



Grant Proposal Overview

COMPLETED GRANT OVERVIEW PROPOSAL MUST BE ATTACHED TO THE GRANT ROUTING SHEET BEFORE ROUTING IS INITIATED

Grant Title: _____

1. **PRIMARY OR SUB-AWARD:** Application will be submitted to: ☐ the agency that is the primary source of funding (City = Primary Awardee); ☐ the 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 _____ fiscal year(s); and was previously awarded during _____ fiscal year(s).

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

4. BACKGROUND/PURPOSE:

5. TYPE OF GRANT EXPECTED TO BE AWARDED:

☐ Cash Amount \$ _____

☐ 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 \$ _____

*Value of In-Kind \$ _____

* Description:

- b. **Future Financial Obligations:** This proposal and/or the submitting department will ☐ will not ☐ incur or request commitments or financial obligations for/from the City beyond the grant period.

If it will, in the description box, please elaborate on the future financial obligation(s) for the grant:

Provide the future financial obligation amount(s) for the appropriate expenditure category below:

* Amount: \$ _____

☐ Personnel Services

* Amount: \$ _____

☐ Operating Expenses

* Amount: \$ _____

☐ Capital Outlay

Provide information on the duration of the obligation and other relevant details below:

* Description:

* Grants with future financial obligations must be approved by the City Manager or her designee:

☐ **Approve**

☐ **Disapprove**

Signature _____

If it will **not**, please provide a description of how activities, programs, or positions funded by the grant will be addressed at the conclusion of the grant period:

* Description:

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.

Description:

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.

a. **Source of Grant Funds** (Please check all that apply.)

Federal \$ _____
Pass Through \$ _____
State \$ _____
Foundation \$ _____
Private \$ _____

Federal Catalog No. _____
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 funding source from a department other than your own, the Budget Division will need written authorization of agreement from the funding department.*

8. Proposed Budget:

	<u>City Department-Match</u>			<u>Other Matches</u>	
	Grant Total	Cash	In-Kind	Cash	In-Kind
Personnel Svcs					
Operating Exp.					
Capital Outlay					
Column Totals					

Grand Total: _____

9. Additional information that will be helpful to reviewers:



Grant Routing Sheet

COMPLETED GRANT OVERVIEW PROPOSAL MUST BE ATTACHED BEFORE ROUTING IS INITIATED

Date Routing Initiated: _____ Application Due Date: _____

Originating Department: _____ Department No.: _____

Submitter's Name: _____ Direct Telephone No. (_____) _____

E-mail Address: _____

Grant Title: _____

Other Participating Departments: _____

BEFORE COMPLETING AN APPLICATION:

1. READ THE GENERAL INSTRUCTIONS. _____ (Submitter's Initials)
2. COMPLETE GRANT PROPOSAL OVERVIEW. _____ (Submitter's Initials)
3. DEPARTMENT HEAD
ORIGINATING DEPT. _____
Print Name Signature Date
4. ASSISTANT CITY
MANAGER _____
Print Name Signature Date

BEFORE SUBMITTING AN APPLICATION TO THE AWARDING AGENCY:

5. PREPARE INITIAL DOCUMENTATION PACKAGE FOR REVIEW TO INCLUDE (EITHER HARD COPY OR ELECTRONIC): ALL DOCUMENTS RELATED TO THE GRANT, INCLUDING, BUT NOT LIMITED TO INSTRUCTIONS, ATTACHMENTS, EXHIBITS, GRANT DOCUMENTS, PRIMARY GRANT (IF SUBAWARDEE). _____ (Submitter's Initials)
6. COMPLETE APPLICATION **EXCEPT** NECESSARY SIGNATURES. _____ (Submitter's Initials)
7. CITY ATTORNEY _____
Print Name Signature Date
8. BUDGET DIVISION _____
Print Name Signature Date
9. HUMAN RESOURCES _____
Print Name Signature Date

10. FINANCE DEPARTMENT

Print Name

Signature

Date

11. RISK MANAGEMENT

Print Name

Signature

Date

AFTER GRANT IS AWARDED:

- ✓ After the grant award has been received, and if there are no changes to the application or condition(s), the grant may now be placed in Granicus for City Council action.
- ✓ Reference "Quick Tips for Submitting Grants - City Council Agenda"



If there are **ANY** changes to **ANY** component of the grant, consult with your department's City Attorney for advice on whether to re-route the grant for second approval or continue with the placement of the grant on the Council agenda.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

H43KALPESBP1

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

CITY OF HAMPTON

* b. Employer/Taxpayer Identification Number (EIN/TIN):

546001336

* c. UEI:

H43KALPESBP1

d. Address:

* Street1:

22 LINCOLN STREET

Street2:

* City:

HAMPTON

County/Parish:

* State:

VIRGINIA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

23669-3522

e. Organizational Unit:

Department Name:

PUBLIC WORKS

Division Name:

ENGINEERING

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

MR

* First Name:

SCOTT

Middle Name:

A

* Last Name:

SMITH

Suffix:

Title: SENIOR CIVIL ENGINEER/PROJECT MANAGER

Organizational Affiliation:

* Telephone Number:

757-771-1107

Fax Number:

* Email:

SCOTT.SMITH@HAMPTON.GOV

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

LOCAL GOVERNMENT - CITY

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

ENVIRONMENTAL PROTECTION AGENCY

11. Catalog of Federal Domestic Assistance Number:

66.616

CFDA Title:

* 12. Funding Opportunity Number:

EPA-R-OEJECR-OCS-23-04

* Title:

Environmental and Climate Justice Community Change Grants Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

HAMPTON

dd Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Aberdeen Gardens Community Resilience Action Plan

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

3RD

* b. Program/Project

3RD

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

3/1/2025

* b. End Date:

3/1/2028

18. Estimated Funding (\$):

* a. Federal

\$20,006,400.00

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$20,006,400.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

MR.

* First Name:

BRIAN

Middle Name:

* Last Name:

DEPROFIO

Suffix:

* Title:

DEPUTY CITY MANAGER

* Telephone Number:

757-727-6064

Fax Number:

* Email:

BDEPROFIO@HAMPTON.GOV

* Signature of Authorized Representative:

* Date Signed:

11/26/24

From: [Daughtrey, Karl](#)
To: [Smith, Scott](#); [Bunting, Mary](#); [DeProfio, Brian](#); [Walker, Hui-Shan](#); [Brown, Bonnie](#); [Mikel, Kimberly](#); [King, Angela](#); [Mitchell, Jason L.](#); [Lynch, Steven](#); [Clark, Nicole](#); [Green, Lori](#); [Parker, Patricia](#); [Hutton, Nicole](#)
Cc: [Askew, Olivia](#); [Hammond, Anna](#); [Bowry, Michael](#); [Lewis, Brian](#)
Subject: RE: Aberdeen Gardens Community Resilience Action Plan - EPA Grant routing
Date: Thursday, July 25, 2024 3:05:58 PM
Attachments: [image001.png](#)

Finance approves the grant application.

Karl

From: Smith, Scott <scott.smith@hampton.gov>
Sent: Wednesday, July 24, 2024 2:29 PM
To: Bunting, Mary <mbunting@hampton.gov>; DeProfio, Brian <bdeprofio@hampton.gov>; Walker, Hui-Shan <hui-shan.walker@hampton.gov>; Brown, Bonnie <bonnie.brown@hampton.gov>; Mikel, Kimberly <kdmikel@hampton.gov>; King, Angela <angela.king@hampton.gov>; Mitchell, Jason L. <jmitchell@hampton.gov>; Lynch, Steven <steven.lynch@hampton.gov>; Clark, Nicole <nmclark@hampton.gov>; Green, Lori <lgreen@hampton.gov>; Daughtrey, Karl <kdaughtrey@hampton.gov>; Parker, Patricia <pparker@hampton.gov>; Hutton, Nicole <nicole.hutton@hampton.gov>
Cc: Askew, Olivia <olivia.askew@hampton.gov>; Hammond, Anna <anna.hammond@hampton.gov>; Bowry, Michael <michael.bowry@hampton.gov>; Lewis, Brian <brian.lewis@hampton.gov>
Subject: Aberdeen Gardens Community Resilience Action Plan - EPA Grant routing

Good afternoon,

Attached please find the Grant routing form, the Grant overview, a revision to the Memorandum on the project distributed yesterday. This is a large, fast paced application process, we are meeting daily with a grant writer provided by Bloomberg Philanthropies to assist the City with application that is due by August 1st. We appreciate everyone reviewing the attached information and asking the Resilient Hampton Team if you should have any questions.

We are requesting nearly \$20million with no match requirements Wetlands watch and Staff have been working with the Aberdeen Gardens Community for months in anticipation of this opportunity.

Resilience is all about being able to overcome the unexpected. Sustainability is about survival. The goal of resilience is to thrive. - [Jamais Cascio](#)

Scott A. Smith, PE, LS, CPWP

Coastal Resilience Engineer

City of Hampton – Resilient Hampton

22 Lincoln Street

Hampton, VA 23669

Phone: (757) 727-6781

Mobile: (757) 771-1107

Email: scott.smith@Hampton.gov

From: [Green, Lori](#)
To: [Smith, Scott](#); [Bunting, Mary](#); [DeProfio, Brian](#); [Walker, Hui-Shan](#); [Brown, Bonnie](#); [Mikel, Kimberly](#); [King, Angela](#); [Mitchell, Jason L.](#); [Lynch, Steven](#); [Clark, Nicole](#); [Daughtrey, Karl](#); [Parker, Patricia](#); [Hutton, Nicole](#)
Cc: [Askew, Olivia](#); [Hammond, Anna](#); [Bowry, Michael](#); [Lewis, Brian](#)
Subject: RE: Aberdeen Gardens Community Resilience Action Plan - EPA Grant routing
Date: Thursday, July 25, 2024 2:45:20 PM
Attachments: [Memo Aberdeen Gardens - EPA Change Grant 07.24.2024.docx](#)
[image001.png](#)
[Grant Routing Form - Aberdeen Gardens EPA - ECJCC Grant.pdf](#)
[Grant Proposal Overview - Aberdeen Gardens EPA - ECJCC Grant.pdf](#)

Hello,

The Budget Division approves of the attached Aberdeen Gardens Community Resilience Action Plan - EPA grant application in the amount of \$19,998,740 acknowledging that there is no required cash match.

Thank you.

Best,
Lori Green

From: Smith, Scott <scott.smith@hampton.gov>
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Cc: [Askew, Olivia](#); [Hammond, Anna](#); [Bowry, Michael](#); [Lewis, Brian](#)
Subject: RE: Aberdeen Gardens Community Resilience Action Plan - EPA Grant routing
Date: Thursday, July 25, 2024 12:00:59 PM
Attachments: [image002.png](#)
[image003.png](#)

Risk approves. Thank you!

Patricia L. Parker, ARM
Risk Manager
City of Hampton
Department of Risk Management
(757) 727-6386



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