

## **Tobacco Region Opportunity Fund - Grant Application**

### **Application Information**

Applicant Organization (Legal Name)

Industrial Development Authority of Tazewell County

Doing Business As

Industrial Development Authority of Tazewell County

Street Address

320 East Main Street

City

Tazewell

State

VA

Zip Code

24651

Organization's Locality

Please enter the name of the locality where your organization is located and then search by clicking the magnifying glass icon. Select the appropriate locality from the dropdown list.

Tazewell (PDC 2-USCD 9-VACD 3, 6-VASD 38)

Organization's Geographic Area Served

If you are a regional group, please select the localities that your organization serves.

Tazewell (Virginia-Tobacco Region-Southwest)

#### **Organization Primary Contact: Chief Elected or Administrative Official**

Prefix

Mr.

First Name

Doyle

Middle Name

Last Name

Rasnick

Suffix

Title

Chairman

Office Street Address

Please leave this field blank, if the Organization Primary Contact address is the same as the organization address

Office City

Please leave this field blank, if the Organization Primary Contact city is the same as the organization city

Office State

Please leave this field blank, if the Organization Primary Contact State is the same as the organization State

Office Postal Code

Please leave this field blank, if the Organization Primary Contact postal code is the same as the organization postal code

Office Phone

276-614-8977

Extension

E-mail Address

doylernasnick@gmail.com

**Application Primary Contact: Project Leader**

Same as Organization Primary Contact

Yes

Prefix

Mr.

First Name

Doyle

Middle Name

Last Name

Rasnick

Suffix

Title

Chairman

Office Phone

276-614-8977

Extension

E-mail Address

doylernasnick@gmail.com

### **Beneficiary Information**

**Please provide us with information regarding the private company (beneficiary) that will ultimately receive the grant money.**

Beneficiary Name

Ecosus Virginia, LLC.

Type of Entity

Limited Liability Company

If you selected Other, please specify

Please specify the state in which the beneficiary was organized

VA

NAICS Code

Please look up your [NAICS Code](#) and copy and paste in the field below

112511

#### **Responsible Individual: Beneficiary**

Prefix

Mr.

First Name

Gary

Middle Name

Last Name

Myers

Suffix

Title

officer

Office Phone

2108570215

Extension

E-mail Address

gary@aquamaof.com

### **Program/Project Information**

**The Commission determines grant amount based on local unemployment rates, prevailing wage rates, capital investment levels, industry type, and other factors chosen by the Commission. Grants of less than \$50,000 will not be offered, and a match is not required.**

#### **Project Information**

Description of Business

fish farm

Geographical Area Served

Where the beneficiary will be located

Southwest-Tazewell

Site Name

Number of New Jobs

268

Average Annual Wage of New Jobs  
48800

Number of Saved Jobs  
0

Average Annual Wage of Saved Jobs  
48800

**Capital Investment Proposed**

Real Estate Purchases  
1500000

Real Estate Improvements  
39370700

Machinery/Equipment  
93423900

Total Capital Investment  
Please be sure that this total reflects the values entered above  
134294600

**Incentives Information**

Requested TROF Amount  
1000000

Other Public Incentives Requested  
Please be sure to include the amount requested  
unsure

Other Pertinent Info

Internal use only: Request Type/Status  
TROF-Staff Review

Internal use only: Purpose  
Incentive

Internal use only: Fund  
TROF

Internal use only: Use  
Transfer Payments

Internal Use Only: Term  
(In whole months)

36

## Certifications

Is the information contained herein true?

Yes

Have you seen a draft of the [performance agreement](#) that will govern the terms of this grant? Please note that the applicant is liable for repayment of the grant if the beneficiary defaults.

Yes

Do you agree not to make any public announcement of this opening or expansion prior to receipt of written approval of this grant and that any such announcement will automatically annul the grant?

Yes

Are you aware of any pending transactions that will result in a change of control of the Beneficiary named herein?

No

Do you certify that the opening (or expansion) described herein will not result in the closing or downsizing of any other business entity in Virginia that is under the control of the applicant?

Yes

Do you certify that the beneficiary of this TROF is not exempt from property tax by state law?

Yes

Please initial in the space provided below:

srr

## Next Steps

- **The Commission will respond to each written application with a written letter of approval or denial. Four persons are specifically empowered by the Commission to vote on TROF requests. They are the Commission Chairman, the Chairs of the two Economic Development Committees, and the Executive Director. Approval will be granted only when three or more votes are cast, and the vote is unanimous in the affirmative (a single nay vote will govern).**
- **If approved, the applicant(s) must execute a performance agreement within 90 days, or lose the approval. An acknowledgement of the Commission must appear in any publication or any significant event related to the project. The terms of the performance agreement are subject to audit and verification by the Commission, and recipients should expect periodic inquiries for this purpose. Commission requires repayment of full or pro-rated grant amount if performance agreement is not met.**
- **Upon execution of the performance agreement, the public applicant is entitled to receive the funds upon written request, however disbursement will be withheld from any grantee (or related party) which has not fulfilled its obligations under previous TROF awards.**