

HAMPTON VA

Grant Proposal Overview

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

Grant Title: Hampton-Newport News Criminal Justice Agency FY 2020

- 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 FY 95 to present fiscal year(s); and was previously awarded during FY 95 to FY19 fiscal year(s).

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

continuous

4. BACKGROUND/PURPOSE:

The purpose of this resolution is to accept and appropriate local grant funds and certain in-kind services to permit continuation of local based community corrections and pretrial services.

5. TYPE OF GRANT EXPECTED TO BE AWARDED:

Cash Amount \$ 86,021.00

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

Required Match – IN KIND

Amount: Cash \$ _____

*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 \$ _____

Federal Catalog No. _____

Pass Through \$ _____

Federal Grant No. _____

State \$ 1,944,861.00

State Grant No. 20-X6358CC20

Foundation \$ _____

Private \$ _____

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>	
	Grant Total	Cash	In-Kind	Cash	In-Kind
Personnel Svcs	86,021.00	86,021.00			
Operating Exp.					
Capital Outlay					
Column Totals	86,021.00	86,021.00			

Grand Total: 86,021.00

9. Additional information that will be helpful to reviewers: