

496747 - Virginia Sexual and Domestic Violence Victim Fund - Copy

Application Details

Funding Opportunity: 489908-Virginia Sexual and Domestic Violence Victim Fund - Continuation FY 23
Funding Opportunity Due Date: May 16, 2022 11:59 PM
Program Area: Virginia Sexual and Domestic Violence Victim Fund
Status: Submitted
Stage: Final Application

Initial Submit Date: May 15, 2022 12:44 AM
Initially Submitted By: Steven Bond
Last Submit Date: May 24, 2022 3:42 PM
Last Submitted By: Latasha Powell-Mason

Contact Information

Primary Contact Information

Name*: Mrs. Karla Crump Reaves Suffix
Salutation First Name Middle Name Last Name

Title*: Director

Email*: kreaves@hampton.gov

Address*: 236 N. King Street

Hampton Virginia 23669 3522
City State/Province Postal Code/Zip Zip +4

Phone*: (757) 726-6978 Ext.
Phone
#####

Fax: (757) 726-6917
#####

Organization Information

Federal ID Number*: 546001336

Organization Name*: Hampton

Organization Type*: City Government

Unique Entity Identifier (UEI): H43KALPESBP1

SAM Validation: Yes

SAM Expiration Date: 2024-02-15

SAM Type:

Restricted Expiration Date:

Organization Website: For example: <http://www.dcss.virginia.gov>

Address*: City of Hampton
 22 Lincoln Street
 Hampton Virginia 23669 Zip +4
 City State/Province Postal Code/Zip

Phone*: (757) 727-6230 Ext.
 ### ##

Fax: ### ##

Faith Based Organization*: No

FIPS Code (Only Required for Local Government): 650-Hampton

Face Sheet

Face Sheet

Select the congressional district(s) that will benefit from the program.

Congressional District(s)*: 3rd
 Choose all that apply.

Best Practice?: No
 For JJDP programs only.

Select all jurisdiction(s) served; if appropriate, select "STATEWIDE"

Jurisdiction(s) Served*: HAMPTON
 Choose all that apply.

Program Title: Virginia Domestic Violence Victim Fund
 Click [here](#) to see if you are certified.

Certified Crime Prevention Community?*: Yes

Type of Application*: Continuation of Grant
 If Continuation or Revision of a grant,

Grant Number: 21-I2716DV21
 If Continuation of a grant,

Performance Statement:
 The VSDVVF position has served 28 adult and child victims from July 1, 2021- March 31, 2022. This position has held SART meetings as well as participated in CHKD Multidisciplinary Team meetings during this time frame.
 Check the box(s) that best describes the applicant service area.

Community Setting*: Urban
 In this space, provide a short description of the project.

Brief Project Overview*:
 The Hampton Commonwealth's Attorney Office is requesting funds from VSDVVF for a full-time Commonwealth's Attorney . The attorney's main focus will be to prosecute felonies and misdemeanors involving violence against women, sexual abuse against minors and adults , as well as stalking and protective order violations.

Project Director

Name: Prefix Anton A Bell Suffix
 First Name Middle Name Last Name

Title*: Commonwealth's Attorney

Address*: 236 N. King Street
 Address Line 2
 Hampton Virginia 23669 +4
 City State Zip Code

Phone Number*: 757-727-6442

Fax Number:

Email Address*: abell@hampton.gov

Is the mailing address the same as the physical address?

Mailing Address*: Yes

Mailing Address:

Address Line 2

City Virginia 0 +4
State Zip Code

Project Administrator

Name: Prefix Mary Middle Name Bunting Suffix
First Name Last Name

Title*: City Manager

Address*: 22 Lincoln Street 8th Floor

Address Line 2

Hampton Virginia 23669 +4
City State Zip Code

Phone Number*: 757-727-6392

Fax Number:

Email Address*: mbunting@hampton.gov

Is the mailing address the same as the physical address?

Mailing Address*: Yes

Mailing Address:

Address Line 2

City Virginia 0 +4
State Zip Code

Finance Officer

Name: Prefix Karl Middle Name Daughtrey Suffix
First Name Last Name

Title*: Finance Director

Address*: 22 Lincoln Street 7th Floor

Address Line 2

Hampton Virginia 23669 +4
City State Zip Code

Phone Number*: 757-727-6230

Fax Number:

Email Address*: kdaughtrey@hampton.gov

Is the mailing address the same as the physical address?

Mailing Address*: Yes

Mailing Address:

Address Line 2

City Virginia 0 +4
State Zip Code

Budget

Budget

Budget Categories	Federal	State	Special	Total
Personnel	\$45,000.00	\$0.00	\$0.00	\$45,000.00
Consultant	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00
Subsistence	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies/Other	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Cost	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$45,000.00	\$0.00	\$0.00	\$45,000.00

Funds From Other Sources

Source	Amount
No Data for Table	

Personnel and Employee Fringe Benefits - Percentage Calculated

Requested

If this is not requested, please indicate that here and then mark this form as complete.

Is Personnel being requested?: Yes

Personnel

Employee Name	Position Title	Position	Total Hours Per Week (if applicable)	Total Hours Per Year	Total Annual Salary (grant-funded plus other sources)	Total Salary Requested from Grant	Percent being requested	Number of Grant-Funded Hours per year	Grant-Funded Full Time Equivalent (?FTE?)	New Position?	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Personnel Total
Shukita Massey	Senior Assistant Commonwealth's Attorney	Part Time	0	1040	\$86,250.00	\$44,996.63	52.17%	543	1	No	\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00
			0	1040	\$86,250.00	\$44,996.63		543	1.00		\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00

Employee Fringe Benefits

Employee Name	FCARetirement	Group Life Insurance	HealthWorkers? Comp	Unemployment	Disability	Other	Requested Employee Benefits Total	If Other, Please Describe	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Employee Fringe Benefits Total
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Position and Justification

Employee		
Name	Description of Position	Justification for Position
Shukita Massey	This position provides 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 VDWF 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, the Victim Services Unit, the Hampton Police Division, Riverside Regional Hospital and Sentara Hospital SANE nurses, and other agencies.	The Senior Assistant Commonwealth's Attorney for the city of Hampton prosecutes felonies and misdemeanors involving violence against women, sexual abuse against minors and adults, as well as stalking and protective order violations. The importance of having this position affords the office of the Commonwealth to have a dedicated prosecutor to handle specialized cases which allows for vertical prosecution to minimize revictimization during the criminal justice process. This provides a more victim-centered and trauma-informed approach to the prosecution of these types of cases.

Personnel and Employee Fringe Benefits Totals

DCJS FUNDS

Federal Funds: \$45,000.00

State Funds: \$0.00

Special Funds: \$0.00

Match Funds

Cash Match: \$0.00

In-Kind Match: \$0.00

Personnel/Fringe Total

TOTAL: \$45,000.00

Consultants

Requested

If this is not requested, please indicate that here and then mark this form as complete.

Are Consultant and/or Consultant Travel being requested?* No

Consultant

Name of Consultant	Consultant Hourly Rate	Total Number of Hours	Total Consultant Cost	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Consultant Total
No Data for Table									

Consultant Subsistence (lodging + meals) & Travel

Name of Consultant	Number of Nights	Lodging Rate	Total Number of Days	Per Diem Rate	Total Number of Meals	Mileage Rate	Total Other Travel	Total Other Subsistence/Travel	Total Other Travel	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Consultant Subsistence & Travel Total
No Data for Table															

Consultant Role Description and Justification

Name of Consultant	Description of Consultant's Role	Justification for Use of Consultant
No Data for Table		

Consultant Subsistence & Travel Totals

DCJS FUNDS

Federal Funds: \$0.00
 State Funds: \$0.00
 Special Funds: \$0.00

Match Funds

Cash Match: \$0.00
 In-Kind Match: \$0.00

Consultant Subsistence & Travel Total

TOTAL: \$0.00

Travel

Requested

If this is not requested, please indicate that here and then mark this form as complete.

Is Travel being requested?*: No

Local Mileage

Number of Miles	Mileage Rate	Total Local Mileage	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Local Mileage Total
No Data for Table								

Non-Local Mileage

Number of Miles	Mileage Rate	Total	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Non-Local Mileage Total
No Data for Table								

Mileage Description and Justification

Type	Description of Mileage	Justification for Mileage
No Data for Table		

Travel Totals

DCJS FUNDS

Federal Funds: \$0.00
 State Funds: \$0.00
 Special Funds: \$0.00

Match Funds

Cash Match: \$0.00
 In-Kind Match: \$0.00

Travel Total

TOTAL: \$0.00

Subsistence/Other Travel Costs

Requested

If this is not requested, please indicate that here and then mark this form as complete.

Are Subsistence/Other Travel Costs being requested?*: No

Subsistence

Event Title	Number of People Attending	Number of Nights	Lodging Rate Total	Number of Days	Per Diem Rate Total	Total Subsistence	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Subsistence Total
No Data for Table												

Subsistence Description and Justification

Event	Description of Costs	Justification for Costs
No Data for Table		

Other Travel Costs

Event Title	Number of People Attending	Number of Airfare Tickets	Airfare Rate	Total Airfare	Other Travel Costs	Total Cost for Air and Other Fares	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Other Travel Costs Total
No Data for Table												

Other Travel Costs Description and Justification

Event	Description of Other Costs	Justification for Other Costs
No Data for Table		

Subsistence/Other Travel Costs Totals

DCJS FUNDS

Federal Funds: \$0.00
 State Funds: \$0.00
 Special Funds: \$0.00

Match Funds

Cash Match: \$0.00
 In-Kind Match: \$0.00

Subsistence/Other Travel Costs Total

TOTAL: \$0.00

Supplies & Other Expenses

Requested

If this is not requested, please indicate that here and then mark this form as complete.

Are Supplies & Other Expenses being requested?*: No

Supplies & Other Expenses

Supply/Item Requested	Cost Per Item/Monthly Total Rate	Number of Items/Number of Months	Total Cost	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Supplies & Other Expenses Total
No Data for Table									

Supply/Item Requested Description and Justification

Supply/Item	Description of Supply/Item	Justification for Supply/Item
No Data for Table		

Supplies & Other Expenses Totals

DCJS FUNDS

Federal Funds: \$0.00
State Funds: \$0.00
Special Funds: \$0.00

Match Funds

Cash Match: \$0.00
In-Kind Match: \$0.00

Supplies & Other Expenses Total

TOTAL: \$0.00

Non-Supplantation

Non-Supplantation

Applicants under this grant program are required to certify to DCJS, that the funding requested in this application does not supplant or replace, in whole or in part, federal, state, or local funds already supporting current program services.

I certify that the grant funds requested under this grant program will be used to supplement existing funds and will not replace (supplant) funds that have been appropriated for the same purposes.

Certification*: Yes

Project Administrator*: Steven Bond
First Name Last Name
Assistant City Manager 05/14/2022
Title Date

Forms and Attachments

Attachments Required?

Are additional attachments required by the funding opportunity?* Yes

Attachments

Description	File Name	Type	Size	Upload Date
PA designating authority	Designating Authority Letter- City Manager.pdf	pdf	51 KB	05/24/2022 03:42 PM

Authority Certification

Authority Certification

Authorized Individual*: Steven Bond
First Name Last Name
Assistant City Manager 05/14/2022
Title Date

General Conditions and Assurances - Global

General Conditions and Assurances

I certify that all the information presented is correct, that there has been appropriate coordination with affected agencies, and that the applicant will comply with the provisions of all other federal and state laws and rules and regulations that apply to this award.

Certification*:

Yes

Authorized Official (Project Administrator)*:

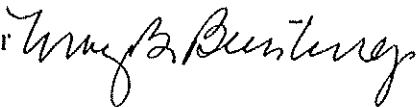
Steven Bond 05/14/2022

First Name Last Name Date

HAMPTON VA

MEMORANDUM

TO: Mayor Donnie R. Tuck and Members of the Hampton City Council

FROM: Mary B. Bunting, City Manager 

DATE: June 26, 2020

SUBJECT: Signature Authority for Deeds and Contracts

There is currently a need to update the list of signature designees authorized in my absence. This is to advise you that pursuant to §2-11 and §2-12 of the Code of the City of Hampton, I have authorized Steve Bond and Brian DeProfio to accept, on behalf of the City of Hampton, deeds conveying real property to the City and execute contracts which have been approved as to Form by the City Attorney or one of her assistants. This designation is effective immediately.

This procedure is used throughout the Commonwealth and is in compliance with the Code of Virginia. It is hoped that the efficiency of the current process will be enhanced. I will, of course, continue to accept deeds and execute contracts on behalf of the City as set forth in §2-11 and §2-12. However, the authorized designees will be able to perform this duty in my absence or unavailability. Attached for your convenience is the previous designee authorization and section codes from the Code of the City of Hampton.

If you have any questions, I am available at your convenience.

Attachments

cc: Cheran Cordell Ivery, City Attorney
Steve Bond, Assistant City Manager
Brian DeProfio, Assistant City Manager
Jason Mitchell, Director of Public Works
Karl Daughtrey, Director of Finance
Lavinia Whitley, Deputy Director of Finance and Purchasing

Sec. 2-11. - Acceptance of deeds by city manager or his designee.

The city manager, or his designee, shall have the authority to accept, on behalf of the city, deeds purporting to convey real property to the city which have been approved as to form by the city attorney or one of his assistants.

(Ord. No. 1201, 12-10-97)

Sec. 2-12. - Contract execution by city manager or his designee.

Except as otherwise provided by law, Charter or ordinance, the city manager or his designee shall be authorized to make and execute, during the ordinary course of business, within the limitations of the appropriation ordinance for any year, all contracts on behalf of the city and such other contracts as may be authorized by the city council. Such contracts shall be approved as to availability of funds by the director of finance, as to content by the director of the department and as to form and legal sufficiency by the city attorney.

(Ord. No. 1423, 5-24-06)