

2014-15 APPLICATION TO THE VIRGINIA FEDERAL ACTION CONTINGENCY (FACT) FUND July 2014

FORM FF-2

In connection with this application, please review and comply with the Guidance for FACT Fund Applicants dated July 2014.

ITEM I. GENERAL INFORMATION

Date application submitted	Date of federal action	App. ID. No. (Reserved)
Name of Applicant (and Contact Person)	Identify specific locality (Town, City, and County) that is seeking to mitigate the effects of encroachment to include but is not limited to incompatible use of land, air, water and other resources near military installations. .	
Applicant office mailing address	Applicant office telephone no. and email address	
Identify matching fund source and contact person (if different than Applicant)		

<p>Summary Purpose of Application:</p> <p><input type="checkbox"/> The FACT Fund was created by the Virginia General Assembly in 2012 to counter actions taken by the federal government that may adversely impact the citizens and economy of Virginia including strategies to limit risks associated with or offset the adverse economic impacts of closure, relocation, or realignment of federal military or security installations or other federal agencies located in Virginia.</p>	<p>Requested Dollar Amount of Application:</p> <p>No Applicant may apply for a grant amount of more than \$4,361,600.</p> <p>\$ _____ (application grant amount)</p> <p>\$ _____ (matching funds amount)</p> <p>\$ _____ (total funds)</p>
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Term of Grant Period Requested, all FACT Fund monies must be expended by the grant period's ending date (i.e., December 1, 2014 – June 30, 2015; the period may not extend beyond June 30, 2016): _____

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

ITEM II.A. ANNOUNCED OR ACTUAL NEGATIVE IMPACT

Provide a concise statement defining the level of encroachment and the potential or actual negative impact on Virginia (preferably with data or measures of impact). Include a historical description (to include funding sources, number of properties purchased, etc.) of what has been done to address the encroachment issue. Include what is to be accomplished to combat the current level of encroachment and a specific timetable to accomplish the 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).

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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 to be addressed 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'S MEASURE OF SUCCESS

Provide a description as to how the Applicant 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? How will the FACT Fund grant help the Applicant carry out the purpose of the application in Item I. within Virginia?

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: <input type="checkbox"/> 100% <input type="checkbox"/> Other ____% (Must be 100% or above)	Actual Dollar Amount of Match \$_____
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B. Certification that Matching Funds are unconditionally available at the same time as the application grant amount.
 Yes No

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: _____

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

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 possible 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's application in connection with approval of such FACT Fund grant application.****

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ITEM VI. POST-AWARD RESPONSIBILITIES AND REPORTING REQUIREMENTS

The Applicant 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 receipts for properties 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 to the FACT Fund within 30 days following the grant expiration date any FACT Fund monies not expended by the expiration of the grant term, unless otherwise approved by the Governor.

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

REQUIRED SIGNATURES AND CERTIFICATIONS

Applicant Organization Representative		Matching Source	
I affirm that the needs of the Applicant have been assessed through a case management process in which the actual or potential efforts to mitigate encroachments 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 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.		I affirm as the Matching Source provider for the Matching Source that should the Applicant 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 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.	
Printed Name of Applicant Representative		Printed Name of Matching Source Representative	
Authorized Signature of Applicant Representative	Date	Authorized Signature of Matching Source Representative	Date
		Fiduciary Agent	
		I affirm as the Fiduciary Agent for the Matching Source that should the Applicant 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 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.	
		Printed Name of Fiduciary Agent	
		Authorized Signature of Fiduciary Agent	Date