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| Wis. Stats. Chapter 45 | 201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843(608) 266-1311 | 1-800-WIS-VETS (947-8387) | WisVets.com |
| **APPLICATION FOR VETERANS EMPLOYMENT GRANT PROGRAM** |
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| Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)]. |
| The provision of employee social security number is voluntary. Failure to provide the social security number may result in an information processing delay. |
| Wisconsin State Statute 45.437 provides a Veteran Employment Grant for employers who hire veterans and have a service-connected Federal VA disability rating of at least 50% on the hire date. For each disabled veteran the employer employs for 12 consecutive months to work a **full-time** (2080 hours per year, including paid leave and holidays) job at the employer’s business in this state, $2,500 following the first 6 months of employment, and $2,500 following the second 6 month period in which the veteran is employed. For each disabled veteran the employer employs for 12 consecutive months to work a **part-time**  (fewer than 2080 per year, including paid leave and holidays) job at the employer’s business in this state, $1,250 following the first 6 months of employment, and $1,250 following the second 6 month period in which the veteran is employed.To apply for a grant complete the following and return to the Grants Unit, Wisconsin Department of Veterans Affairs, 201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707‑7843.

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| **EMPLOYER INFORMATION** |  |
|  |
| Employer: |       |  FEIN #: |       |  Contact Name: |       Phone No: |       |
|  |
| Street Address: |       |  |  City, State, Zip: |       |
|  |  |  |  |  |
| **EMPLOYEE (VETERAN) INFORMATION** |  |
|  |  |
| Employee Name: |       |  Social Security Number: |       |  |
|  |  |
| Street Address: |       |  City, State, Zip: |       |  |
|  |  |
| **VERIFICATION OF PRESENT EMPLOYMENT** |  |
|  |  |
| Employee Date of Hire: |       | Present Position: |       Full-Time ☐ Part-Time ☐ |  |
|  |  |
| Current Base Pay: |       | Annual ☐  | Monthly |  ☐ | Weekly | ☐ | Hourly ☐ |  |

 Dates of 1st 6 months of employment:       to       Date of 2nd 6 months of employment:       to       **Note:** The following documents are required when submitting your application:* WDVA Form 2642 – Certification Request for Veterans Employment Grant.
* Payroll register and/or payroll journal to verify employment, hours worked and period of employment.
* Form W-9 Request for Taxpayer Identification No. and Certification: <https://vendornet.wi.gov/Forms.aspx>
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| **Under penalties of law, I declare that the information on this form and all attachments are true, correct, and complete to the best of my knowledge and belief.** |
|  |  |       |
| Signature |  | Date |

WDVA 2643 (01/17) You can access the most recent version of this form from the WDVA website at

W:\Templates\WDVA\_2643-Application-for-Veterans-Employment-Grant-Program.dotx http://dva.state.wi.us/Pages/newsmedia/WDVAToolkit.aspx