



**COMMONWEALTH of VIRGINIA**  
*Office of the Attorney General*

**Jason S. Miyares**  
Attorney General

202 North 9th Street  
Richmond, Virginia 23219  
804-786-2071  
FAX 804-786-1991  
Virginia Relay Services  
800-828-1120

June 18, 2024

Mary Bunting  
City Manager  
8<sup>th</sup> Floor, City Hall  
22 Lincoln Street  
Hampton, VA 23669

**RE: TRIAD Funding**

Dear Ms. Bunting:

Congratulations, your organization has been selected to participate in the Office of the Attorney General TRIAD Crime Prevention for Seniors Award Program. I am pleased to advise you that award number 013-TRIAD-24 for the above-referenced award program has been approved in the amount of **\$2,125.00 in state funds**. The award period runs from June 1, 2024, to May 31, 2025.

Enclosed you will find a Statement of Award (SOA), and the new CoVa W-9 Form. To indicate your acceptance of the award and conditions, please sign the SOA, fill out the CoVa W-9 form, sign, scan both documents and return them to the Office of the Attorney General (OAG) via email or regular mail.

When we receive your signed SOA, you will be authorized to submit an invoice for reimbursement. Please read the TRIAD 2024 General Conditions carefully as it contains details on submitting an invoice and report. If you have any questions about due dates or reporting requirements, contact [seniors@oag.state.va.us](mailto:seniors@oag.state.va.us) or call Katharine McClanahan-Geisler at (804) 309-3861.

Sincerely,

A handwritten signature in blue ink that reads "Mark Fero".

Mark Fero  
Director of Crime Reduction

# GRANT AWARD TERMS AND CONDITIONS

*Virginia Attorney General's Office*

*TRIAD Grant*

Acceptance of this grant award by the recipient (“subgrantee”) constitutes its agreement that it assumes full responsibility for the management of all aspects of the grant and the activities funded by the grant, including assuring proper fiscal management of and accounting for grant funds.

By signing the Statement of Grant Award/Acceptance, the recipient agrees to:

- use the grant funds to carry out the activities described in the grant application, as modified by the terms and conditions attached to this award or by subsequent amendments approved by the Office of the Attorney General (OAG).
- adhere to the approved budget contained in this award or submitted afterwards and amendments made to it in accord with these terms and conditions; and,
- comply with all terms, conditions and assurances either attached to this award or submitted with the grant application.

## **1. Use of Funds**

a. Due to the scope of this grant program, funding for the following items will not be considered unless otherwise approved:

- Gift cards /gift certificates

Only expenses that are a necessary part of an incidental to an approved project may be paid for with grant funds (an approved project is one that meets all the eligibility and application requirements). Funds may only be used for project-related expenses that are directly TRIAD-related and outlined in the submitted proposal.

The subgrantee agrees that grant funds will be used only for the purposes described in the recipient’s application, unless OAG determines that any of these activities are out of scope or unallowable. The subgrantee must not undertake any work or activities that are not described in the recipient’s application, award documents, or approved budget, and must not use staff, equipment, or other goods or services paid for with grant funds for such work or activities, without prior written approval, from OAG.

## **2. Period of Performance**

The period of performance for this award begins on June 1, 2024, and ends on May 30, 2025. Recipients may use award funds to cover eligible costs incurred during this award period.

## **3. Reporting Requirements**

At TRIAD completion, grant awardees will be required to submit a short narrative report using an approved department letterhead. These reports should include the following:

- Number of youth attendees.

- Lesson plans utilized and outcome of post assessments if used.
- Successfulness of the TRIAD based after completion and evaluation.
- Any additional anecdotal or data-driven information.

Failure to submit these reports in the proper format or in a timely manner may result in the OAG withholding reimbursement or deeming an awardee ineligible to apply for future funding. Further details of this reporting requirement will be provided with grant award notification.

Please submit reports to [seniors@oag.state.va.us](mailto:seniors@oag.state.va.us).

#### **4. Maintenance of and Access to Records**

a. Records shall be maintained by the recipient for a period of five (3) years after all funds have been expended.

#### **5. Conflicts of Interest**

Recipient understands and agrees it must maintain a conflict-of-interest policy.

#### **6. False Statements**

Recipient understands that making false statements or claims in connection with this award is a violation of federal law and may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in federal awards or contracts, and/or any other remedy available by law.

#### **7. Publications**

The Office of the Attorney General is acknowledged as a sponsor in all TRIAD materials and promotional efforts.

#### **8. Disclaimer**

a. The Commonwealth expressly disclaims all responsibility or liability to recipient or third persons for the actions of recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

b. The acceptance of this award by the recipient does not in any way establish an agency relationship between the Virginia Office of the Attorney General and the recipient.

#### **9. Additional monitoring requirements**

The recipient understands that it may be subject to additional financial and programmatic on-site monitoring, which may be on short notice, and agrees that it will cooperate with any such monitoring.

#### **10. Contract Amendments**

Contract amendments must be submitted for review to [seniors@oag.state.va.us](mailto:seniors@oag.state.va.us). These contract amendments include, but are not limited to, the following:

- Budget Amendment – Revision
- Budget Amendment – In Line Adjustment
- Project Scope of Work Revision
- Reporting Extension
- Other

No amendment to the approved budget may be made without the prior approval of OAG. No more than two (2) budget amendments will be permitted during the grant period. Budget Revision – Amendment requests, along with accompanying narrative, are to be submitted to the OAG. The submission deadline for budget amendments is 45 days prior to the end of the grant period.

## **11. Invoices and Payment**

- A. The OAG will reimburse the recipient within 30 days of receipt of a proper invoice. Invoices for equipment shall be submitted by the recipient and shall identify the specific items being paid for. Where applicable, copies of receipts, for goods and/or services shall be attached to the invoice. Purchases must be reasonable charges and within the federal and state guidelines against the funds and will be reimbursed at the agreed amount or the actual cost, whichever is lower.
- B. The recipient shall submit the invoice(s) to the OAG. No invoice may include any cost other than those identified in the purchase order referencing the Contract. Invoice(s) shall provide at a minimum:
  - i. Organization
  - ii. Authorized User point of contact and phone/email
  - iii. Description of the services provided
  - iv. Grant number
  - v. Invoice number
  - vi. Invoice date
  - vii. Invoice Amount

## **12. Availability of Funds**

It is understood and agreed between the parties herein that the OAG shall be bound hereunder only to the extent of the funds available, or which may hereafter become available for the purpose of this Agreement

# Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

- Social Security Number (SSN)**
- Employer Identification Number (EIN)**

Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.

**Unique Entity Identifier (UEI) (see instructions)**

**Legal Name:**

**Business Name:**

**Entity Type**

**Entity Classification**

**Exemptions (see instructions)**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual          | <input type="checkbox"/> Corporation               |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> S-Corporation             |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> C-Corporation             |
| <input type="checkbox"/> Trust               | <input type="checkbox"/> Disregarded Entity        |
| <input type="checkbox"/> Estate              | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Government          | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Non-Profit          | <input type="checkbox"/> Corporation               |

- |  |  |
|--|--|
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Medical Services        |
| <input type="checkbox"/> Political Subdivision | <input type="checkbox"/> Legal Services          |
| <input type="checkbox"/> Real Estate Agent     | <input type="checkbox"/> Joint Venture           |
| <input type="checkbox"/> VA Local Government   | <input type="checkbox"/> Tax Exempt Organization |
| <input type="checkbox"/> Federal Government    | <input type="checkbox"/> OTH Government          |
| <input type="checkbox"/> VA State Agency       | <input type="checkbox"/> Other                   |

Exempt payee code (if any):  
 \_\_\_\_\_  
 (from backup withholding)

Exemption from FATCA reporting code (if any):  
 \_\_\_\_\_

**Contact Information**

Legal Address:

Name:

Email Address:

City: State : Zip Code:

Business Phone:

Remittance Address:

Fax Number:

Mobile Phone:

City: State : Zip Code:

Alternate Phone:

Section 2 - 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 later in general instructions), 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 instructions titled Certification

**Printed Name:**

**Authorized U.S. Signature:**

**Date:**

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see Section 2 Certification for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Section 1 - Taxpayer Identification

**Check the appropriate Tax Identification Number (TIN) type. Enter your EIN/SSN in the space provided.** If you are a resident alien and you do not have and /or are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

Number (SSN)" box and enter the SSN of the sole proprietor.

e. If you are a Single-Member LLC that is disregarded as an entity, check the "Social Security Number (SSN)" box and enter the member's SSN.

**Note:** If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

Vendors are requested to enter their **Unique Entity Identifier Number (UEI)**, if applicable. See number requirement below.

**Unique Entity Identifier (UEI) number requirement.** The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their UEI number recorded with and subsequently reported to the granting agency. If your entity is registered in SAM.gov today, your Unique Entity ID (UEI) has already been assigned and is viewable in SAM.gov

**Legal Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form. If you are using a name other than that which is listed on a Social Security Card, please enter the legal entity name **as filed with the IRS.** In general, enter the name shown on your income tax return. Do not enter a Disregarded Entity Name on this line.

**Business Name.** Business, Disregarded Entity, trade, or DBA ("doing business as") name.

**Entity Type.** Select the appropriate entity type.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Legal Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business Name" line.

**Partnership.** A partnership is an entity reflecting a relationship existing between two or more persons who join to carry on a trade or business. Enter the partnerships entity's name on the "Legal Name" line. This name should match the name shown on the legal document creating the entity. You may enter your business, trade, or "doing business as (DBA) name on the "Business Name" line.

**Trust.** A legal entity that acts as fiduciary, agent or trustee on behalf of a person or business entity for the purpose of administration, management and the eventual transfer of assets to a beneficial party. Enter the name of the legal entity on the "Legal Name" line.

**Estate.** A separate legal entity created under state law solely to transfer property from one party to another. The entity is separated by law from both the grantor and the beneficiaries. Enter the name of the legal entity on the "Legal Name" line.

**Corporation.** A company recognized by law as a single body with its own powers and liabilities, separate from those of the individual members. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

**S-Corporation.** A corporation that is taxed like a partnership: a corporation in which five or fewer people own at least half the stock. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

**C-Corporation.** A business that is taxed as a separate entity: a business taxed under Subchapter C of the Internal Revenue Code and legally distinct from its owners. Enter the entity's name on the "Legal Name" line and any trade or "doing

Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, agencies, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment fund
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 584(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

**IF the payment is for... THEN the payment is exempt for...**

|  |   |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7 payments   |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site [www.irs.gov](http://www.irs.gov).

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester. **Note:** *Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.*

**Enter the TIN which coincides with the 'Legal Name' provided on the form.**

- If you are an individual, check the "Social Security Number (SSN)" box and enter the SSN.
- If you are a Grantor or Revocable Trust, check the "Social Security Number (SSN)" box and enter the SSN of the Grantor.
- If you are a Resident Alien, check the "Social Security Number (SSN)" box and enter your SSN or your ITIN (IRS Individual Taxpayer Identification Number).
- If you are a Sole Proprietor, check the "Social Security

business as (DBA)" name on the "Business Name" line.

**Limited liability company (LLC).** An LLC with at least two members is classified as a partnership for federal income tax purposes unless it files Form 8832 and affirmatively elects to be treated as a corporation. Enter the name of the partnership or corporation. An LLC with only one member is treated as an entity disregarded as separate from its owner for income tax purposes (but as a separate entity for purposes of employment tax and certain excise taxes), unless it files Form 8832 and affirmatively elects to be treated as a corporation. If you are a single-member LLC (including a foreign LLC with a domestic owner) that is **disregarded** as an entity separate from its owner, **enter the owner's name on the "Legal Name" line.** **Caution:** *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

**Contact Information.** Enter your contact information.

Enter your **Legal Address.** Enter your **Remittance Address.** A **Remittance Address** is the location in which you or your entity receives business payments.

Enter your **Business Phone Number.** Enter your **Mobile Phone Number**, if applicable. Enter your **Fax Number**, if applicable. Enter your **Email Address.**

For clarification on any of the fields, see [www.irs.gov](http://www.irs.gov).

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding.

institution is subject to these requirements.

A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B - The United States or any of its agencies or instrumentalities

C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D - A corporation in the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G - A real estate investment trust

H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I - A common trust fund as defined in section 584(a)

J - A bank as defined in section 581

K - A broker

L - A trust exempt from tax under section 664 or described in section 4947(a)(1)

M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

## Section 2 - Certification

To establish to the paying agent that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

## STATEMENT OF GRANT AWARD (SOGA)

Virginia Attorney General's Office  
202 N. 9<sup>th</sup> Street  
Richmond, Virginia

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>TRIAD Grant</b>                    |                            |
| Subgrantee: Hampton Sheriff's Office  |                            |
| OAG Grant Number: <b>013-TRIAD-24</b> |                            |
| Grant Start Date: 06/01/2024          | Grant End Date: 05/31/2025 |
| Tax ID:                               |                            |

|                      |                       |
|----------------------|-----------------------|
| Federal Funds:       | \$                    |
| State General Funds: | \$ <b>2,125.00</b>    |
| State Special Funds: | \$                    |
| Agency Match:        | \$                    |
| <br>Total Budget:    | <br><b>\$2,125.00</b> |

| Project Director   | Project Administrator  | Finance Officer  |
|--|--|--|
| Lieutenant B. Moore<br>Community Relations Officer<br>Hampton County Sheriff's Office<br>1928 W. Pembroke Ave<br>Hampton, VA 23661<br>757-728-2010<br>Bionca.moore@hampton.gov | Mary Bunting<br>City Manager<br>8 <sup>th</sup> Floor, City Hall<br>22 Lincoln Street<br>Hampton, VA 23669<br>757-727 6392<br>mbunting@hampton.gov | Karl Daughtery<br>Finance Director<br>7 <sup>th</sup> Floor, City Hall<br>22 Lincoln Street<br>Hampton, VA 23669<br>757-727-6320<br>kdaughtery@hampton.gov |

As the duly authorized representative, the undersigned, having received the Statement of Grant Awards (SOGA) and Special Conditions, I hereby accept this grant and agree to the conditions and provisions of all other federal and state laws and rules and regulations that apply to this award.

Signature: \_\_\_\_\_  
Authorized Official (Project Administrator)

Title: \_\_\_\_\_

Date: \_\_\_\_\_