HAMPTON VA

Grant Proposal Overview Cover Sheet

Grant Title: _____

_____

Submitting Department: _____

Department Head: _____

Grant Administrator: _____

Grant Administrator Title: _____

Grant Prepared by: _____

Telephone Number: _____   **E-mail:** _____

Date: _____   **Council Agenda Item No.** _____

<div align="right">Budget Division Only</div>

Agenda Statements (to include the following). *Please provide on a separate sheet:*

Purpose/Background: This section should provide a summary of the issue before the Council to include any past history that is pertinent to the subject.

Discussion: This section should include information such as the benefit to the community, financial implications/costs to the City, funding sources and where it is budgeted if applicable. Alternatives considered along with pros/cons of alternatives should also be highlighted where appropriate.

Impact: This section to describe how the action requested relates to Council policy initiatives, including but not limited to the Strategic Plan elements of the Community Plan, master plans, etc.

A completed grant packet is required for each grant item being placed on the City Council agenda. The Grant Packet is designed to provide an overview of sufficient information from which the City Council, along with the City Manager's Office-Budget Division and Finance Department can make a decision concerning the grant.

If you have any questions about the grant acceptance process, please contact Lori Green or Vahid Dejwakh in the City Manager's Office-Budget Division at (757) 727-6377.

HAMPTON VA

Grant Packet for City Council Agenda

Grant Title: _____

_____

1. Name of Awarding Agency:_____

_____

2. Name of Sub-recipient (if applicable): _____

_____

    A. If applicable, is a Sub-recipient Agreement Attached?   Yes (___)   No (___)

    B. If not, why? _____

_____
_____
_____
_____

3. Special Requirements:

a. *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 Matching Funds/Contributions**

Amount: Cash $ _____   In-Kind $ _____

    ✓ **Non-Required Matching Funds/Contributions**

Amount: Cash $ _____   In-Kind $ _____

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 grant packet.

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 grant packet.

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_____

4. 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	$ _____	**Federal Catalog No.** _____
Pass Through	$ _____	**Federal Grant No.** _____
State	$ _____	**State Grant No.** _____
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.

5. Grant Award Letter

Grant Period? **From:** _____ **To:** _____

Is the award letter provided? Yes (____) No (____)

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Grant Packet for City Council Agenda

Grant Title: _____

_____

     If not, why? _____

_____

_____

_____

6. Proposed Budget:

	Grant Total	City Department-Match		Other Matche(s)	
	Grant Total	Cash	In-Kind	Cash	In-Kind
Personnel Svcs					
Operating Exp.					
Capital Outlay					
Column Totals					

     Grand Total: _____

7. Additional Comments: _____

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