

Sentara Cares

Community Partner Portal (temporary as Portal is moving to www.SentaraCares.com)

-Use the Portal page to see Grant application details and submit your required progress reports using the link at the bottom of the page.

Organization Information

Organization Name

City of Hampton

Full Address

City of Hampton
236 North King Street
Hampton, VA 23669

Website

<https://hampton.gov/226/Commonwealths-Attorney>

Tax ID #

54-6001336

Tax Status Type

Contact Information

Primary Contact

Rhonda Moody

Email

rhonda.moody@hampton.gov

Phone

757-848-6814

Grant Application Status

Application #

GA-6032

Grant Round

CHOICE program - 2023

Program Name

Junior Commonwealth's Attorney Prc

Submission Date

10/03/2023

Candid (Guidestar) Status

Not Found in GuideStar

LOA Signed Date

01/24/2024

Application Status

Closed - Fully Paid

COI Signed Date

Amount Requested \$

50000.00

Amount Approved \$

50000.00

Report Requirements

Status Definition:

New - Pending = Not Submitted

Under Review = Submitted

Confirmed = Completed

Report Due Date

01/25/2024

Report Type

LOA Report

Report Status

Confirmed

Report Due Date

06/15/2024

Report Type

Interim Report

Report Status

Confirmed

Report Due Date

12/15/2024

Report Type

Final Report

Report Status

New - Pending

Report Due

Type

Final Report

Due Date

12/15/2024

Due in
days

116

[Click here to Submit Next Report>>](#)

[Click here to Download a report reminder](#)

(Download .ics file, then open, update recurrence, and save)

Please refer to the website, SentaraCares.com, for additional grant information or send any application inquiries or questions to SentaraCares@Sentara.com

Congratulations. Sentara Health/Optima Health [hereinafter referred to as Sentara] has awarded \$50,000 funding to support the Junior Commonwealth's Attorney Program initiative.

This Letter of Agreement sets forth the terms and conditions of the award and the manner in which it will be administered. Please review the following carefully and let us know if you have any questions or concerns. We want our partnership to be a strong and open one, so it's important to us that you understand the terms of the award – most of which are required by law.

ORGANIZATION: City of Hampton

REMIT ADDRESS: Commonwealth's Attorney, 236 North King Street, 1st Floor, Hampton, VA, 23669

PROJECT DESCRIPTION:

Junior Commonwealth's Attorney Program

Since JCAP is administered by a city-government funded agency, funds are needed to provide a venue for classes, venue for graduation, transportation throughout Hampton Roads, Richmond and Washington, D.C. Breakfast and lunch is provided on class days and travel days. A graduation reception is held on the final day to include graduation certificates. Polo shirts with JCAP Logo, T-Shirts with JCAP Logo, tailored blazers for graduation and job interviews are also provided. Drawstring bags to hold class materials are provided as well.

PROJECT OBJECTIVES:

Intention	Value Type	Objective	From:	To:
Increase	% Percentage	Intervention through education to reduce crime and violence.	75.00	25.00
Increase	% Percentage	Participant pursuing legal careers	20.00	35.00
Increase	% Percentage	Improved socioeconomic posture	30.00	60.00

PAYMENT PROCESS:

The payment process for this award will be as follows:

- **Total Amount:** \$50,000
- **Installment Amount:** \$50,000
- **Number of Installments:** 1

TAX-EXEMPT STATUS:

All documents and other information City of Hampton has provided to Sentara as part of the award application process have been true, complete and correct.

City of Hampton represents that it is a tax-exempt entity. City of Hampton agrees to notify Sentara immediately of any changes in it's tax status.

USE OF SENTARA FUNDS:

The funds will be used exclusively to pay for the project description listed above. Any modifications of the original proposal must be communicated to and approved by the Sentara Cares Team prior to use of funds. Any portion of the sponsorship not spent for this purpose exclusively will be returned. Sentara has the right to request that any portion of the award unexpended at the completion of the project shall be returned.

City of Hampton may not expend any award funds for any lobbying or political activity (as defined by the IRS), any grants to individuals, or any non-charitable purposes. City of Hampton acknowledges that it is familiar with the U.S. laws and rules prohibiting support (financial or otherwise) of persons and organizations associated with terrorism, and agrees to use reasonable efforts to ensure that it does not support or promote violence, terrorist activity or related training, or money laundering.

SUBGRANTS:

City of Hampton is responsible for ensuring that any and all subgrantees use the award funds in a manner consistent with the terms and conditions of this letter and the project objectives. City of Hampton agrees to require each subgrantee to submit to City of Hampton interim reports and a final report describing the progress made on the project and how the subgrantee expended the subgrant funds. City of Hampton also agrees to verify that the subgrantee spends the funds only for the charitable purposes of the project, and if not, to take the necessary steps to recover misspent funds and prevent similar problems from occurring in the future.

REPORTING REQUIREMENTS:

City of Hampton is required to keep a record of all receipts and expenditures relating to this award and to make its books and records available to Sentara at reasonable times, as mutually agreed. City of Hampton agrees to report on the progress of this project and the expenditure of grant funds on the cycle listed below. The reports should describe City of Hampton's progress in achieving the purposes of the project and include a detailed accounting of the uses or expenditure of all award funds. City of Hampton is required to keep the financial records with respect to this award, along with copies of any reports submitted to Sentara, for at least four years following the year in which all award funds are fully expended.

Failure to complete all progress reports will result in an incomplete sponsorship process and the non-compliant organization may not be considered for future funding.

Report Type	Report Due Date
Letter of Agreement	Jan-29-2024
Interim Report	Jun-15-2024
Final Report	Dec-15-2024

GRANT PARTNER PORTAL LINK: [Click here to access your Grant Application Portal](#)

Use the partner portal link to check the status of your grant application and to submit your required reports as listed in the Reporting Requirements table.

Public Relations, Communications, & Marketing:

Sentara provides its grantees with a photo-ready logo and instructions for communications. City of Hampton agrees to use these materials to cite Sentara for its support wherever possible. City of Hampton shall also provide Sentara with the opportunity to participate in any public ceremonies or special events highlighting the initiative. During the term of the project, Sentara may contact City of Hampton to request a site visit at a mutually agreeable time. Further, City of Hampton agrees to cooperate fully with any requests by Sentara to participate in or to provide pictures, photo opportunities, or written materials for public relations purposes. Copies of any proposed published materials mentioning the initiative shall be provided to Sentara prior to release for Sentara's review and approval.

RIGHT TO MODIFY OR REVOKE:

Sentara reserves the right to discontinue, modify or withhold any payments to be made under this grant award or to require a total or partial refund of any award funds if, in Sentara's sole discretion, such action is necessary:

- because City of Hampton has not fully complied with the terms and conditions of this letter or any statement City of Hampton made in this letter is false;
- to protect the purpose and objectives of the grant or any other charitable activities of Sentara;
- to comply with the requirements of any law or regulation applicable to City of Hampton, Sentara, or this grant award; or
- the IRS revokes City of Hampton tax-exempt status.

NO REQUIREMENT TO REFER:

Nothing in this letter contemplates or requires the referral of any patient by City of Hampton to Sentara or any affiliate of Sentara. This letter is not intended to influence the judgment of any provider in choosing the medical treatment of such provider's patients. Sentara and City of Hampton hereby support each provider's right to select the medical facility or facilities appropriate for the proper care and treatment of such provider's patients and the medical facility or facilities of the patient's choice.

DISCLOSURES OF INTEREST:

Prior to execution of this letter, and at any point City of Hampton's initial disclosure submission changes during the term of this letter, City of Hampton shall disclose to Sentara: i) the existence and details of any ownership, investment or compensation interest or arrangement (including employment) between City of Hampton and any physician (or any of physician's immediate family members); and ii) whether City of Hampton, through its employees or agents, refers, recommends, or arranges for patients to receive federally reimbursable health care services from Sentara or its affiliates. If requested by Sentara, City of Hampton shall provide such information as Sentara may reasonably request to determine whether any such arrangements would place Sentara or its affiliates at risk of any violation of law or be in conflict with its corporate compliance standards. Sentara may exercise its right to discontinue the grant award if City of Hampton pursues or engages in conduct that constitutes a conflict of interest or that materially interferes with, or is reasonably anticipated to materially interfere with, Sentara's performance under this letter.

GRANTEE REPRESENTATIONS:

City of Hampton is not currently excluded, debarred, or otherwise ineligible to participate in any of the federal health care programs nor is it currently under investigation or otherwise aware of any circumstances which may result in it being excluded from participation in any federal health care program.

EXTRAORDINARY CIRCUMSTANCES:

In the event that City of Hampton fails to perform or to comply with the terms of this letter, Sentara reserves the right to terminate this agreement and request a refund of unused funding.

LIMIT OF COMMITMENT:

Unless otherwise stipulated in writing, this funding is provided with the understanding that Sentara has no obligation to provide other or additional support to City of Hampton beyond the amount indicated above. If you have any questions about any portion of this letter, please contact us at SentaraCares@sentara.com.

Again, congratulations on this exciting opportunity, and we wish you much success with your initiative.

On behalf of City of Hampton, I am authorized to agree to all terms and conditions set forth in this Letter of Agreement.

Rhonda F. Moody	Administrative Services Manager
Print Name	Position
<div>DocuSigned by: <i>Rhonda F. Moody</i> 573433230C4D45E...</div>	1/24/2024 3:12 PM EST
Signature	Date

**SENTARA HEALTHCARE
ACCOUNTS PAYABLE
SUPPLIER VERIFICATION FORM
INSTRUCTIONS**

The Sentara Healthcare Accounts Payable Supplier Verification Form is a form used by Sentara's accounts payable department to collect information about your organization to set your organization up in their system and process your grant/sponsorship award. Please complete this form and return along with your W9 and any other documents related to payment.

- **Sentara Contact:** Our Sentara Cares team contact name and phone number is prefilled on this form. No further information is required for you to complete on these two lines of the application.
- **Supplier Name:** You should fill in the name of your organization as it appears on Line 1 or 2 of your W9 form. Discrepancies in your organization's name could delay payment processing. If you are operating under a different name other than on the W9 form, your W9 form must indicate DBA (Doing Business As) on line two of the W9 form.
- **Supplier Contact Name, Email, Phone, and Fax:** These lines should indicate information on the contact in your organization who will be able to answer any financial inquiries regarding payment processing.
- **Remit to Address:** Address in which your payment should be mailed to. This address may differ from your actual business address and should match the remit address on your signed Letter of Agreement.
- **Are you interested in signing up for electronic invoicing?** This line does not apply to Grant/Sponsorship payments.

DS
RFM

- **Select your preferred payment method based on below:**

- **Credit Card-Pay Terms**-This option is for immediate payment upon invoice approval from our Accounts Payable department. However, your organization must be able to accept credit card payments to select this option. If a credit card is selected, a Virtual Credit Card Acceptance form will be sent to you so that Sentara's Accounts Payable department may collect information needed for virtual card payments to be processed. This form will be sent to you by an Accounts Payable administrator by email. Merchant fees may apply. For more information about this option, you may email APPCARD@Sentara.com or call (757) 455-7700 option 3.
- **ACH Direct Deposit-Net 30 terms**-If you select this payment method, our accounts payable department will reach out to you directly to obtain ACH instructions. Please look out for emails and phone calls from Sentara's Accounts payable department. There may be a possibility that if you are new to our accounts payable system, your first payment will be in the form of a check.
- **Check-Net 45 terms**-Your award payment will be sent by check once accounts payable receives all necessary documents. Payments will be disbursed within 45 business days from receipt of payment request.

We will need a completed and signed W-9 form, Supplier Verification form, and your signed Letter of Agreement submitted to our Sentara Cares Grants/Sponsorship team before payment can be requested.

If your organization does not have a pre-printed W9 form, please visit <https://www.irs.gov/> to retrieve the most recent W9 form along with instructions.

As soon as your company's signed Letter of Agreement and payment information is received, your information will be forwarded to our accounts payable department for set-up and processing. Please note that any discrepancies in paperwork could result in a delayed payment.

Thank you in advance for your cooperation.

Sentara Cares Team



**SENTARA HEALTH
ACCOUNTS PAYABLE
SUPPLIER VERIFICATION FORM**

ALL FIELDS MUST BE COMPLETED OR FORM WILL BE RETURNED

Date: 1/24/2024 | 3:12 PM EST

Sentara Point of Contact Name: Angel Barnhill

(This is the Sentara employee you are doing business with.)

Sentara Point of Contact Email Address: aabarnh1@sentara.com

Sentara Point of Contact Phone Number: 757-455-7976

Supplier Name: Hampton Commonwealth's Attorney

Supplier Contact Name (for all communications concerning invoicing and payments):
Rhonda F. Moody

Supplier Contact Email Address: rhonda.moody@hampton.gov

Supplier Contact Phone Number: 757-727-6220

Remit To Address: 236 North King Street, 1st Floor, Hampton, VA, 23669

Remit To Email Address: rhonda.moody@hampton.gov

Are you interested in signing up for electronic invoicing? No

Select your preferred payment method based on the below:

Credit Card – Pay terms

ACH Direct Deposit – Net 30 terms

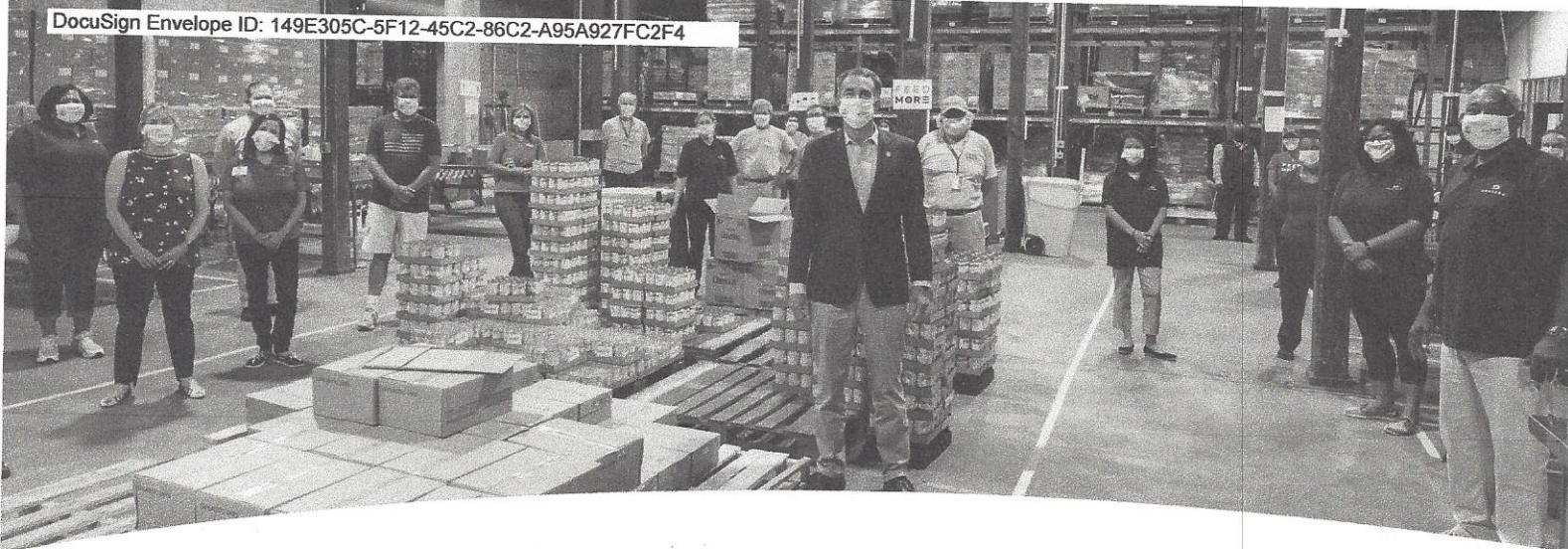
Check – Net 45 terms X

We will need a completed W-9 and Supplier Verification form submitted to the Accounts Payable department before we can process your invoices for payment.

As soon as your company's information is received, your invoices will be processed (if there are no discrepancies) for the next available payment cycle or per your payment terms.

Thank you in advance for your cooperation.





Sentara Cares

Announcing a Grant or Sponsorship

Congratulations on being awarded a grant or sponsorship from Sentara. We look forward to partnering with you toward a shared vision. This partner guide is designed to support you in announcing your grant or sponsorship from Sentara.

Press Release and Media Opportunities

- Please submit your individual grant or sponsorship announcement to Sentara for review and approval prior to distribution. All requests should be submitted via our online form here: [Community Involvement | Sentara Healthcare](#)
- Please recognize Sentara for the funding and partnership in your formal announcement.
- If your organization is interested in promoting the partnership via an event or other media opportunity, please share the relevant information with Sentara via the online form above.
- Access an example press release and Sentara's official boilerplate language in the [Partner Toolkit](#).

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Logo and Branded Collateral

- To receive the approved Sentara logo or if you are creating any branded collateral with the Sentara logo (ex: flyers, social graphics, print ads, etc.), please contact marketing@sentara.com. Please only use the approved logo sent to you from Sentara; do not use a previously shared version.
- Any materials with the Sentara logo must be sent to marketing@sentara.com for review and approval prior to distribution.

Social Media

- If you plan to share your announcement on social media, please notify the Sentara team via marketing@sentara.com in advance so we can share your post to our social media channels. Please see the Partner Toolkit for Sentara's social media pages and example posts.

If you have any questions, please contact
marketing@sentara.com. Our team is excited for your partnership
and looks forward to working together.

Partner Toolkit

Example Organization Press Release

FOR IMMEDIATE RELEASE

Media Contact: [Media contact information]

[Organization] receives \$[Amount] from Sentara Health to support [community health initiatives]

Funding supports collaborative partnership with Sentara Health

[City, State] ([Month Day, Year]) — [Organization], a leading [nonprofit organization dedicated to improving the health and well-being of our community], is pleased to announce a generous contribution of \$[amount] from Sentara Health to assist with [program name or purpose of contribution.]

The \$[amount] donation from Sentara will be utilized by [Organization] to support [insert specific details on how the donation will be allocated. Provide description of the organization's work and contributions to the community.]

[Quote from organization leadership, if applicable.]

This contribution from Sentara reinforces their shared commitment to creating healthier communities through partnerships with organizations and individuals.

###

About [Organization]

[Provide organization's mission statement, history or boilerplate statement.]

About Sentara Health • www.sentara.com/news

Sentara, an integrated, not-for-profit health care delivery system, celebrates 135 years in pursuit of its mission—"we improve health every day." Sentara is one of the largest health systems in the U.S. Mid-Atlantic and Southeast, and among the top 20 largest not-for-profit integrated health systems in the country, with 30,000 employees, 12 hospitals in Virginia and Northeastern North Carolina, and the Sentara Health Plans division which serves more than 1.2 million members in Virginia and Florida. Sentara is recognized nationally for clinical quality and safety and is strategically focused on innovation and creating an extraordinary health care experience for our patients and members. Sentara was named to IBM Watson Health's "Top 15 Health Systems" (2021, 2018), and was recognized by Forbes as a "Best Employer for New Grads" (2022), "Best Employer for Veterans" (2022), and "Best Employer for Women" (2020).

Continued >



Partner Toolkit

Social Media Guidelines

Social Media Guidelines:

Please be sure to tag Sentara in your post and provide a short explanation of how your organization will use the funding from Sentara to improve community health and wellness.

- **Facebook:** Sentara Healthcare <https://www.facebook.com/sentarahealth/>
- **Instagram:** [Sentara Health](#) (@sentarahealth)
- **Twitter:** [Sentara Health](#) (@sentarahealth)
- **LinkedIn:** [Sentara Health](#)

Example Social Posts:



Nauticus
April 18 · 🌐



Thank you, **Sentara Healthcare!** A new STEM Discovery Lab at Nauticus will serve area students and families thanks to a \$500,000 grant from Sentara Healthcare. The education-focused lab will be used for daily programming, educational demonstrations, visitor engagement opportunities, and school field trips for thousands of students each year.

Sentara Healthcare's STEM Discovery Lab will open in 2024 along with three new gallery spaces – all part of the second phase of Nauticus'... **See more**

— with **Nauticus** and **Sentara Health**.



Scholars Latino Initiative
March 3 · 🌐

Thank you Sentara Healthcare! A grant to increase underserved representation in healthcare will help SLI develop its scholars' leadership skills and access to skilled health careers, train SLI mentors, and strengthen its long-term capacity to serve students. In addition, the grant establishes the Sentara SLI Scholar College Award designed to empower SLI scholars to achieve health careers and recognize their leadership in related service and activities.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. CITY OF HAMPTON VIRGINIA	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) LOCAL GOVERNMENT (EXEMPT) <input checked="" type="checkbox"/> Other (see instructions) LOCAL GOVERNMENT (EXEMPT)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. 22 LINCOLN ST, 7TH FLOOR	Requester's name and address (optional)
6 City, state, and ZIP code HAMPTON, VA 23669	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
5	4	-	6	0	0	1	3	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person *Rebecca D. ...* Date *5/12/2020*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.