

GRANT APPLICATION COVER SHEET

Print Form

Request For Application (RFA) Number: BEN-19-024 Issue Date: October 5, 2018

RFA Title: Employment for TANF Participants

APPLICANT INFORMATION

Organization Legal Name: City of Hampton

Organizational DUNS: 066019902

Address: Hampton Department of Human Services
1320 LaSalle Ave
Hampton VA 23669

Name and contact information of person to be contacted on matters involving this submission:

Prefix: Mrs. First Name: Teresa Last Name: Washington-Fry

Title: Family and Childrens Benefit Program Manager Telephone Number: 757-728-2129

Email: Teresa.Washington-Fry@dss.virginia.gov

Total Funding Amount Requested from Virginia Department of Social Services: \$435,000.00

Match or Cost Share Amount (if applicable) 10% or \$48,333.33

Does your organization expect to expend more than \$750,000 in federal funds during your fiscal year? [X] Yes [] No

What time frame is applicant's fiscal year (e.g. Jan. to Dec., July to June, Oct. to Sept.)? June to May

By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also have provided the required assurances ** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. code, title 218, Section 1001)
** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the Request For Application (RFA).

Authorized Representative:

Prefix: Ms. First Name: Wanda Last Name: Rogers

Title: Agency Director Hampton Department of Human Services Telephone Number: 757-727-1955

Email: wrogers@dss.virginia.gov

Signature of Authorized Representative: Wanda S. Rogers

Date: 11/26/18

APPLICATION INFORMATION FORM
Virginia Department of Social Services (VDSS)
Request for Proposal: Solicitation Number: BEN-19-024

Contract Program:	Employment for TANF Participants
Applicant Organization:	City of Hampton Hampton Department of Human Services
Mailing Address:	1320 LaSalle Ave Hampton VA 23669
Federal ID Number:	<i>Not Needed for LDSS or State Agency</i>
Geographic Coverage:	<input type="checkbox"/> Statewide <input type="checkbox"/> Region <input type="checkbox"/> District <input checked="" type="checkbox"/> Single Locality Jurisdiction(s): <i>Attach a sheet listing localities</i>
Partner Organizations:	<i>Lead organizations involved in implementation of services proposed</i>
Program Title:	Hampton Assessment and Planning Team
Contract Period:	January 1, 2019 through June 30, 2020
Primary focus of funding: (check all that apply)	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Work Preparation <input checked="" type="checkbox"/> Treatment Intervention <input checked="" type="checkbox"/> Job Placement <input checked="" type="checkbox"/> Job Retention <input checked="" type="checkbox"/> Job Advancement <input type="checkbox"/> Other Specify:
Total funds requested:	\$435,000.00 Amount of Match \$48,333.33
Primary provider(s) funded:	Hampton Department of Economic Development Regional Job Support Network Good Steward Economic Development Growth and Empowerment
Fiscal agent/organization:	City of Hampton Hampton Department of Human Services
Mailing Address:	1320 LaSalle Ave Hampton VA 23669