

City of Hampton

Grant Proposal Overview Cover Sheet

Grant Title	Office of Emergency Medical Services Consolidated Grant Program-Rescue Squad Assistance Fund
Grant Administrator	Fire Chief James A. Gray
Department/Organization	Hampton Division of Fire & Rescue
Grant Prepared by	Battalion Chief Bettie Reeves-Nobles & Capt. Craig Topping
Date	07/27/06

By request of City Council, a proposal overview is required for presentation to the City Council on all grant proposals for which the City of Hampton serves as the applicant. The purpose of this overview is to provide the City Council with sufficient information from which to make a decision concerning the grant application. Attached you will find the format for this report which addresses specific Council concerns.

Grant applications will only be considered during the first Council meeting of each month. Therefore, it is necessary that you complete this report and forward it to the Office of Budget and Management Analysis for review no later than 4:30 P.M. on the third Monday of each month. After the grant application has been reviewed and any changes or revisions made, the applicant will receive a confirmation memo or e-mail that the grant has been forwarded to the Clerk of Council.

An Agenda Review Form (010-7 Rev. 2), a Resolution submitted with at least 1" left margins to allow notebook binding and any other supporting documentation must be included with your grant submission.

If you have any questions about the grant proposal overview process, please contact Sheila Fletcher-Guy in the Office of Budget and Management Analysis at 727-6377.

1. Grant Title	OEMS Consolidated Grants Program- Rescue Squad Assistance Fund
2. Name of Awarding Agency	Commonwealth of Dept. of Health / Office of Emergency Medical Services
3. Grant Administrator	Fire Chief James A. Gray
4. Name of Subrecipient (if applicable)	N/A
a. If applicable, is a Subrecipient agreement attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If not, why?	
5. Special Requirements:	
a. Financial Obligations: This proposal (<input type="checkbox"/>) will (<input checked="" type="checkbox"/>) will not require matching funds/contributions. Indicate in the space below the amount and whether the match is cash or in-kind. If the grant has both required and non-required matching funds/contributions, please check both spaces.	
<u>Required Matching Funds/Contributions</u>	
Amount:	Cash <u>\$116,000</u> In-Kind <input type="checkbox"/>
<u>Non-Required Matching Funds/Contributions</u>	
Amount:	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>
b. Future Financial Obligations: This proposal (<input type="checkbox"/>) will (<input checked="" type="checkbox"/>) will not incur commitments or financial obligations for the City beyond the grant period. If it will, an authority memorandum from the Budget Office estimating future matching requirements and time period must be attached to this proposal. Please identify this memo under Section 9 - Remarks.	
c. Resource Obligations: This proposal (<input type="checkbox"/>) will (<input checked="" type="checkbox"/>) will not require special facilities, equipment and/or services provided by the City. If it will, summarize arrangements in a separate memorandum attached to this proposal. Please identify this memo under Section 9 - Remarks.	

Attachment II

6. Sources of Grant & Matching Funds Form

Please identify the source of your grant funds and any required or non-required matches. For Federal grants, a Federal Catalog Number (CFDA) and a Grant Number must be supplied (Check with the grant awarding agency if you do not know these numbers). For State grants, you must supply the grant number, which can also be obtained from the funding agency. All grant matches, unless they have historically received a contribution/match from the City Matching Funds Pool or a special arrangement has been made with the Budget Office, must be supplied by the participating department(s) or another source.

6a. Source of Grant Funds - Please check all applicable.

Federal

Direct

Federal Catalog Number

Pass Through

Federal Grant Number

State

 X

State Grant Number

VP-C02/06-06

Foundation/Private

6b. Source of Matching Funds - Please check all applicable.

Department(s)*

Matching Funds Pool

\$116,000

Other

***Please identify the following if the match will be drawn from the department budget:**

(Please attach an additional sheet if more than three line item accounts are being used.)

Budget Line Item:

Amount:

Budget Line Item:

Amount:

Budget Line Item:

Amount:
