

# HAMPTON VA

## Grant Routing Sheet [Form #2]

**PLEASE NOTE:**

Completed "GRANT PROPOSAL OVERVIEW" Form must accompany Grant Routing Sheet.

Date Routing Initiated: 10/10/18 Application Due Date: \_\_\_\_\_  
Originating Department: Commonwealth's Attorney Office Department No. 02-220  
Submitter's Name: Annika Hunter Direct Telephone No. (757) 727-6220  
E-mail Address: annika.hunter@hampton.gov  
Grant Title: Virginia Domestic Violence Victim Fund/Prosecutors - 19-G2716DV19  
Other Participating Departments: N/A

**BEFORE COMPLETING AN APPLICATION:**

1. READ THE GENERAL INSTRUCTIONS.

AH Ah (Submitter's Initials)

2. COMPLETE GRANT PROPOSAL OVERVIEW.

AH Ah (Submitter's Initials)

3. DEPARTMENT HEAD  
ORIGINATING DEPT.

Anton A. Bell

Print Name

[Signature]  
Signature

10/12/18  
Date

4. ASSISTANT CITY  
MANAGER

Steven Bond

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) OF ALL DOCUMENTS RELATED TO THE GRANT, INCLUDING, BUT NOT LIMITED TO, INSTRUCTIONS, ATTACHMENTS, EXHIBITS, GRANT DOCUMENTS, PRIMARY GRANT (IF SUBAWARDEE).

Ah (Submitter's Initials)

6. COMPLETE APPLICATION EXCEPT NECESSARY SIGNATURES. \_\_\_\_\_ (Submitter's Initials)

7. BUDGET DIVISION

Print Name

Signature

Date

8. FINANCE DEPARTMENT

Print Name

Signature

Date

9. CITY ATTORNEY

Print Name

Signature

Date

10. SIGN & SUBMIT APPLICATION. \_\_\_\_\_ (Submitter's Initials)

**AFTER GRANT AWARDED:**

**11. ADD AWARD LETTER TO DOCUMENTATION.**

AH Ah (Submitter's Initials)

**12. ORIGINATING DEPT.**  
(Approval as to Content)

Anton A. Bell

Print Name

[Signature]  
Signature

10/12/18  
Date

**13. RISK MANAGEMENT**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**14. HUMAN RESOURCES**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**15. BUDGET DIVISION**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**16. FINANCE DEPARTMENT**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**17. CITY ATTORNEY**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**18. CITY COUNCIL**

**GRANICUS FILE NO.**

\_\_\_\_\_

CREATE GRANICUS FILE

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ATTACH GRANT DOCUMENTS

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ROUTE FOR APPROVAL

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**19. ADD SIGNED RESOLUTION TO DOCUMENTATION.**

\_\_\_\_\_ (Submitter's Initials)

**20. OBTAIN SIGNATURES**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**21. ORIGINATING DEPARTMENT TO RETAIN ORIGINAL DOCUMENTATION.**

\_\_\_\_\_ (Submitter's Initials)

**22. DISSMINATE ELECTRONIC COPIES TO (INITIAL WHEN DISSEMINATED):**

CITY ATTORNEY:

\_\_\_\_\_ (Submitter's Initials)

FINANCE:

\_\_\_\_\_ (Submitter's Initials)

OTHER PARTICIPATING DEPARTMENTS (LIST):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Submitter's Initials)  
\_\_\_\_\_ (Submitter's Initials)