



Wis. Stats. Chapter 45

APPLICATION FOR VETERANS EMPLOYMENT GRANT PROGRAM

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 Statute § 45.437, provides a Veteran Employment Grant for employers, except local, state, and federal government agencies, who hire veterans that have a service-connected Federal VA disability rating of at least 50% (disabled veteran) 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, up to \$1,250 following the first 6 months of employment, and up to \$1,250 following the second 6 month period in which the veteran is employed.

To apply for a grant, complete the following and email to vetsbenefitsgrants@dva.wisconsin.gov or mail to Wisconsin Department of Veterans Affairs, Grants Unit, 2135 Rimrock Road, P.O. Box 7843, Madison, WI 53707-7843.

EMPLOYER INFORMATION

Employer: _____ FEIN #: _____ Contact Name: _____
Email Address: _____ Phone #: _____
Street Address: _____ City, State, Zip: _____

EMPLOYEE (VETERAN) INFORMATION

Employee Name: _____ Social Security #: _____
Email Address: _____ Phone #: _____
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 _____ (mm/dd/yyyy) Number of Hours Worked _____
Date of 2nd 6 months of employment: _____ to _____ (mm/dd/yyyy) Number of Hours Worked _____

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>

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 _____