will establish the approved project scope, eligible expenses, required match, completion timeline, documentation requirements, and other conditions of the award.
3. **Document Sharing*:*** Applicants that have completed concept, feasibility, financial, engineering, or other such studies that verify the likelihood of project success shall share such documents with the County and IDA to support their application. Any documents submitted are, if so marked, eligible for an exclusion from disclosure under the provisions of Section 2.2-3705.6.3 of the Code of Virginia.
4. **Project start and completion:** Only work performed and expenses incurred after the application is approved and the Performance Agreement is signed will be eligible for payment or reimbursement. Whenever possible, the approved project should be completed within one year of the award date and evidence should be supplied as to the ability to complete the project in that timeframe. If the project will take longer than one year, that should be clearly noted.
5. **Payment requirements:** Grant funds will be issued only after the project has been satisfactorily completed in accordance with the Performance Agreement. If the Performance Agreement stipulates a reimbursement funding model, I must submit paid invoices, receipts, proof of payment, and any other required documentation before reimbursement

will be issued. Failure to complete the project or comply with the Performance Agreement may result in some or all expenses being deemed ineligible for payment or reimbursement.

6. **Continued operation:** The business license, if required, must remain paid and active for three *five* years after grant funds are received. If the business closes or relocates outside Mecklenburg County during that the first three-year period, I understand that I will be required to repay 100% of the total grant funds received. If the business closes or relocates outside Mecklenburg County during years three through five, I understand that I will be required to repay 50% of the total grant funds received.
7. **Project photographs:** If approved, I agree to provide before-and-after photographs for applicable projects upon request. I authorize the Mecklenburg County Department of Economic Development and Tourism to use these photographs for informational, reporting, and promotional purposes.

Signature: _____

Date: _____

Please return via email to: angie.kellett@mecklenburgva.com

Please return via mail to: 350 Washington St., PO Box 307 Boydton, Va 23917 Attn: Angie Kellett

Please return in-person to: 350 Washington St., Boydton, Va 23917 (Economic Development Office)