

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction															
Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)																	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/10/19		3. DATE RECEIVED BY STATE:															
2b. APPLICATION ID: 19SF214031		4. DATE RECEIVED BY FEDERAL AGENCY: 04/10/19															
		STATE APPLICATION IDENTIFIER: 546001336															
		FEDERAL IDENTIFIER: 17SFSVA002															
5. APPLICATION INFORMATION																	
LEGAL NAME: City of Hampton DUNS NUMBER: 024259397		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Gina Lewis TELEPHONE NUMBER: (757) 727-1858 FAX NUMBER: (757) 727-1720 INTERNET E-MAIL ADDRESS: gina.lewis@dss.virginia.gov															
ADDRESS (give street address, city, state, zip code and county): Hampton Dept. Social Service 1320 LaSalle Avenue Hampton VA 23669 - 3801 County: Hampton (city)																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 546001336		7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Community-Based Organization Volunteer Management Organization															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Hampton FGP															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Williamsburg, York County, James City County, Newport News and Hampton, Va		11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT: START DATE: 07/01/17 END DATE: 06/30/20		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="VA 03"/> b.Program <input type="text" value="VA 03"/>															
15. ESTIMATED FUNDING: Year #: <input type="text" value="3"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 80%;">\$ 362,483.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 89,744.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 69,744.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 20,000.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 452,227.00</td> </tr> </table>		a. FEDERAL	\$ 362,483.00	b. APPLICANT	\$ 89,744.00	c. STATE	\$ 0.00	d. LOCAL	\$ 69,744.00	e. OTHER	\$ 20,000.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 452,227.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Felecia Debrew		b. TITLE:															
		c. TELEPHONE NUMBER: (757) 727-1812															
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 06/17/19															