

# 1250 - Virginia Sexual and Domestic Violence Victim Fund

## Application Details

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### Funding Opportunity:

964-Virginia Sexual and Domestic Violence Victim Fund - Continuation FY 22

**Funding Opportunity Due Date:** May 17, 2021 11:59 PM  
**Program Area:** Virginia Sexual and Domestic Violence Victim Fund  
**Status:** Submitted  
**Stage:** Final Application

**Initial Submit Date:** Mar 22, 2021 1:52 PM  
**Initially Submitted By:** Karla Reaves  
**Last Submit Date:**  
**Last Submitted By:**

## Contact Information

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### Primary Contact Information

**Name\*:** Mrs. Karla Crump Reaves Suffix  
Salutation First Name Middle Name Last Name

**Title\*:** Director

**Email\*:** kreaves@hampton.gov

**Address\*:** 236 N. King Street

Hampton Virginia 23669 3522  
City State/Province Postal Code/Zip Zip +4

**Phone\*:** (757) 726-6978 Ext.  
Phone  
###-###-####

**Fax:** (757) 726-6917  
###-###-####

### Organization Information

**Federal ID Number\*:** 546001336

**Organization Name\*:** Hampton  
**Organization Type\*:** City Government  
**Unique Entity Identifier (UEI):** 066019902  
**SAM Validation:** Yes  
**SAM Expiration Date:** 2022-02-19  
**Organization Website:** For example: <http://www.dcjs.virginia.gov>  
**Address\*:** City of Hampton  
 22 Lincoln Street  
 Hampton Virginia 23669 Zip +4  
 City State/Province Postal Code/Zip  
**Phone\*:** (757) 727-6230 Ext.  
 ###-###-####  
**Fax:** ###-###-####  
**Faith Based Organization\*:** No  
**FIPS Code (Only Required for Local Government):** 650-Hampton

## Face Sheet

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### *Face Sheet*

Select the congressional district(s) that will benefit from the program.

**Congressional District(s)\*:** 3rd  
 Choose all that apply.

**Best Practice?:** No  
 For JJDP programs only.

Select all jurisdiction(s) served; if appropriate, select "STATEWIDE"

**Jurisdiction(s) Served\*:** HAMPTON  
 Choose all that apply.

**Program Title:** Virginia Domestic Violence Victim Fund

Click here to see if you are certified.

**Certified Crime Prevention Community?\*** Yes

**Type of Application\*:** Continuation of Grant

If Continuation or Revision of a grant,

**Grant Number:** 21-I2716DV21

If Continuation of a grant,

**Performance Statement:**

The VSDVVF position has served 33 adult and child victims from July 1, 2020- December 31, 2020. This position has held SART meetings as well as participated in CHKD Multidisciplinary Team meetings during this time frame. Check the box(s) that best describes the applicant service area.

**Community Setting\*:** Urban

In this space, provide a short description of the project.

**Brief Project Overview\*:**

The Hampton Commonwealth's Attorney Office is requesting funds from VSDVVF for a full-time Commonwealth's Attorney . The attorney's main focus will be to prosecute felonies and misdemeanors involving violence against women, sexual abuse against minors and adults , as well as stalking and protective order violations.

***Project Director***

**Name:** Prefix Anton A Bell Suffix  
First Name Middle Name Last Name

**Title\*:** Commonwealth's Attorney

**Address\*:** 236 N. King Street  
Address Line 2  
Hampton Virginia 23669 +4  
City State Zip Code

**Phone Number\*:** 757-727-6442

**Fax Number:**

**Email Address\*:** abell@hampton.gov

Is the mailing address the same as the physical address?

**Mailing Address\*:** Yes

**Mailing Address:**  
Address Line 2  
City Virginia Zip Code +4  
State

***Project Administrator***

**Name:** Prefix Mary Middle Name Bunting Suffix  
First Name Last Name

**Title\*:** City Manager

**Address\*:** 22 Lincoln Street 8th Floor  
Address Line 2  
Hampton Virginia 23669 +4  
City State Zip Code

**Phone Number\*:** 757-727-6392

**Fax Number:**

**Email Address\*:** mbunting@hampton.gov

Is the mailing address the same as the physical address?

**Mailing Address\*:** Yes

**Mailing Address:**

Address Line 2

City Virginia Zip Code +4  
State

**Finance Officer**

**Name:** Prefix Karl Middle Name Daughtrey Suffix  
First Name Last Name

**Title\*:** Finance Director

**Address\*:** 22 Lincoln Street 7th Floor

Address Line 2

Hampton Virginia 23669 +4  
City State Zip Code

**Phone Number\*:** 757-727-6230

**Fax Number:**

**Email Address\*:** kdaughtrey@hampton.gov

Is the mailing address the same as the physical address?

**Mailing Address\*:** Yes

**Mailing Address:**

Address Line 2

City Virginia Zip Code +4  
State

## Budget

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**Budget**

<b>Budget Categories</b>	<b>Federal</b>	<b>State</b>	<b>Special</b>	<b>Total</b>
Personnel	\$0.00	\$0.00	\$45,000.00	\$45,000.00
Consultant	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00
Subsistence	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies/Other	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Cost	\$0.00	\$0.00	\$0.00	\$0.00
	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$45,000.00</b>	<b>\$45,000.00</b>

**Funds From Other Sources**

No Data for Table

## Personnel and Employee Fringe Benefits

### Requested

If this is not requested, please indicate that here and then mark this form as complete.

Is Personnel being requested?\*: Yes

### Personnel

Employee Name	Position Title	Position	Total Hours Per Week (if applicable)	Total Hours Per Year	Total Annual Salary (grant-funded plus other sources)	Percent being requested	Number of Grant-Funded Hours (hours per year)	Grant-Funded Full Time Equivalent ("FTE")	Total Salary Requested from Grant	New Positi
Shukita Massey	Senior Assistant Commonwealth's Time Attorney	Part		1040	\$86,250.00	52.17%	543	1	\$44,996.63	Nc
			0	1040	\$86,250.00		543	1	\$44,996.63	

### Employee Fringe Benefits

Employee Name	FICA Retirement	Group Life Insurance	Health Workers' Comp	Unemployment	Disability	Other	Requested Employee Fringe Benefits Total	If Other, Please Describe	Feder
No Data for Table									

### Position and Justification

**Employee**

<b>Name</b>	<b>Description of Position</b>	<b>Justification for Position</b>
Shukita Massey	This position provides prosecution of crimes of violence against women and sexual assaults against men, women, and children. Prosecutable crimes also include Violations of Protective Orders, Rape, Sodomy, Object Sexual Penetration, Aggravated Sexual Battery, and Sexual Battery. The VDVVF prosecutor works closely with the Hampton Police Division, as well as other law enforcement and medical personnel (e.g., SANE nurses). Furthermore, the prosecutor serves as a member of the Hampton Sexual Assault Response Team (SART). This team is comprised of members of the Hampton Commonwealth's Attorney Office, the Victim Services Unit, the Hampton Police Division, Riverside Regional Hospital and Sentara Hospital SANE nurses, and other agencies.	The Senior Assistant Commonwealth's Attorney for the city of Hampton prosecutes felonies and misdemeanors involving violence against women, sexual abuse against minors and adults, as well as stalking and protective order violations. The importance of having this position affords the office of the Commonwealth to have a dedicated prosecutor to handle specialized cases which allows for vertical prosecution to minimize revictimization during the criminal justice process. This provides a more victim-centered and trauma-informed approach to the prosecution of these types of cases.

***Personnel and Employee Fringe Benefits Totals***

**DCJS FUNDS**

<b>Federal Funds:</b>	\$0.00
<b>State Funds:</b>	\$0.00
<b>Special Funds:</b>	\$45,000.00

**Match Funds**

<b>Cash Match:</b>	\$0.00
<b>In-Kind Match:</b>	\$0.00

**Personnel/Fringe Total**

<b>TOTAL:</b>	\$45,000.00
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**Consultants**

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***Requested***

If this is not requested, please indicate that here and then mark this form as complete.

**Are Consultant and/or  
Consultant Travel being  
requested?\*** No

***Consultant***

Name of Consultant	Consultant Hourly Rate	Total	Total	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Consultant Total
		Number of Hours	Consultant Cost						

No Data for Table

**Consultant Subsistence (lodging + meals) & Travel**

Name of Consultant	Number of Nights	Lodging Rate	Total Number of Lodging Days	Per	Total Number of Meals	Mileage Rate	Total Other Travel Subsistence/Travel	Total Other Federal
				Diem Rate				

No Data for Table

**Consultant Role Description and Justification**

Name of Consultant	Description of Consultant's Role	Justification for Use of Consultant
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No Data for Table

**Consultant Subsistence & Travel Totals**

**DCJS FUNDS**

Federal Funds:	\$0.00
State Funds:	\$0.00
Special Funds:	\$0.00

**Match Funds**

Cash Match:	\$0.00
In-Kind Match:	\$0.00

**Consultant Subsistence & Travel Total**

TOTAL:	\$0.00
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**Travel**

**Requested**

If this is not requested, please indicate that here and then mark this form as complete.

Is Travel being requested?\*: No

**Local Mileage**

Number of Miles	Mileage Rate	Total Local Mileage	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Local Mileage Total
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No Data for Table

**Non-Local Mileage**

Number of Miles	Mileage Rate	Total	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Non-Local Mileage Total
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No Data for Table

**Mileage Description and Justification**

Type	Description of Mileage	Justification for Mileage
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No Data for Table

**Travel Totals**

**DCJS FUNDS**

Federal Funds: \$0.00

State Funds: \$0.00

Special Funds: \$0.00

**Match Funds**

Cash Match: \$0.00

In-Kind Match: \$0.00

**Travel Total**

TOTAL: \$0.00

**Subsistence/Other Travel Costs**

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**Requested**

If this is not requested, please indicate that here and then mark this form as complete.

Are Subsistence/Other Travel Costs being requested?\*: No

**Subsistence**



<b>Event Title</b>	<b>Number of People Attending</b>	<b>Number of Nights</b>	<b>Lodging Rate</b>	<b>Number of Days</b>	<b>Per Diem Rate</b>	<b>Total Subsistence</b>	<b>Federal Funds</b>	<b>State Funds</b>	<b>Special Funds</b>	<b>Cash Match</b>	<b>In-Kind Match</b>	<b>Sub</b>
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No Data for Table

***Subsistence Description and Justification***

<b>Event Title</b>	<b>Description of Costs</b>	<b>Justification for Costs</b>
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No Data for Table

***Other Travel Costs***

<b>Event Title</b>	<b>Number of People Attending</b>	<b>Number of Airfare Tickets</b>	<b>Airfare Rate</b>	<b>Total Airfare</b>	<b>Other Travel Costs</b>	<b>Total Cost for Air and Other</b>	<b>Federal Funds</b>	<b>State Funds</b>	<b>Special Funds</b>	<b>Cash Match</b>	<b>In-Kind Match</b>	<b>Other Travel Costs Total</b>
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No Data for Table

***Other Travel Costs Description and Justification***

<b>Event Title</b>	<b>Description of Other Costs</b>	<b>Justification for Other Costs</b>
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No Data for Table

***Subsistence/Other Travel Costs Totals***

**DCJS FUNDS**

**Federal Funds:** \$0.00

**State Funds:** \$0.00

**Special Funds:** \$0.00

**Match Funds**

**Cash Match:** \$0.00

**In-Kind Match:** \$0.00

**Subsistence/Other Travel Costs Total**

**TOTAL:** \$0.00

**Supplies & Other Expenses**

***Requested***

If this is not requested, please indicate that here and then mark this form as complete.

Are Supplies & Other Expenses being requested?\*: No

**Supplies & Other Expenses**

Supply/Item Requested	Cost Per Item/Monthly Rate	Total Number of Items/Number of Months	Total Federal Cost	State Funds	Special Funds	Cash Match	In-Kind Match	Supplies & Other Expenses Total
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No Data for Table

**Supply/Item Requested Description and Justification**

Supply/Item	Description of Supply/Item	Justification for Supply/Item
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No Data for Table

**Supplies & Other Expenses Totals**

**DCJS FUNDS**

Federal Funds: \$0.00  
State Funds: \$0.00  
Special Funds: \$0.00

**Match Funds**

Cash Match: \$0.00  
In-Kind Match: \$0.00

**Supplies & Other Expenses Total**

TOTAL: \$0.00

**Non-Supplantation**

**Non-Supplantation**

Applicants under this grant program are required to certify to DCJS, that the funding requested in this application does not supplant or replace, in whole or in part, federal, state, or local funds already supporting current program services.

I certify that the grant funds requested under this grant program will be used to supplement existing funds and will not replace (supplant) funds that have been appropriated for the same purposes.

Certification\*: Yes

Project Administrator\*: Steven Bond  
First Name Last Name

## Forms and Attachments

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### ***Attachments Required?***

**Are additional attachments required by the funding opportunity?\***: No

### ***Attachments***

Description	File Name	Type	Size	Upload Date
No files attached.				

## Authority Certification

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### ***Authority Certification***

**Authorized Individual\***: Steven Bond  
First Name Last Name  
Assistant City Manager 03/22/2021  
Title Date