

HAMPTON VA

Grant Proposal Overview

COMPLETED GRANT OVERVIEW PROPOSAL MUST BE ATTACHED TO THE GRANT ROUTING SHEET BEFORE ROUTING IS INITIATED

Grant Title: FEMA-DR-4512 COVID- 19 Hazard Mitigation Grant Program

1. **PRIMARY OR SUB-AWARD:** Application will be submitted to: the agency that is the primary source of funding (City = Primary Awardee); the 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 FY24, FY25, FY26 or in the future fiscal year(s) of _____.

3. **PREVIOUS APPLICATIONS:** (Not including the current application) This grant was previously applied for during FY14, FY15, FY18 fiscal year(s); and was previously awarded during FY14, FY15, FY19 fiscal year(s).

If previously awarded, provide all prior agenda item numbers and dates of Council approval.

April 9, 2014 - Resolution 14-0148 & November 12, 2014-Resolution 14-0433 & July 11, 2018- Resolution 18-0236

4. BACKGROUND/PURPOSE:

The City of Hampton is apply for funding through the FEMA Hazard Mitigation Grant Program - DR-4512 COVID-19. The project goal is to elevate seven (7) repetitive Loss/severe repetitive loss residential structures in the City with a budget of \$2,600,892. Of the total budget, the Federal Emergency Management Agency will provide \$2,340,802.80 (90%) in federal funding; the Virginia Department of Emergency Management will provide a state match of \$260,089.20 (10%). There is no local match. Any pre-existing conditions' costs will be passed through to the participating homeowners.

5. TYPE OF GRANT EXPECTED TO BE AWARDED:

Cash Amount \$2,600,892 _____

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 \$ _____

* Description:

N/A

b. **Future Financial Obligations:** This proposal and/or the submitting department will will not incur or request commitments or financial obligations for/from the City beyond the grant period.

If it will, in the description box, please elaborate on the future financial obligation(s) for the grant:

Provide the future financial obligation amount(s) for the appropriate expenditure category below:

- * Amount: \$ _____ Personnel Services
- * Amount: \$ _____ Operating Expenses
- * Amount: \$ _____ Capital Outlay

Provide information on the duration of the obligation and other relevant details below:

* Description:

N/A

* Grants with future financial obligations must be approved by the City Manager or her designee:

Approve Disapprove Signature _____

If it will not, please provide a description of how activities, programs, or positions funded by the grant will be addressed at the conclusion of the grant period:

* Description:

Once elevation projects are completed and closed out with the state there will be no additional commitments. These are construction projects with a definitive start and end date.

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.

Description:

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.

a. **Source of Grant Funds** (Please check all that apply.)

Federal	\$2,340,802.80	Federal Catalog No.	CFDA 97.039
Pass Through	\$ _____	Federal Grant No.	CFDA 97.039
State	\$260,089.20	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 funding source from a department other than your own, the Budget Division will need written authorization of agreement from the funding department.*

8. Proposed Budget:

	<u>City Department-Match</u>			<u>Other Matches</u>	
	Grant Total	Cash	In-Kind	Cash	In-Kind
Personnel Svcs					
Operating Exp.	2,600,892				
Capital Outlay					
Column Totals					

Grand Total: \$2,600,892

9. Additional information that will be helpful to reviewers: