



**U.S. Department of Housing and Urban Development**  
**Virginia Office of Community Planning and Development**  
600 East Broad Street, Suite 300  
Richmond, VA 23219-1800  
(800) 842-2610

JUL - 2 2018

Ms Wanda Rogers  
Director  
Department of Human Services  
City of Hampton  
1320 LaSalle Avenue  
HAMPTON, VA 23669

SUBJECT: Processing Your FY2017 Continuum of Care (CoC) Grant Agreement  
Regional Housing Crisis Hotline—Hampton Department of Human Services  
Grant No.: VA0283L3F051702

Dear Ms Rogers:

Congratulations on the final selection of your *Regional Housing Crisis Hotline* project for renewal grant funding under the FY 2017 Continuum of Care (CoC) program. All conditions attached to your award for this project have been met or are in process of being met. This one-year award will continue to support your program previously funded by HUD in FY 2016, further contributing to our national effort to end homelessness.

The operating start date of the renewal grant is 1 July 2018. Eligible expenses incurred on or after this date through 30 June 2019 may be reimbursed through the grant.

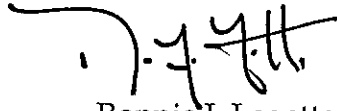
Upon execution of the renewal grant agreement by you and HUD, HUD will obligate the total funds for this project in the amount of \$65,682 allocated as follows:

- |                                  |             |
|----------------------------------|-------------|
| 1. Grant for supportive services | \$61,084.00 |
| 2. Grant for administration      | \$4,598.00  |

I enclose two copies of the Scope of Work that constitutes the agreement between the Hampton Department of Human Services and HUD. Please sign both copies and return them to this office within two weeks of receipt of this letter. When we receive them, I will sign and execute them for HUD and return one to you. Please note that your grant cannot begin, and HUD cannot disburse any funds to you for this project, until the grant agreement is fully executed.

If you have any questions, please call me at (804) 822-4831. Staff requiring technical assistance should contact Dr. P. Anthony Brinkman at (804) 822-4827. We look forward to working with you toward the successful continuation of your Continuum of Care (CoC) project.

Sincerely,

A handwritten signature in black ink, appearing to read "R. J. Legette". The signature is stylized with a long horizontal line extending from the top of the first letter.

Ronnie J. Legette  
Director

enclosures

**Tax ID No.: 54-6001336**  
**Project Location: Hampton, Virginia**  
**Original CoC Program Grant No.: VA0283L3F051500**  
**Renewal Grant No.: VA0283L3F051702**  
**Effective Date:**  
**DUNS No.: 066019902**

### SCOPE OF WORK for FY2017 COMPETITION

1. The project listed on this Scope of Work is governed by the Act and Rule, as they may be amended from time to time. The project is also subject to the terms of the Notice of Funds Availability for the fiscal year competition in which the funds were awarded and to the applicable annual appropriations act.
2. HUD designations of Continuums of Care as High-performing Communities (HPCS) are published in the HUD Exchange in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Grant Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for this grant was designated an HPC for the applicable fiscal year.
3. Recipient is not a Unified Funding Agency and was not the only Applicant the Continuum of Care designated to apply for and receive grant funds and is not the only Recipient for the Continuum of Care that designated it. HUD's total funding obligation for this grant is \$65,682.00 for project number VA0283L3F051702. If the project is a renewal to which expansion funds have been added during this competition, the Renewal Expansion Data Report, including the Summary Budget therein, in e-snaps is incorporated herein by reference and made a part hereof. In accordance with 24 CFR 578.105(b), Recipient is prohibited from moving more than 10% from one budget line item in a project's approved budget to another without a written amendment to this Agreement. The obligation for this project shall be allocated as follows.

a. Supportive services	\$61,084.00
b. Administrative costs	\$4,598.00
4. The performance period for the project begins 1 July 2018 and ends 30 June 2019. No funds for new projects may be drawn down by Recipient until HUD has approved site control pursuant to §578.21 and §578.25 and no funds for renewal projects may be drawn down by Recipient before the end date of the project's final operating year under the grant that has been renewed.
5. If grant funds will be used for payment of indirect costs, the Recipient is authorized to insert the Recipient's and Subrecipients' federally recognized indirect cost rates on the attached Federally Recognized Indirect Cost Rates Schedule, which Schedule shall be incorporated herein and made a part of the Agreement. No indirect costs may be charged to the grant by the Recipient if their federally recognized cost rate is not listed on the Schedule. If no federally recognized indirect cost rate is listed on the Schedule for a project funded under this Agreement, no indirect costs may be charged to the project by the subrecipient carrying out that project.
6. The project has not been awarded project-based rental assistance for a term of fifteen (15) years. Additional funding is subject to the availability of annual appropriations.

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UNITED STATES OF AMERICA  
Secretary of Housing and Urban Development

By: \_\_\_\_\_  
Signature and Date

Ronnie J. Legette, Sr.  
Typed name of signatory

Director, Virginia Office of  
Community Planning and Development  
Title

**RECIPIENT**

Hampton Department of Human Services  
Name of Organization

By: \_\_\_\_\_  
Authorized Official Signature and Date

Mary Bunting  
Typed name of signatory

City Manager  
Title

CITY OF HAMPTON  
OFFICE OF THE CITY ATTORNEY  
Approved as to form and legal sufficiency  
Date: 1-24-18  
\_\_\_\_\_  
City Attorney

**FEDERALLY RECOGNIZED INDIRECT COST RATE SCHEDULE**

Grant No.	Recipient Name	Indirect Cost Rate
_____	_____	_____ %

Project No.	Recipient/Subrecipient	Indirect Cost Rate
_____	_____	_____ %