

Project Intake Form

The JobsOhio Inclusion Grant (JOIG) exists to provide financial support for eligible projects in designated distressed communities and/or for businesses owned by underrepresented populations across the state. Please review the [JobsOhio Inclusion Grant Program](#) to determine if your project qualifies.

Grant decisions are based on a number of project factors, including but not limited to company location, company ownership, jobs created and/or retained, and investment. Support is generally intended for small to medium-sized companies with eligible projects.

Important: The JOIG is a reimbursement-based program. Once an agreement is executed, companies receiving grant funds should expect a minimum of 90 days before reimbursement occurs.

This form should be submitted to your [JobsOhio regional partner](#) to be considered for a grant.

Please note: This intake form is not the JobsOhio Application

Justification for Support:

How does your business meet the JobsOhio Inclusion Grant eligibility requirements? How will these funds help move the project forward?

Eligibility Requirements

Must be either owned by an individual qualifying as an underrepresented population or located in a qualified distressed area.

1. Majority ownership by an underrepresented population, including: Minority-owned (African American, Hispanic, Asian-Pacific and Native American), Women-owned, Veteran-owned, Owned by an individual with a disability *The business must either be certified by a recognized state or national organization or otherwise able to verify that at least 51% of the business is owned, managed and controlled by the underrepresented population.*
2. Project is located in a qualified distressed zip code as defined by an index score of 50 or greater by the Economic Innovation Group. To check eligibility, please [click here](#).
3. Eligible businesses must be registered as a for-profit entity and have at least one year of operating history with annual revenues greater than \$100,000 and less than \$25,000,000.

Company Name:

Legal Name:

Company Website:

Year Founded:

Address:

Will the project result in a new address?
Please include additional addresses if applicable.

Ohio-based Sales:

Customer Base:

Key customers? Are your sales Business to Business? Are a majority of your sales directly to consumers? E-commerce, retail, etc.

**If applicable, please provide a breakdown of the percentage of sales directly to consumers.

Ohio Secretary of State Registered Business Name:

Doing Business As:

Description of Products/Services:

Business Legal Structure: (LLC, S-Corp, etc.)

Company Annual Revenue: (previous 12 months)

Total Companywide Revenue:

Project Background

Project Description and Project Type:

Please provide a brief description of your potential project. What is driving growth/investment?

Project Type: (Expansion, new location, relocation of existing operation, consolidation of existing operations, etc.)

Project Address:

(If not yet determined, please explain.)

Primary Project Contact:

Name:

Title:

Phone:

Email:

Secondary Project Contact:

Name:

Title:

Phone:

Email:

Job & Payroll Impact

Current Full-time Employment (FTE) in Ohio:

Note: FTE is calculated by the dividing the total number of hours for which employees were compensated over the previous 12 months for employment divided by 2,080 hours. If multiple locations, please specify number of jobs and payroll by location. (Ex: 41,600 total hours worked/ 2,080 hours=20 FTE employees)

Job & Payroll Impact

Current Payroll for all Ohio Employees:

Note: (1) Exclusive of benefits; (2) If multiple locations exist in Ohio, please specify.

Are benefits offered to employees? If so, please list:

New jobs (FTE) the company will commit to creating within a three-year period and estimated annual payroll:

Note: FTE is calculated by the dividing the total number of hours for which employees are to be compensated for employment divided by 2,080 hours. (1) Exclude contract employees; (2) Exclude benefits; (3) If multiple locations exist in Ohio, please specify.

Year 1 – Total Jobs / Payroll

Year 2 – Total Jobs / Payroll

Year 3 – Total Jobs / Payroll

Timeframe hiring is expected to begin (month/year):

Please confirm the name of the entity serving as the W-2 employer:

Employee Training:

Please describe the type of training, number of employees to be trained, and the estimated training hours per employee.

Project decision timeline:

When do you expect to make a decision to move forward with the project?

Project Investment

Below, please describe your project investment over a three-year period. Also, please identify the entity responsible for the expenditure funds (i.e., making the investment).

**Please note, the JobsOhio Inclusion Grant is a reimbursement-based grant program. In order to be reimbursed, a company must expend funds toward the eligible project costs and provide necessary documentation. This process could take a minimum of 90 days before reimbursement occurs.

SOURCES OF FUNDS (How will the project be financed? Will the project be self-financed from existing revenue? Investors? Bank Financing? Other sources of funds?)

USES OF FUNDS (What costs are associated with the project? Building, Land, M&E, Infrastructure, IT, Software Development, Training, etc.) **Do not include lease payments.

Other

Important Dates:

When do you expect to make the investments?

Only investments made after an “Effective Date” is established are eligible for reimbursement. The Effective Date is established once the JobsOhio application is submitted. **NOTE: This intake form is NOT the application.