

**CITY OF NEWPORT NEWS**

**FY2013 Application for Real Estate Tax Reimbursement Grant**

For Reimbursement of Real Estate Taxes paid in FY2012 (July 2011-June 2012)

**This form due by January 17, 2012**

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.

Owner/Name of Organization: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Present Value of Property Carried on Your Book:	Land	\$	_____
	Improvements		_____
	Total		_____

Mailing Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

**Part I**

1. For what purpose is the property being used? Please be specific. If there are several types of uses, or non-use, indicate by areas of the building and floor location. Also indicate land areas by use or non-use.

\_\_\_\_\_  
\_\_\_\_\_

2. When was this property originally acquired by your organization?

Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Land Area: \_\_\_\_\_

3A. Has your organization acquired additional land since the date given under #2?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, Mo: \_\_\_\_\_ Yr: \_\_\_\_\_

3B. Describe this additional acquisition as to land area, improvements thereon and specific use, as well as Map and Parcel Numbers, Deed Book and Page Number. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Provide dates of construction, etc., for the improvements located on your organization's property, including additions, and renovations or demolitions and the value of the same. Indicate specifically if these improvements are located on land areas covered by #2 or #3 above. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Does any other individual, association or corporation occupy or use any part of the premises?

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3A. Was an exemption previously given this group pursuant to Article X, Sec. 6 (a) 6 of the Constitution of Virginia and listed in the Code of Virginia Article IV, Chapter 36 of Title 58.1?  
Yes: \_\_\_ No: \_\_\_
- 3B. If yes, please cite the appropriate Acts of Assembly or Ordinance wherein same was given.  
\_\_\_\_\_  
\_\_\_\_\_
4. Is any income derived by your organization or any other person, etc. from the use of any portion of the property whether considered as rent or reimbursement or expenses for services incurred?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. 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.
- 6A. Attached are copies of the organization's Charter and By-Laws. Yes \_\_\_\_\_ No \_\_\_\_\_
- 6B. The Charter dated \_\_\_\_\_ and the By-Laws dated \_\_\_\_\_ that I sent in previously have not been amended, and are thus still valid.
7. 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.
8. 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 \_\_\_\_\_
9. Is any director or officer of the organization paid compensation or salary in excess of a reasonable allowance for services which such persons actually render? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Does any part of the net earnings of the organization subscribe to the benefit of any individual?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Is any significant portion of the service provided by the organization generated by funds received from donations, contributions, or local, state, or federal grants? As used therein, donations shall include the providing of personal services or the contribution of in-kind or material services.  
Yes \_\_\_ No \_\_\_\_\_
12. Does the organization provide services for the common good of the public within Newport News?  
Yes \_\_\_\_\_ No \_\_\_\_\_
13. Does a substantial part of the activities of the organization involve carrying on propaganda, or otherwise attempting to influence legislation, and does the organization participate in, or intervene in, any political campaign on behalf of any candidate for public office? Yes \_\_\_\_\_ No \_\_\_\_\_

14. 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 \_\_\_\_\_
15. Are there any religious qualifications required for membership in the organization or for the Board of Directors? Yes \_\_\_\_\_ No \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

BY: NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

STATE OF VIRGINIA

SS.

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 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: Department of Budget & Evaluation, 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 real estate tax reimbursement grant.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Your printed name/title: \_\_\_\_\_

Your signature: \_\_\_\_\_

**Please forward this to the Budget Department by February 1 / February 10.**