

HAMPTON VA

Grant Proposal Overview [Form #1]

PLEASE NOTE:

Completed "GRANT PROPOSAL OVERVIEW" Form **must** accompany Grant Routing Sheet.

Grant Title: Continuum of Care Planning Project Grant (FY2017)

- 1. PRIMARY OR SUB-AWARD:** Application will be submitted to (✓) the agency that is the primary source of funding (City = Primary Awardee); () to an agency that has received the funds from another awarding agency (City = Sub-Awardee).

If the City is a Sub-Awardee, the agreement between the Primary Awardee and the agency to which the City is making application must be attached to this Overview.

- 2. GRANT AWARD PERIOD:** If awarded, funds are expected to be received: (✓) in the current fiscal year only; () in the current fiscal year and the future fiscal year(s) of _____ or () in the future fiscal year(s) of _____.

- 3. PREVIOUS APPLICATIONS:** (Not including the current application) This grant was previously applied for during 2017 - 2018 fiscal year(s); and was previously awarded during 2017 - 2018 fiscal year(s).

If previously awarded, provide all prior agenda items numbers and dates of Council approval.

Hampton City Council 18-0150; Resolution adopted May 23, 2018

Hampton City Council 17-0160; Resolution adopted May 10, 2017

- 4. BACKGROUND/PURPOSE:** The Greater Virginia Peninsula Homelessness Continuum (GVPHC) serves as the local Continuum of Care (CoC) and as such has the ability to apply for and receive Federal and State grants. Grant funding is received for the Greater Virginia Peninsula region. This region includes the cities of Hampton (Lead Agency), Newport News, Williamsburg, Poquoson and the counties of York and James City. The region is labeled as VA505. Grants are used for the sole purpose of ending homelessness in the region. This specific grant is designed by the U. S. Department of Housing and Urban Development (HUD) for regional planning activities and data collection that supports the reduction of homelessness.

5. TYPE OF GRANT EXPECTED TO BE AWARDED:

☒ **Cash Amount \$** 58,754.00

Non-Cash (Describe): _____

6. FINANCIAL OBLIGATIONS:

a. **Current Financial Obligations:** This grant will () will not (✓) **require** matching funds/contributions. If so, please indicate in the space below the amount and whether the match is cash or in-kind, or both.

☐ **Required Match – CASH**

Amount: Cash \$ _____

☐ **Required Match – IN KIND**

*Value of In-Kind \$ _____

* Description: _____

b. **Future Financial Obligations:** This proposal will () will not (✓) incur commitments or financial obligations for the City beyond the grant period. If it will, an authority memorandum from the City Manager's Office-Budget Division estimating future matching requirements and the time period must be attached to this Overview.

c. **Resource Obligations:** This proposal will () will not (✓) require special facilities, equipment and/or services provided by the City. If it will, summarize arrangements in a separate memorandum and attach to this Overview.

7. Sources of Grant and Matching Funds:

Please identify the funding source of your grant and any required or non-required matches.

- For Federal grants, please provide the Federal Catalog Number (CFDA) and the grant number.
- For State grants, the grant number must be supplied.
- All grant matches must be supplied by the submitting department, unless they have historically received a contribution/match from the City's Matching Funds Pool or a special arrangement has been made with the City Manager's Office-Budget Division.
- If another City department, other than the submitting department, will be providing a funding or in-kind match, documentation to that effect must be submitted along with this grant packet.

Federal \$ 58,754.00
Pass Through \$ _____
State \$ _____
Foundation \$ _____
Private \$ _____

Federal Catalog No. VA0338L3F051700
Federal Grant No. _____
State Grant No. _____

b. **Source of Matching Funds*** (Please check all that apply.)

Department: _____
Budget Line-Item: _____ Amount: _____
Budget Line-Item: _____ Amount: _____
Budget Line-Item: _____ Amount: _____

**If you are listing a department funding source other than your department, the Budget Division will need written authorization of agreement to withdraw these funds.*

8. Proposed Budget:

<u>City Department-Match</u>				<u>Other Match(es)</u>	
Expenditure Categories	Grant Total	Cash	In-Kind	Cash	In-Kind
Personnel Services	58,754.00				
Operating Expenditures					
Capital Outlay					
Totals:	58,754.00				

Grand Total: 58,754.00

9. Additional Information That May be Helpful to Reviewers:

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