

**In compliance with this Request for Applications and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to enter into a Cost Share Agreement in accordance with the attached signed application, or as mutually agreed upon by contract.**

**CERTIFICATION: I certify that the information in this application is accurate to the best of my knowledge, and that I am authorized to make this request. I agree to abide by all the terms and conditions set forth in this application and accompanying instructions, if selected for a Cost-Sharing Agreement.**

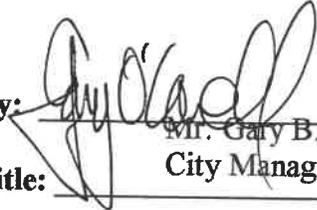
**Name and Address of Applicant(s):**

City of Charlottesville

P.O. Box 911

Charlottesville, VA 22902

FBI/FIN No.: 54-600-1202

By: 

Title: Mr. Gary B. O'Connell  
City Manager

Date: December 16, 2005

Phone No. 434-970-3130