



## Grant Proposal Overview [Form #1]

**PLEASE NOTE:**

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

**Grant Title:** Virginia Domestic Violence Victim Fund - Prosecutors

- 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 FY20 \_\_\_\_\_ or (  ) in the future fiscal year(s) of \_\_\_\_\_.

- 3. PREVIOUS APPLICATIONS:** (Not including the current application) This grant was previously applied for during FY12 through FY18 fiscal year(s); and was previously awarded during FY13 through FY18 fiscal year(s).

If previously awarded, provide all prior agenda items numbers and dates of Council approval.  
Agenda # - 17-0296 12/13/17

- 4. BACKGROUND/PURPOSE:** The VA Domestic Violence Fund (DVVF) provides specific funding for the 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 DVVF 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, Victim Witness Services, Hampton Police Division, Riverside Regional Hospital and Hampton Sentara Hospital SANE nurses, and Hampton University and Thomas Nelson Community College law enforcement agencies.

**5. TYPE OF GRANT EXPECTED TO BE AWARDED:**

**Cash Amount \$** 45,000

**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**

**Required Match – IN KIND**

Amount: Cash \$ 84,430

\*Value of In-Kind \$ \_\_\_\_\_

\* Description: The cash match total includes \$52,053 for salary expenses and \$32,337 for fringe benefits for a total of \$84,390.

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 \$ \_\_\_\_\_  
 Pass Through \$ \_\_\_\_\_  
 State \$ 45,000  
 Foundation \$ \_\_\_\_\_  
 Private \$ \_\_\_\_\_

Federal Catalog No. \_\_\_\_\_  
 Federal Grant No. \_\_\_\_\_  
 State Grant No. 19-G2716DV19

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

Department: Departmental Support  
 Budget Line-Item: 01-845-09208 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:**City Department-MatchOther Match(es)

Expenditure Categories	Grant Total	Cash	In-Kind	Cash	In-Kind
Personnel Services	\$45,000	\$84,390			
Operating Expenditures					
Capital Outlay					
<b>Totals:</b>	\$45,000	\$84,390			

**Grand Total:** \$129,390 \_\_\_\_\_**9. Additional Information That May be Helpful to Reviewers:**

The local cash match was calculated based on the current prosecutor's salary as indicated by the City's Payroll system along with the fringe benefit costs calculated on the attached fringe benefit worksheet.

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