

Grant Proposal Overview [Form #1]

PLEASE NOTE:

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

Grant Title: CY2019-2021 Violence Against Women (V-STOP) Grant

1. PRIMARY OR SUB-AWARD: Application will be submitted to ( ) the agency that is the primary source of funding (City = Primary Awardee); (X) 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; (X) in the current fiscal year and the future fiscal year(s) of 2022 or ( ) in the future fiscal year(s) of .

3. PREVIOUS APPLICATIONS: (Not including the current application) This grant was previously applied for during 2016-2018 fiscal year(s); and was previously awarded during 2016-2019 fiscal year(s).

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

Table with 2 columns: Agenda Item Number, Date. Row 1: 18-0163, 7/6/18. Row 2: 19-0094, 3/27/19.

4. BACKGROUND/PURPOSE: The Hampton Violence Against Women's Act-VAWA Prosecution Grant continues to strengthen the criminal justice response to domestic violence in the City of Hampton through a coordinated and integrated approach involving a partnership among prosecution, law enforcement and victim services providers. Continuation of the VAWA Prosecution Program will keep an established position for a dedicated domestic violence prosecutor to prosecute cases of domestic violence. A special victim advocate and comprehensive training for law enforcement officers are also key components of the Grant.

5. TYPE OF GRANT EXPECTED TO BE AWARDED:

Cash Amount \$ 64,801

Non-Cash (Describe):



**6. FINANCIAL OBLIGATIONS:**

a. **Current Financial Obligations:** This grant will (X) 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**

**Required Match – IN KIND**

Amount: Cash \$ \_\_\_\_\_

\*Value of In-Kind \$ 31,505

\* Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. **Future Financial Obligations:** This proposal will ( ) will not (X) 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 (X) 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** \$ 64,801  
**Pass Through** \$ \_\_\_\_\_  
**State** \$ \_\_\_\_\_  
**Foundation** \$ \_\_\_\_\_  
**Private** \$ \_\_\_\_\_

**Federal Catalog No.** 16.588  
**Federal Grant No.** \_\_\_\_\_  
**State Grant No.** \_\_\_\_\_

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

**Department:** Commonwealth's Attorney Office  
**Budget Line-Item:** 01-220-450 01100 **Amount:** \$31,305  
**Budget Line-Item:** 01-220-450 06001 **Amount:** \$200  
**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.*

