

GRANT APPLICATION COVER SHEET

Request For Application (RFA) Number: _____ Issue Date: _____

RFA Title: _____

APPLICANT INFORMATION

Organization Legal Name: _____

Organizational DUNS: _____

Address: _____

Name and contact information of person to be contacted on matters involving this submission:

Prefix: _____ First Name: _____ Last Name: _____

Title: _____ Telephone Number: _____

Email: _____

Total Funding Amount Requested from Virginia Department of Social Services: _____

Match or Cost Share Amount (if applicable) _____

Does your organization expect to expend more than \$750,000 in federal funds during your fiscal year? Yes No

What time frame is applicant's fiscal year (e.g. Jan. to Dec., July to June, Oct. to Sept.)? _____

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 have provided 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)

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the Request For Application (RFA).

Authorized Representative:

Prefix: _____ First Name: _____ Last Name: _____

Title: _____ Telephone Number: _____

Email: _____

Signature of Authorized Representative: _____

Date: _____