

CHESAPEAKE BAY RESTORATION FUND  
ADVISORY COMMITTEE



GRANT APPLICATION

Save this PDF document to your computer before filling it out.

April 2, 2022 - Version 3.1



### Brief Description of Project

The description provided below is the primary basis for consideration of this application. Advisory committee staff will use this description as the official summary for committee members' review. Staff **WILL NOT** look through additional submitted materials to formulate a description of your proposed project. (Limit: 1500 Characters)

### Project Budget

Amount Requested from Restoration Fund:

\$

Total Project Budget:

\$

Please provide an itemized budget describing all estimated expenditures and all sources and amounts of funding; indicate which budget items are proposed to receive restoration funding below. ( Limit: 1500 Characters)

## Project Schedule

Indicate when project activities will occur or specific tasks will be completed, not to exceed one year.

## Project Evaluation

Describe how the project's success or effectiveness will be evaluated. (Limit: 2000 Characters)

## Promotion of the License Plate

Describe plans for promoting the sale of the license plate.

**EDI Payment Agreement**  
**For Grant and Locality Payments**

This agreement is entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between the Commonwealth of Virginia ("Commonwealth"), and the City/County/Town/Grantee/Locality of \_\_\_\_\_ ("GRANTEE/LOCALITY").

GRANTEE/LOCALITY hereby authorizes the Commonwealth to make payments by utilizing, at the Commonwealth's option, electronic data interchange ("EDI"). GRANTEE/LOCALITY acknowledges and agrees that the terms and conditions of all agreements between the GRANTEE/LOCALITY and the Commonwealth concerning the method and timing of payment shall be amended to the extent provided in this Agreement.

The EDI payment shall be deemed completed when the GRANTEE's/LOCALITY's Depository Institution receives or has control of the payment. The Electronic Payment Information Form is an integral part of this agreement.

If CTX is chosen, GRANTEE/LOCALITY understands and acknowledges that the Commonwealth will deliver the remittance data to GRANTEE's/LOCALITY's designated Depository Institution. If CCD+ is chosen, the Commonwealth agrees to provide the remittance data via the Internet.

The GRANTEE/LOCALITY shall provide the Commonwealth written notification of any change in the depository institution, payment instructions, or remittance data instructions at least 15 days in advance of such change. Such notification shall be delivered to the Department of Accounts via:

- E-mail to: [edi@doa.virginia.gov](mailto:edi@doa.virginia.gov),
- Fax to: (804) 414-9896, or
- U.S. Mail to: Virginia Department of Accounts, eCommerce Unit, P.O. Box 1971, Richmond, VA 23218-1971

A "Trading Partner Notification of Change" form can be printed from DOA's website ([www.doa.virginia.gov](http://www.doa.virginia.gov)), the changed information filled in, and the form faxed or mailed to the fax number or address above, respectively.

In the event of duplicate payment, overpayment, fraudulent payment, or payment made in error, GRANTEE/LOCALITY agrees to return any such payment to the Commonwealth, after the Commonwealth first provides information to the GRANTEE/LOCALITY documenting any duplicate payment, overpayment, fraudulent payment, or payment in error.

The Commonwealth shall be responsible for making all payments required pursuant to this Agreement and for any loss of payment prior to the point at which the GRANTEE's/LOCALITY's Depository Institution shall receive or have control of the payment, except that GRANTEE/LOCALITY shall be responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information provided herein, or any subsequent changes. Any other loss shall be borne by the Commonwealth, except to the extent that such loss arises by reason of the negligence or willful misconduct of the GRANTEE/LOCALITY. In the event that payment has not been received by GRANTEE/LOCALITY, GRANTEE/LOCALITY shall notify the Commonwealth immediately in writing and the Commonwealth shall have ten (10) business days from the date of receipt of such notice in which to make said payment. Until the expiration of that period, GRANTEE/LOCALITY agrees that it will not have or pursue any rights or remedies against the Commonwealth for any failure to make payment, including without limitation, actual, incidental, or consequential damages.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**AGENCY, GRANTEE, LOCALITY, and NON-STATE AGENCY  
ELECTRONIC PAYMENT INFORMATION FORM**

**Agency, Grantee, Locality, or Non-State Agency Information:**

Name \_\_\_\_\_  
(THIS MUST BE THE NAME REGISTERED WITH THE IRS FOR THE TAXPAYER ID)

Check one: Locality \_\_\_\_ Grantee \_\_\_\_ State Agency \_\_\_\_ Non-state agency \_\_\_\_

Is another company fiscal agent for your organization? Yes \_\_\_\_ No \_\_\_\_

Purpose of Account (General, Utilities, Education, Etc.) \_\_\_\_\_

Taxpayer ID Number (include EDI suffix if pre-assigned) \_\_\_\_\_

Mailing Address (Street or P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Area Code/Telephone No. (include extension) \_\_\_\_\_

Payment Format Desired (Required – must select one): CCD+ \_\_\_\_ CTX \_\_\_\_

Fax Telephone No. \_\_\_\_\_

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**Bank Information:**

Name of Bank \_\_\_\_\_

Address of Bank (Street or P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Check one: Checking \_\_\_\_ Savings \_\_\_\_

ACH Transit Routing Number for Bank (9 digits) \_\_\_\_\_

Bank Account Number (ACH) \_\_\_\_\_ (If your bank merged in the last year, please confirm the Transit Routing Number and the Bank Account Number with them before submitting this form.)

Bank Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Bank Area Code & Telephone Number \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

<input type="checkbox"/> <b>Social Security Number (SSN)</b>  <input type="checkbox"/> <b>Employer Identification Number (EIN)</b>  _____	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.
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<b>Dunn &amp; Bradstreet Universal Numbering System (DUNS) (see instructions)</b>  _____	<b>Legal Name:</b>  _____	
	<b>Business Name:</b>  _____	

Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any):  (from backup withholding)  _____  Exemption from FATCA reporting code (if any):  _____

Contact Information		
Legal Address:	Name:	
	Email Address:	
City:                      State :      Zip Code:	Business Phone:	
Remittance Address:	Fax Number:	
	Mobile Phone:	
City:                      State :      Zip Code:	Alternate Phone:	

Section 2 - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

<b>Printed Name:</b>		
<b>Authorized U.S. Signature:</b>		<b>Date:</b>



## How to submit this application

1. Make sure this PDF document is saved to your computer.
  - Please use a PDF editing program such as Adobe Acrobat Reader or Apple Preview to fill out this application packet.
  - If you initially clicked on the link to the application packet in Google Chrome, the application packet will only be displayed in your web browser. You will be unable to save the document or submit an application.
2. Send the application to Lauren Waller by email.
3. Create a new email message addressed to [lwaller@dls.virginia.gov](mailto:lwaller@dls.virginia.gov)
4. Attach your completed and saved application packet to the email and send it.
5. If you need technical assistance with the application, contact Shay Capers.
6. Email: [scapers@dls.virginia.gov](mailto:scapers@dls.virginia.gov)
7. Telephone: 804 698-1826