

CITY OF NEWPORT NEWS

FY2015 Application for Personal Property Tax Reimbursement Grant

For Reimbursement of Personal Property Taxes paid in FY2014 (July 2013-June 2014)

This form is due by January 21, 2014

All questions must be answered. If a question is not applicable, write N.A. The form must be fully completed, signed and notarized. Failure to comply will result in your application not being considered for grant award. If necessary, use additional sheets and reference the item number in your response.

Name of Organization: _____
 Owner: _____
 Mailing Address: _____
 Name of Contact Person: _____ Phone Number: _____
 Federal Tax ID Number: _____

Part I

1. Location of Property: _____
2. Provide a description of each item of personal property owned by your organization:

A. Campers/Boats/Trailers/Vehicles(include VIN#, make, model and year):

Item 1.	_____	Acquisition Date	_____
Item 2.	_____	Acquisition Date	_____
Item 3.	_____	Acquisition Date	_____

Total Assessed Value of the above Personal Property \$ _____
 Total Personal Property Tax Assessment \$ _____

B. Business Personal Property:

Item 1.	_____	Acq. Date & Cost	_____
Item 2.	_____	Acq. Date & Cost	_____
Item 3.	_____	Acq. Date & Cost	_____

Total Assessed Value of the above Business Personal Property \$ _____
 Total Business Personal Property Tax Assessment \$ _____

3. List the specific purpose for which each item of property listed in 2 above is being used?

A. Campers/Boats/Trailers/Vehicles _____

B. Business Personal Property: _____

4. Does any other individual, association or corporation occupy or use any of the personal property?
Yes____No____If yes, give specific details, including but not limited to, any rents or profits
received from use of the
property._____
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Part II

1. Are you chartered or incorporated under the Laws of the Commonwealth of Virginia?
Yes _____ No _____ If yes, provide date: _____
2. For what purpose is the ownership group chartered or incorporated?

3. Is the property listed in Part I used in accordance with this purpose? Yes _____ No _____
Please explain. _____

4. Is the organization exempt from taxation pursuant to Sec. 501(c) of the Internal Revenue Code of 1954? Yes _____ No _____ If yes, please attach a copy of the Internal Revenue Service Letter of Determination.
5. Has a current annual alcoholic beverage license for serving alcoholic beverages been issued by the ABC Board to the organization for use on the property? Yes _____ No _____
6. Please list the compensation paid or salaries to any director, officer, or employee of the organization for the last calendar year and list what services were provided for this compensation and salaries. _____

7. Does any part of the net earnings of the organization subscribe to the benefit of any individual? Yes _____ No _____ If yes, please explain. _____

8. Is any significant portion of the service provided by the organization generated by funds received from donations, contributions, or local, state, or federal grants? Donations shall include the providing of personal services or the contribution of in-kind or material services. Yes _____ No _____ If yes, please explain. _____

9. What services does the organization provide for the common good of the public within Newport News? _____

10. Does a substantial part of the activities of the organization involve carrying on propaganda, or otherwise attempting to influence legislation? Yes _____ No _____
11. Does the organization participate in, or intervene in, any political campaign on behalf of any candidate for public office? Yes _____ No _____
12. Does any rule, regulation, policy or practice of the organization discriminate on the basis of religious convictions, race, color, sex, or national origin? Yes _____ No _____
13. Are there any religious qualifications required for membership in the organization or for the Board of Directors? Yes _____ No _____
14. Attached to this affidavit is the organization's most recent financial statement of income and expenditures for a 12-month period from _____ to _____, which statement will become a part of this affidavit.
15. Attached is a copy of the organization's Charter: Yes _____ No _____
16. Attached is a copy of the organization's By-Laws/Constitution Yes _____ No _____

ORGANIZATION _____

BY: NAME _____

TITLE _____

DATE _____

STATE OF VIRGINIA

CITY OF NEWPORT NEWS

_____ being duly sworn,

deposes and says that he/she is the _____ (TITLE)
of the _____

(LEGAL NAME OF OWNERSHIP ORGANIZATION)

named within the entitled application; that he/she has read the foregoing information sheet and knows the contents thereof; and that the same is true to his/her own knowledge except as to the matters herein stated to be alleged upon information and belief, and as to those matters he/she believes it to be true.

(SIGNATURE OF OFFICER)

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC

**Please mail completed form to: Office of the Commissioner of the Revenue
2400 Washington Avenue, Newport News, VA 23607**

For City Attorney's Office Use Only:

Based on the information provided, this agency is ____/ is not ____ eligible for a personal property tax reimbursement grant.

Comments: _____

Your printed name/title: _____

Your signature: _____