OMB Number: 4040-0004
Expiration Date: 8/31/2016

## Application for Federal Assistance SF-424

| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
|---|---|---|
| [X] Preapplication | [X] New | |
| [ ] Application | [ ] Continuation | * Other (Specify): |
| [ ] Changed/Corrected Application | [ ] Revision | |

| * 3. Date Received: | 4. Applicant Identifier: |
|---|---|
| Completed by Grants.gov upon submission. | |

| 5a. Federal Entity Identifier: | 5b. Federal Award Identifier: |
|---|---|
| | |

**State Use Only:**

| 6. Date Received by State: | 7. State Application Identifier: |
|---|---|
| | |

**8. APPLICANT INFORMATION:**

* a. Legal Name: Commonwealth of Virginia

| * b. Employer/Taxpayer Identification Number (EIN/TIN): | * c. Organizational DUNS: |
|---|---|
| 54-1083047 | 8093918810000 |

**d. Address:**

| | |
|---|---|
| * Street1: | Main Street Centre |
| Street2: | 600 East Main Street |
| * City: | Richmond |
| County/Parish: | |
| * State: | VA: Virginia |
| Province: | |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 23219-2416 |

**e. Organizational Unit:**

| Department Name: | Division Name: |
|---|---|
| DHCD | |

**f. Name and contact information of person to be contacted on matters involving this application:**

| | | | |
|---|---|---|---|
| Prefix: | Mr. | * First Name: | Chris |
| Middle Name: | | | |
| * Last Name: | Thompson | | |
| Suffix: | | | |

Title: Deputy Director Housing

Organizational Affiliation:
Department of Housing and Community Development

| * Telephone Number: | 804 371-7056 | Fax Number: | |
|---|---|---|---|

* Email: chris.thompson@dhcd.virginia.gov

## Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.272

CFDA Title:

National Resilient Disaster Recovery Competition

*** 12. Funding Opportunity Number:**

FR-5800-N-29

* Title:

National Disaster Resilience Competition

**13. Competition Identification Number:**

FR-5800-N-29

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Hampton Roads Region_Map.pdf

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Virginia's Resiliency Application

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

## Application for Federal Assistance SF-424

**16. Congressional Districts Of:**

* a. Applicant: 2;3;4
* b. Program/Project: 2;3;4

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 07/01/2015
* b. End Date: 12/31/2015

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | 1.00 |
| * b. Applicant | 0.00 |
| * c. State | 200,000.00 |
| * d. Local | 125,000.00 |
| * e. Other | 50,000.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 375,001.00 |

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on .
- [x] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

**21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

- [x] ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

| | |
|---|---|
| Prefix: | |
| * First Name: | William |
| Middle Name: | C. |
| * Last Name: | Shelton |
| Suffix: | |
| * Title: | Director |
| * Telephone Number: | (804) 371-7077 |
| Fax Number: | |
| * Email: | bill.shelton@dhcd.virginia.gov |
| * Signature of Authorized Representative: | Completed by Grants.gov upon submission. |
| * Date Signed: | Completed by Grants.gov upon submission. |

William C Shelton 03/26/2015

# Facsimile Transmittal

1427207782-4819

**U. S. Department of Housing and Urban Development**
Office of Department Grants Management and Oversight

OMB Number: 2535-0118
Expiration Date: 12/01/2016

**Name of Document Transmitting:** Commonwealth of Virginia

**1. Applicant Information:**

Legal Name: Commonwealth of Virginia

Address:

Street1: Main Street Centre
Street2: 600 East Main Street
City: Richmond
County:
State: VA: Virginia
Zip Code: 23219-2416 Country: USA: UNITED STATES

**2. Catalog of Federal Domestic Assistance Number:**

Organizational DUNS: 8093918810000 CFDA No.: 14.272

Title: National Resilient Disaster Recovery Competition

Program Component:

**3. Facsimile Contact Information:**

Department: DHCD
Division:

**4. Name and telephone number of person to be contacted on matters involving this facsimile.**

Prefix: Mr. First Name: Chris
Middle Name:
Last Name: Thompson
Suffix:
Phone Number: (804) 371-7056
Fax Number:

**5. Email:** chris.thompson@dhcd.virginia.gov

**6. What is your Transmittal? (Check one box per fax)**

☐ a. Certification ☒ b. Document ☐ c. Match/Leverage Letter ☐ d. Other

**7. How many pages (including cover) are being faxed?** 1

Form **HUD-96011** (10/12/2004)

# DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352**

**Approved by OMB**
0348-0046

**1. * Type of Federal Action:**
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

**2. * Status of Federal Action:**
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

**3. * Report Type:**
- [x] a. initial filing
- [ ] b. material change

**4. Name and Address of Reporting Entity:**

[x] Prime [ ] SubAwardee

** Name* Commonwealth of Virginia

** Street 1* 600 East Main Street *Street 2*

** City* Richmond *State* VA: Virginia *Zip* 23219

Congressional District, if known:

**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

**6. * Federal Department/Agency:**
HUD

**7. * Federal Program Name/Description:**
National Resilient Disaster Recovery Competition

CFDA Number, *if applicable:* 14.272

**8. Federal Action Number,** *if known:*

**9. Award Amount,** *if known:*
$

**10. a. Name and Address of Lobbying Registrant:**

*Prefix* ** First Name* NA *Middle Name*

** Last Name* NA *Suffix*

** Street 1* *Street 2*

** City* *State* *Zip*

**b. Individual Performing Services** (including address if different from No. 10a)

*Prefix* ** First Name* NA *Middle Name*

** Last Name* NA *Suffix*

** Street 1* *Street 2*

** City* *State* *Zip*

**11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Completed on submission to Grants.gov

***Name:** *Prefix* ** First Name* William *Middle Name* C.

** Last Name* Shelton *Suffix*

**Title:** Director **Telephone No.:** 804 371-7077 **Date:** Completed on submission to Grants.gov

**Federal Use Only:**

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

William C Shelton
03/26/2015

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Number: 2510-0011
Expiration Date: 12/31/2015

**Applicant/Recipient Information** *** Duns Number:** 8093918810000 *** Report Type:** INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name: Commonwealth of Virginia

* Street1: Main Street Centre
Street2: 600 East Main Street
* City: Richmond
County:
* State: VA: Virginia
* Zip Code: 23219-2416
* Country: USA: UNITED STATES
* Phone: 804 371-7056

2. Social Security Number or Employer ID Number: 54-1083047

* 3. HUD Program Name: National Resilient Disaster Recovery Competition

* 4. Amount of HUD Assistance Requested/Received: $ 0.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: Virginia's Resiliency Application

* Street1: Main Street Centre
Street2: 600 East Main Street
* City: Richmond
County:
* State: VA: Virginia
* Zip Code: 23219
* Country: USA: UNITED STATES

## Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☐ Yes ☒ No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD) , involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes ☒ No

If you answered " **No** " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

**However,** you must sign the certification at the end of the report.

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.**
Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:
Street2:
* City:
County:
* State:
* Zip Code:
* Country:

* Type of Assistance: * Amount Requested/Provided: $

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:
Street2:
* City:
County:
* State:
* Zip Code:
* Country:

* Type of Assistance: * Amount Requested/Provided: $

* Expected Uses of the Funds:

(**Note**: Use Additional pages if necessary.) Add Attachment Delete Attachment View Attachment

**Part III Interested Parties.** You must decide.

**1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and**

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

| * Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | * Social Security No. or Employee ID No. | * Type of Participation in Project/Activity | * Financial Interest in Project/Activity ($ and %) |
|---|---|---|---|
| | | | $ % |
| | | | $ % |
| | | | $ % |
| | | | $ % |
| | | | $ % |

(**Note:** Use Additional pages if necessary.) Add Attachment Delete Attachment View Attachment

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed $10,000 for each violation.
I certify that this information is true and complete.

| * Signature: | * Date: (mm/dd/yyyy) |
|---|---|
| Completed Upon Submission to Grants.gov | 3-26-2015 |

# ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

| | | | | |
|---|---|---|---|---|
| 1) Please attach Attachment 1 | | Add Attachment | Delete Attachment | View Attachment |
| 2) Please attach Attachment 2 | | Add Attachment | Delete Attachment | View Attachment |
| 3) Please attach Attachment 3 | | Add Attachment | Delete Attachment | View Attachment |
| 4) Please attach Attachment 4 | | Add Attachment | Delete Attachment | View Attachment |
| 5) Please attach Attachment 5 | | Add Attachment | Delete Attachment | View Attachment |
| 6) Please attach Attachment 6 | | Add Attachment | Delete Attachment | View Attachment |
| 7) Please attach Attachment 7 | | Add Attachment | Delete Attachment | View Attachment |
| 8) Please attach Attachment 8 | | Add Attachment | Delete Attachment | View Attachment |
| 9) Please attach Attachment 9 | | Add Attachment | Delete Attachment | View Attachment |
| 10) Please attach Attachment 10 | | Add Attachment | Delete Attachment | View Attachment |
| 11) Please attach Attachment 11 | | Add Attachment | Delete Attachment | View Attachment |
| 12) Please attach Attachment 12 | | Add Attachment | Delete Attachment | View Attachment |
| 13) Please attach Attachment 13 | | Add Attachment | Delete Attachment | View Attachment |
| 14) Please attach Attachment 14 | | Add Attachment | Delete Attachment | View Attachment |
| 15) Please attach Attachment 15 | | Add Attachment | Delete Attachment | View Attachment |