



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

The Honorable Jackson H. Miller
Director

Tracy Louise Winn Banks, Esq.
Chief Deputy Director

Washington Building
1100 Bank Street
Richmond, Virginia 23219
(804) 786-4000
www.dcjs.virginia.gov

June 30, 2023

Mary Bunting
City Manager
22 Lincoln Street, 8th Floor
Hampton, Virginia 23669

RE: Victim Witness Grant Program (Year 3)

Dear Mary Bunting:

Congratulations on being a recipient of the above referenced grant program! Your DCJS grant award number is **24-O1029VW20** and was approved for a total award of **\$374,729**, funded in part through Award Numbers **2020-V2-GX-0048, 15POVC-21-GG-00602-ASSI, and/or 15POVC-22-GG-00681-ASSI**. The project period is **7/1/2023** through **6/30/2024**. Pursuant to the VOCA Fix to Sustain the Crime Victims Fund Act of 2021 (VOCA Fix) (Public Law No: 117-27) and the DCJS Emergency Match Waiver Request Policy for VOCA Subawards, there is no local match obligation for this award.

Included with this letter is a Statement of Grant Award/Acceptance (SOGA). Copies of the FY24 Special Conditions, Reporting Requirements, and Projected Due Dates are posted online at <https://www.dcjs.virginia.gov/grants/grant-requirements> for your review. In addition, there may be "Action Item" Special Conditions related to your grant award called *Encumbrances* that require your immediate attention. If there are any, please submit those documents via the On-line Grants Management System (OGMS) at <https://ogms.dcjs.virginia.gov/>.

If you have not previously done so, you must register to use this web-based system. The instructions on *Registering for a New Account* and *Submitting Action Item Encumbrances* are posted here <https://www.dcjs.virginia.gov/grants/ogms-training-resources> along with other resources and training videos. All registrants will be approved within 3 – 5 business days.

We will be happy to assist you in any way we can to assure your project's success. To indicate your acceptance of the award and conditions, please sign the included SOGA and return it electronically within the next 60 days to grantsmgmt@dcjs.virginia.gov. Please note that you will not be able to draw down funds on this grant until DCJS receives the signed SOGA, and the grant is in Underway status in OGMS. If you have any questions, please contact your DCJS Grant Monitor **Dione Bassett** at **804 965 4019** or via email at dione.bassett@dcjs.virginia.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Jackson Miller".

Jackson Miller

STATEMENT OF GRANT AWARD (SOGA)

Virginia Department of Criminal Justice Services
1100 Bank Street, 12th Floor
Richmond, Virginia 23219

Victim Witness Grant Program (Year 3)	
Subgrantee:	Hampton
DCJS Grant Number:	24-O1029VW20
UEI Number:	H43KALPESBP1
Grant Start Date:	7/1/2023
Grant End Date:	6/30/2024
Federal Grant Number(s):	2020-V2-GX-0048, 15POVC-21-GG-00602-ASSI, and/or 15POVC-22-GG-00681-ASSI
Federal Awardee:	OVC
Federal Catalog Number:	16.575
Project Description:	To provide direct services for crime victims.
Federal Start Date:	10/1/2019, 10/1/2020, and/or 10/1/2021
Federal VOCA Funds:	\$253,849
State Special Funds:	\$120,880
State General Funds:	\$0
Total Budget:	\$374,729
Indirect Cost Rate:	_____ %
	*If applicable

Project Director	Project Administrator	Finance Officer
Karla Reaves Director 236 N. King Street Hampton, Virginia 23669 757-726-6978 kreaves@hampton.gov	Mary Bunting City Manager 22 Lincoln Street, 8th Floor Hampton, Virginia 23669 757-727-6392 mbunting@hampton.gov	Karl Daughtrey Finance Director 22 Lincoln Street Hampton, Virginia 23669 757-727-6320 kdaughtrey@hampton.gov

***Please indicate your ICR in the space provided, if applicable.** As the duly authorized representative, the undersigned, having received the Statement of Grant Awards (SOGA) and reviewing the Special Conditions, hereby accepts this grant and agree to the conditions and provisions of all other Federal and State laws and rules and regulations that apply to this award.

Signature: _____
 Authorized Official (Project Administrator)

Title: _____

Date: _____