



**CITY OF STRONGSVILLE**  
**Application**  
**Job/Payroll Creation Incentive Grant Program**

**Applicant Information:**

Business Name/Entity Form: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Company Website: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Contact e-mail Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Current Number of Full-Time Permanent Employees in Strongsville: \_\_\_\_\_

Current Payroll in Strongsville: \$ \_\_\_\_\_

Brief Company Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Owners/Officers: \_\_\_\_\_

Federal Identification No. (FEIN): \_\_\_\_\_

Does your firm owe any monies to the State of Ohio, a State agency or Political Subdivision? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

**Project Information:**

Brief Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Address/Location(s): \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

\*New Full-Time Permanent Jobs Created by the Project: \_\_\_\_\_

\*New Payroll Created by the Project: \$ \_\_\_\_\_

Total Project Investment:

- Real Property Investment: \_\_\_\_\_
- Personal Property Investment: \_\_\_\_\_

Application Fee:

- A non-refundable fee of \$ \_\_\_\_\_ is to be submitted with this application. A copy of the application will be attached to the final Job/Payroll Creation Incentive Grant Program Agreement, which must be submitted to City Council for approval.

\_\_\_\_\_

***\* Note: Certain required thresholds under the Program must be met in order to receive a grant.***

**Certification of Information:**

Submission of this application expressly authorizes the City of Strongsville to contact any agency to confirm the statements contained herein. The Applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct, and is subject to all penalties for falsification provided under law.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

Please submit completed application to:

**The City of Strongsville**  
Department of Economic Development  
16099 Foltz Parkway, Strongsville, Ohio 44149  
Attention: Brent Painter, Director of Economic Development  
(440) 580-3118  
[brent.painter@strongsville.org](mailto:brent.painter@strongsville.org)