RESIDENTIAL INCENTIVE GRANT APPLICATION

Background/Purpose of Grant:

The Springfield Township Board of Trustees has determined that encouraging economic development in Springfield Township, the Joint Economic Development Zone, and the Joint Economic Development District requires a strong residential base. Therefore the Board of Trustees desires to encourage economic development through the use of grants equal to the earnings tax paid by Township residents who work in the JEDZ or JEDD territories and a grant equal to the net business profits tax paid by businesses which are owned principally (50% or more) by Township residents and which are located in the JEDZ or JEDD territories.

The Board of Township Trustees has designated the non-profit corporation Springfield Township, Hamilton County, Ohio Community Improvement Corporation, Inc. (“Springfield Township CIC”) as the community improvement corporation for Springfield Township for the purposes of advancing, encouraging, and promoting the industrial, economic, commercial, and civic development. The Board of Township Trustees has determined that it is efficient and appropriate for the Springfield Township CIC to administer and award the aforementioned grants.

Residential Incentive Grant applications for Individual Township Residents must be received by Springfield Township CIC, Inc. by September 1, 2021. (No Exceptions)

INSTRUCTIONS FOR INDIVIDUAL TOWNSHIP RESIDENT

A separate application must be submitted for each individual applying for a grant. Joint applications will not be accepted.

In addition to the submission of a completed and signed Residential Incentive Grant Application, the following items must be submitted in order to have your grant application processed:

1) A copy of a valid Driver’s License or valid State ID.

2) Copies of two other items that show proof of residence in Springfield Township. Acceptable items include, but are not limited to, utility bills, real estate tax duplicate, vehicle registration, or any other form that Springfield Township CIC, Inc. deems appropriate.

3) A copy of the Township resident’s Internal Revenue Service (IRS) W-2 Form clearly showing the withholding amount and jurisdiction of the withholding. If a W-2 Form is not applicable, proof of payment is required. Acceptable proof of payment may include a copy of the front and back of the cashed check or paid receipt issued by the agency collecting the tax (RITA).

4) Social Security Number to be eligible to receive an IRS Form 1099 pursuant to the requirements of the Internal Revenue Service (IRS).
THE GRANT FROM SPRINGFIELD TOWNSHIP CIC, INC. IS NOT A TAX REFUND.

Pursuant to the requirements of the Internal Revenue Service (IRS), grant recipients will receive an IRS form 1099 from Springfield Township CIC, Inc.

Springfield Township CIC, Inc. will not provide any legal or tax advice. It is the applicant’s responsibility to contact a tax professional if there are any questions or concerns regarding any additional tax implications as a result of the grant.

Any information provided including, but not limited to, wages, taxes paid or grant amounts may be subject to Ohio’s public records laws including Ohio Revised Code Section 149.43 and 1724.11.

The falsification or submission of false documents or providing knowingly false information on this application will be prosecuted to the fullest extent of the law.

Please complete the following:

Name:________________________________________________________

Address:__________________________________________________City, State, Zip:__________________________________________

Phone:________________________________________Email:__________________________________________________________

Social Security Number: ________________________________

Please answer the following questions:

Number of years residing in Springfield Township ________________________________

Did you reside in Springfield Township for the entire year?____________________________

If no, how many months of the past year did you reside at this address in Springfield Township?-________

Name the Company you are employed by____________________________Title________________________

Address ______________________________________Phone Number __________________________

How long have you been employed by the company?__________________________

Is this employer located in the: JEDZ JEDD (Mt. Healthy North Elementary)

Amount of Income Tax have you paid to the JEDZ or JEDD $__________________________

Amount of Residential Incentive Grant you are requesting $__________________________

Applicants Acknowledgment of Instructions and Requirements

I understand and agree that the Springfield Township CIC, Inc. may use a variety of methods to determine proof of residency. I understand that this may include accessing information held in restricted databases maintained by Lexis Nexis or other data clearing houses and I consent to such access.

I also understand and agree that if I was not a resident of Springfield Township for the entire year, my grant amount will be prorated to the period of time I resided in the Township.

The processing of grant applications shall take no longer than 60 days after the deadline date of September 1, 2021. Grant checks will be mailed to the address on the application. Direct deposit is not available.
I understand that the grant from the Springfield Township CIC, Inc. is NOT A TAX REFUND and that I will receive an IRS form 1099 from Springfield Township CIC, Inc and must provide my Social Security Number to be eligible to receive the Grant pursuant to IRS Requirements.

I acknowledge and agree that it is my responsibility to contact a tax professional if I have any questions or concerns about any additional tax implications as a result of the grant.

I understand that grant applications are subject to Ohio public records laws, including, but not limited to, ORC Sections 149.43 and 1724.11. I acknowledge that I have received no legal or tax advice from the Springfield Township CIC, Inc. or any of its employees or agents.

I understand that the submission of false or fraudulent documents or providing false or fraudulent information on this application will be prosecuted to the fullest extent of the law.

I understand that I must provide all the required information as outlined in the above application instructions in order to have this application processed.

I understand that if my application for a Residential Incentive Grant is approved, and my grant fund check is not cashed by November 30th in the year of issuance, the check will be cancelled and my application will become invalid for this grant cycle. Please contact Springfield Township before November 30th if you have not received your grant funds.

I understand that my application must be received by the Springfield Township CIC by September 1, 2021 or my application will be rejected. (No Exceptions)

___________________________________________  ________________
Signature                                      Date