

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 09/01/99		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Juvenile Justice Center			Organizational Unit:		
Address (give city, county, State, and zip code): 7200 Lynn Street Arlington, VA 22201 (Arlington County)			Name and telephone number of person to be contacted on matters involving this application (give area code) Thomas James (703) 555-1256		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): CO - 9 8 7 6 5 4 3			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>		
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"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
			9. NAME OF FEDERAL AGENCY: Office of Juvenile Justice and Delinquency Prevention		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: National Institute for Juvenile Justice and Delinquency Prevention TITLE: _____			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project To Expand and Improve Juvenile Restitution Program		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arlington, VA			10/01/00-09/30/01		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/01/00	Ending Date 09/30/01	a. Applicant 19		b. Project 19	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 100,000	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 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 100,000				
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. Type Name of Authorized Representative Morgan Tyler		b. Title Executive Director		c. Telephone Number (703) 555-3478	
d. Signature of Authorized Representative				e. Date Signed 09/01/99	