

APPLICATION TO THE VIRGINIA FEDERAL ACTION CONTINGENCY (FACT) FUND May 2013

FORM FF-2

In connection with this application, please review and comply with the Guidance for FACT Fund Applicants dated May 3, 2013.		
ITEM I. GENERAL INFORMATION		
Date application submitted	Date of federal action	App. ID. No. (Reserved)
Name of Applicant Organization (and Contact Person)	Identify federal action and specific federal military, security installations or other federal agencies located in Virginia that have been closed, relocated or realigned.	
Applicant Organization office mailing address	Applicant Organization office telephone no. and email address	
Identify matching fund source and contact person (if different than Applicant Organization)	Describe affiliation of Applicant Organization to matching fund source Attach separate sheets, if necessary. (Include Item I. at the top of each additional page to describe or explain further).	
Matching fund source office mailing address	Matching fund source office telephone no. and email address	
Type of Applicant Organization <input type="checkbox"/> State Agency <input type="checkbox"/> Locality	Certification that Applicant Organization and any principal beneficiary is currently located and operating in Virginia, and if the grant would inure to the benefit of a specific for-profit private entity, that the private entity pays taxes in Virginia. Identify location. <input type="checkbox"/> Yes, private entity is located and operating in Virginia. <input type="checkbox"/> No, private entity is neither located nor operating in Virginia. If Grant would inure to the benefit of a Private Entity: Identify private entity and address _____ _____ Form of private entity (corp., LLC, etc.) _____ State where incorporated/organized _____	
If the private entity is not currently located in Virginia, then certify that with the acceptance and implementation of this grant, the private entity for which the Applicant Organization is attempting to benefit would prospectively locate to and operate in Virginia, and if a for-profit, pay Virginia taxes. <input type="checkbox"/> Yes, Applicant Organization certifies private entity will relocate to and operate in Virginia. Expected date of relocation to Virginia _____. Expected commencement date of operations in Virginia _____. (Note: Additional conditions on the Applicant Organization may be stipulated by the terms of the grant award.) <input type="checkbox"/> No, Applicant Organization is unable to certify private entity will relocate to and operate in Virginia.		
Summary Purpose of Application: <input type="checkbox"/> To develop plans and implement strategies to prevent or limit the adverse economic impacts of closure, relocation, or realignment of federal military or security installations or other federal agencies located in Virginia, including actions to evaluate military and command clusters to access their vulnerability for closure, relocation or realignment; or <input type="checkbox"/> To make remedial efforts to promote renewed economic growth in jurisdictions [localities] adversely effected by closure, relocation, or realignment decisions on the part of the federal government.	Requested Dollar Amount of Application: No Applicant Organization may apply for a grant amount of more than \$5,000,000. \$_____ (application grant amount) \$_____ (matching funds amount) \$_____ (total funds)	
Term of Grant Period Requested, all FACT Fund monies must be expended by the grant period's ending date (i.e., June 30, 2013 through December 31, 2013, but note the period may not extend beyond June 30, 2014): _____		
Attach separate sheets, if necessary. (Include Item I. at the top of each additional page to describe or explain further).		

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ITEM II.A. ANNOUNCED OR ACTUAL NEGATIVE IMPACT

Provide a concise statement defining the negative impact of the pending and announced or actual federal budget reduction action (preferably with data or measures of impact). Include a description of what is to be done to combat the negative impact and a specific timetable to accomplish this stated goal in this application.

Attach separate sheets, if necessary. (Include Item II.A. at the top of each additional page to describe or explain further).

ITEM II.B. ALTERNATIVE FUNDING SOLUTIONS

Name of Grant or Loan and Date Applied/Submitted	Identify Source of Grant or Loan	Status of Application (accepted, denied, pending) and Expected Date of Determination	Detailed Description of alternative funding source (separate pages permitted for description)

Attach separate sheets, if necessary. (Include Item II.B. at the top of each additional page to describe or explain further).

ITEM II.C. JUSTIFICATION AND QUANTITATIVE INFORMATION

Provide justification for the requested grant dollar amount, and include quantitative information regarding the negative effect on the Applicant Organization to be addressed from the federal action and include the methodology used to calculate the costs of the requested FACT Fund grant.

Attach separate sheets, if necessary. (Include Item II.C. at the top of each additional page to describe or explain further).

ITEM II.D. SPECIFIC PLAN OF ACTION

Provide a specific plan of action as to: (i) how the money will be spent (itemized budget) and (ii) how long the term of the FACT Fund grant period should be. Include a specific timeline.

Attach separate sheets, if necessary. (Include Item II.D. at the top of each additional page to describe or explain further).

ITEM II.E. APPLICANT ORGANIZATION'S MEASURE OF SUCCESS

Provide a description as to how the Applicant Organization will measure the success of the effort if this FACT Fund grant were to be funded. What public purpose will be served by a FACT Fund grant to the Applicant Organization? How will the FACT Fund grant help the Applicant Organization carry out the purpose of the application in Item I. within Virginia? Who will likely benefit from the grant (describe employees, residents, customers, clients, etc.)?

Attach separate sheets, if necessary. (Include Item II.E. at the top of each additional page to describe or explain further).

ITEM III. MATCHING FUNDS

A. Percentage FACT Fund Grant Match: 100% 75%
 50% Other ____% (Must be 50% or above)

Actual Dollar Amount of Match \$_____

B. Certification that Matching Funds are unconditionally available in cash or cash equivalents (or in-kind, such as contributed labor or materials)
 Yes No

(Note: If an in-kind match is proposed, the Applicant Organization must specify how the value of the in-kind match is determined and how the in-kind match will be supplied during the grant period.

If the source of matching funds is providing an in-kind match, attach separate sheets to provide a detailed description and valuation process of the in-kind contribution. (Include Item III.B. at the top of each additional page to describe or explain further).

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C. Source of Match: Locality Foundation/Non-Profit Private Entity Other _____

Include the Name, Address, Telephone number and E-Mail Address of Matching Fund Source Representative and Fiduciary Agent:

Attach separate sheets, if necessary. (Include Item III.C. at the top of each additional page to describe or explain further).

D. Expected beginning date that matching funds will be made unconditionally available: _____

Confirm matching funds will be unconditionally available at the same time as the application grant amount. Yes No

Attach separate sheets, if necessary. (Include Item III.D. at the top of each additional page to describe or explain further).

ITEM IV. PASS-THROUGHS

The Applicant Organization submitting this FACT Fund grant application will use the award funding of this grant for itself and no other entity.
 Yes No

If the answer is No, and the Applicant Organization will pass through the award funding from this grant to another entity(ies), not owned or controlled by the submitting Applicant Organization, provide substantial justification of how the Applicant Organization will oversee the pass-through entity, and identification and contact information for the pass-through entity(ies). See Item I. regarding private entity beneficiaries to ensure consistency in response.

Attach separate sheets, if necessary. (Include Item Number IV. at the top of each additional page to describe or explain further).

ITEM V. SPECIAL CONSIDERATIONS

Provide a reference of the Federal Office of Management and Budget, the U.S. Department of Defense or other federal agency demonstrating the closure, relocation, or realignment of a federal military, security installation or other federal agency located in the Commonwealth (or the publicly announced intent to do so), which will result in an adverse economic impact.

Attach separate sheets with this Item Number V. at the top of each additional page to describe or explain.

****Please note that additional conditions may be added to the Applicant Organization's application in connection with approval of such FACT Fund grant application.****

ITEM VI. POST-AWARD RESPONSIBILITIES AND REPORTING REQUIREMENTS

The Applicant Organization Certifies that it Shall:

- Maintain an individual case file for each application made and that case file shall contain documentation concerning the appropriate expenditures of the grant award and matching funds made;
- Be responsible to maintain oversight (if passed through to another entity), and in all cases, maintain receipts for items or services that were purchased with grant award and matching funds.
- Maintain case files for at least three years from the date of award;
- Disclose fully all grant and matching fund records upon request of the Commonwealth and cooperate fully with state audits;
- Supply progress reports or oral presentations upon request of the Commonwealth and deliver a Final Report to the Governor within 30 days of the date that the term of grant expires, which shall include how the grant was expended and the resulting measure; and
- Return any FACT Fund monies not expended by the expiration of the grant term to the FACT Fund by June 30, 2014, unless otherwise approved by the Governor.

If there is anything else the Applicant Organization wishes to expand upon or explain further, please attach separate sheets with the term "Additional Information" at the top of each additional page.

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REQUIRED SIGNATURES AND CERTIFICATIONS			
Applicant Organization Representative		Matching Source	
<p>I affirm that the needs of the Applicant Organization have been assessed through a case management process in which the actual or potential adverse Federal Action has been reviewed in a comprehensive manner for this FACT Fund application. The FACT Funds monies being requested are only for the purposes specified in this application. Reasonable care has been exercised in the development of cost estimates for this request. I also affirm that my Applicant Organization has responsibility to financially account for the receipt and distribution of this award made and to take prudent measures to maintain appropriate documentation, including receipts, invoices, correspondence for audit reviews.</p>		<p>I affirm as the Matching Source provider for the Matching Source that should the Applicant Organization receive a grant from the FACT Fund, the required matching funds as specified in the grant acceptance shall be made readily and unconditionally available within 30 days of notification that the Applicant Organization has received a grant from the FACT Fund. I also affirm that the Matching Source for which I am certifying today has responsibility to financially account for the matching funds, distribution of these matching funds from the Matching Source and to maintain appropriate documentation for audit reviews.</p>	
Printed Name of Applicant Organization Representative		Printed Name of Matching Source Representative	
Authorized Signature of Applicant Organization Representative	Date	Authorized Signature of Matching Source Representative	Date
Fiduciary Agent			
<p>I affirm as the Fiduciary Agent for the Matching Source that should the Applicant Organization receive a grant from the FACT Fund, the required matching funds as specified in the grant acceptance shall be made readily and unconditionally available within 30 days of notification that the Applicant Organization has received a grant from the FACT Fund. I also affirm that the Fiduciary Agent for which I am certifying today has responsibility to financially account for the matching funds, distribution of these matching funds from the Fiduciary Agent and to maintain appropriate documentation for audit reviews.</p>			
Printed Name of Fiduciary Agent			
Authorized Signature of Fiduciary Agent			Date