

HAMPTON

JUL 17 2018

CITY ATTORNEY

Grant Routing Sheet

COMPLETED GRANT OVERVIEW PROPOSAL MUST BE ATTACHED BEFORE ROUTING IS INITIATED

Date Routing Initiated: July 12, 2018 Application Due Date: July 23, 2018

Originating Department: HPRLS Clean City Commission Department No.: _____

Submitter's Name: Debbie Blanton Direct Telephone No. (757) 727-1199

E-mail Address: hccc@hampton.gov

Grant Title: Cigarette Litter Prevention Program Maintenance Grant

Other Participating Departments: N/A

BEFORE COMPLETING AN APPLICATION:

1. READ THE GENERAL INSTRUCTIONS. DLB (Submitter's Initials)
2. COMPLETE GRANT PROPOSAL OVERVIEW. DLB (Submitter's Initials)
3. DEPARTMENT HEAD ORIGINATING DEPT. David J. McCauley David J. McCauley 7/13/18
Print Name Signature Date
4. ASSISTANT CITY MANAGER Brian DePratio Brian DePratio 7/16/18
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). DLB (Submitter's Initials)
6. COMPLETE APPLICATION **EXCEPT** NECESSARY SIGNATURES. DLB (Submitter's Initials)
7. BUDGET DIVISION Brian DePratio Brian DePratio 7/16/18
Print Name Signature Date
8. FINANCE DEPARTMENT Veronica Kmetz Veronica Kmetz 7/16/18
Print Name Signature Date
9. CITY ATTORNEY VERONICA MEADE Veronica Meade 07.17.2018
Print Name Signature Date
10. SIGN and SUBMIT APPLICATION. DLB (Submitter's Initials)



Grant Proposal Overview

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

Grant Title: Cigarette Litter Prevention Program Maintenance Grant

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 _____ 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 items numbers and dates of Council approval.

4. **BACKGROUND/PURPOSE:** The Hampton Waterways Restoration Project has been working on a cigarette litter intervention program since Winter 2018. It has included an initial cleanup and then numerous scans to establish a cigarette litter baseline. Then Councilwoman Teresa Schmidt and Leonard Schmidt donated the sign that was placed at the intersection. Since then additional cleanups have been done to compare pre- and post-sign. Now we would like to have portable ashtrays and car ashtrays to distribute to smoking drivers during selected events to see if that further reduces the cigarette litter at the site. This grant will provide \$500 toward this goal.

5. TYPE OF GRANT EXPECTED TO BE AWARDED:

Cash Amount \$ 500

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 \$ _____
 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 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-Match

Other Match(es)

	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: This grant is available to communities that have conducted previous cigarette litter prevention activities, which we have done several times over the years. While it is a small grant, it will be very helpful in helping us purchase pocket ashtrays and car ashtrays. The DEADLINE is July 23, 2018, so we need to act fast.

RESOLUTION APPROVING THE CITY OF HAMPTON, VIRGINIA'S ACCEPTANCE AND APPROPRIATION OF FUNDS FOR THE HAMPTON CLEAN CITY COMMISSION FROM THE KEEP AMERICA BEAUTIFUL CIGARETTE LITTER PREVENTION GRANT PROGRAM.

WHEREAS, the Hampton Clean City Commission has been awarded \$500 from the Keep America Beautiful's Cigarette Litter Prevention Grant Program; and

WHEREAS, the grant was awarded to purchase pocket and car ashtrays for the Clean City Commission's Cigarette Litter Prevention Program;

WHEREAS, the grant award covers the period January 7, 2019 through June 30, 2019,

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Hampton accepts and appropriates \$500 in accordance with the grant agreement.

BE IT FURTHER RESOLVED that the City Council authorizes the City Manager or her designee to take the necessary steps to implement this grant award.

Adopted at a regular meeting of the City Council of the City of Hampton, Virginia held on

_____.

Mayor

Clerk

Blanton, Debbie

From: Blanton, Debbie
Sent: Monday, January 7, 2019 12:09 PM
To: 'Fateema Villani'
Subject: RE: Cigarette Litter Prevention Program

I am so sorry Fateema! Somehow I completely missed your message! But we did receive the check for \$500 today, and will be using it to purchase pocket and car ash receptacles. We haven't priced out the final distribution of the two, but that is all we plan to purchase with this money.

Debbie

From: Fateema Villani <fvillani@kab.org>
Sent: Thursday, October 25, 2018 1:42 PM
To: Blanton, Debbie <hccc@hampton.gov>
Cc: Jerred Jones <jjones@kab.org>
Subject: Cigarette Litter Prevention Program

Hello Debbie Blanton,
Congratulations to City of Hampton, for being awarded a maintenance grant for the Cigarette Litter Prevention Program. Keep America Beautiful would like to know, (1) what the money would be used for in detail and (2) what is the specific amount you are requesting.

Thank you for your cooperation,

Fateema Villani
Keep America Beautiful
1010 Washington Blvd., Stamford, CT 06901
Office: 203.659.3078
Email: Fvillani@kab.org



K E E P A M E R

We are currently running a pilot program at a busy, cigarette-littered intersection. We did the pre-program scans, put up a sign, and are conducting post-action scans. We would like to further reinforce the message by distributing pocket ashtrays or portable car ashtrays throughout the summer on several targeted days. We anticipate purchasing approximately 166 pocket ashtrays and 63 car ashtrays (or an adjusted amount, depending on minimum orders) to distribute to smoking drivers. We will continue to scan after the distributions to see what impact that has on the amount of cigarette litter. Depending on our results, we would like to expand to other cigarette-littered intersections in the city.



Cigarette Litter Prevention Program Maintenance Grants

Cigarette Litter Prevention Program

Maintenance Grants

The Cigarette Litter Prevention Program (CLPP), now in its 16th year, is the nation's largest program aimed at reducing cigarette litter. Since its inception, the program has been implemented in more than 1,700 U.S. communities.

By providing people with easily accessible information and educational tools, as well as funding for ash receptacles and the distribution of pocket or portable ashtrays, Keep America Beautiful is making strides in educating the public and ensuring a cleaner tomorrow.

Past CLPP participants and all KAB Affiliates in *Good Standing* can apply for the newly created Maintenance Grants of \$500 for use towards marketing, pocket or portable ashtrays or ash receptacles. Communities must show that they have the infrastructure necessary to continue positive impact.

Applications will be on a rolling basis until July 23, 2018.

All applicants will be notified by July 31.

Must be a KAB Affiliate in Good Standing to apply.

1.1. Contact Information

Name

Company

4 of 4 answered

Address	1296 Thomas Street
Address 2	Hampton Clean City Commission
City/Town	Hampton
State/Province	Virginia
ZIP/Postal Code	23669
Country	United States
Email Address	hccc@hampton.gov
Phone Number	7577271199

2. What is your affiliate's tax ID#?

54-6001336

3. Which best describes your Affiliate?

- Small/Rural
- Big City
- State Affiliate

4. What will you do with this grant?

4 of 4 answered

to distribute to smoking drivers. We will continue to scan after the distributions to see what impact that has on the amount of cigarette litter. Depending on our results, we would like to

DONE

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4 of 4 answered