

APPLICATION FOR FEDERAL ASSISTANCE

	2. DATE SUBMITTED 9/01/98	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Juvenile Justice Center	Organizational Unit:
Address (give city, county, state, and zip code): 7200 Lynn Street Arlington, VA 22201	Name and telephone number of the person to be contacted on matters involving this application (give area code): Thomas James (703) 555-1256

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table style="width:100%; text-align:center; border-collapse: collapse;"> <tr> <td style="border:1px solid black; padding: 2px;">C</td> <td style="border:1px solid black; padding: 2px;">O</td> <td style="border:1px solid black; padding: 2px;">-</td> <td style="border:1px solid black; padding: 2px;">9</td> <td style="border:1px solid black; padding: 2px;">8</td> <td style="border:1px solid black; padding: 2px;">7</td> <td style="border:1px solid black; padding: 2px;">6</td> <td style="border:1px solid black; padding: 2px;">5</td> <td style="border:1px solid black; padding: 2px;">4</td> <td style="border:1px solid black; padding: 2px;">3</td> </tr> </table>	C	O	-	9	8	7	6	5	4	3	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">A. State</td> <td style="width:50%;">H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify): _____</td> </tr> </table>	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify): _____
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">A. Increase Award</td> <td style="width:33%;">B. Decrease Award</td> <td style="width:33%;">C. Increase Duration</td> </tr> <tr> <td>D. Decrease Duration</td> <td colspan="2">Other (specify): _____</td> </tr> </table>	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	Other (specify): _____		9. NAME OF FEDERAL AGENCY: Office of Juvenile Justice and Delinquency Prevention
A. Increase Award	B. Decrease Award	C. Increase Duration					
D. Decrease Duration	Other (specify): _____						

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table style="width:100%; text-align:center; border-collapse: collapse;"> <tr> <td style="border:1px solid black; padding: 2px;">1</td> <td style="border:1px solid black; padding: 2px;">6</td> <td style="border:1px solid black; padding: 2px;">-</td> <td style="border:1px solid black; padding: 2px;">5</td> <td style="border:1px solid black; padding: 2px;">4</td> <td style="border:1px solid black; padding: 2px;">2</td> </tr> </table> TITLE: National Institute for Juvenile Justice and Delinquency Prevention	1	6	-	5	4	2	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project to Expand and Improve Juvenile Restitution Program
1	6	-	5	4	2		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Arlington, VA							

13. PROPOSED PROJECT: Start Date: 10/01/98 Ending Date: 09/30/99	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 19 b. Project: 19
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 100,000 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____
b. Applicant \$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No
g. TOTAL \$ 100,000 .00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative Morgan Tyler	b. Title Executive Director	c. Telephone number (703)555-3478
d. Signature of Authorized Representative		e. Date Signed 09/01/98