

HAMPTON VA


Grant Routing Sheet [Form #2]

PLEASE NOTE:

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

Date Routing Initiated: 9/7/18 Application Due Date: 9/18/18
Originating Department: Commonwealth's Attorney Office Department No. 01-220
Submitter's Name: Annika Hunter Direct Telephone No. (757) 727-6220
E-mail Address: annika.hunter@hampton.gov
Grant Title: CY19-21 Violence Against Women (V-STOP) Grant
Other Participating Departments: N/A

BEFORE COMPLETING AN APPLICATION:

1. READ THE GENERAL INSTRUCTIONS. AH (Submitter's Initials)
2. COMPLETE GRANT PROPOSAL OVERVIEW. AH (Submitter's Initials)
3. DEPARTMENT HEAD ORIGINATING DEPT. Anton A. Bell  09/10/18
Print Name Signature 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). _____ (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. _____ (Submitter's Initials)

12. ORIGINATING DEPT.
(Approval as to Content) _____
Print Name Signature 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. ORGINATING 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)

HAMPTON VA

Grant Proposal Overview [Form #1]

PLEASE NOTE:

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

Grant Title: CY2019-2021 Violence Against Women (V-STOP) 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 2020 + 2021 or () in the future fiscal year(s) of _____.

3. **PREVIOUS APPLICATIONS:** (Not including the current application) This grant was previously applied for during 2016-2018 fiscal year(s); and was previously awarded during 2016-2018 fiscal year(s).

If previously awarded, provide all prior agenda items numbers and dates of Council approval.
18-0163 7/6/18

4. **BACKGROUND/PURPOSE:** The Hampton Violence Against Women's Act-VAWA Prosecution Grant continues to strengthen the criminal justice response to domestic violence in the City of Hampton through a coordinated and integrated approach involving a partnership among prosecution, law enforcement and victim services providers. Continuation of the VAWA Prosecution Program will keep an established position for a dedicated domestic violence prosecutor to prosecute cases of domestic violence. A special victim advocate and comprehensive training for law enforcement officers are also key components of the Grant.

5. **TYPE OF GRANT EXPECTED TO BE AWARDED:**

Cash Amount \$ 64,801

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 \$ 21,400

* 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 \$ 64,801
Pass Through \$ _____
State \$ _____
Foundation \$ _____
Private \$ _____

Federal Catalog No. 16.588
Federal Grant No. _____
State Grant No. _____

b. **Source of Matching Funds*** (Please check all that apply.)

Department: Commonwealth's Attorney Office
Budget Line-Item: 01-220-450 01100 **Amount:** \$21,400
Budget Line-Item: 01-220-450 06001 **Amount:** \$200
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.*

