

Facsimile Transmittal

U. S. Department of Housing and Urban Development

OMB Number: 2535-0118
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Office of Department Grants
Management and Oversight

Name of Document Transmitting: Commonwealth of Virginia Proposal

1. Applicant Information:

Legal Name: Commonwealth of Virginia

Address:

Street1: Main Street Centre

Street2: 600 East Main Street, Suite 300

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: Housing

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: 804-371-7031

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

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