

HAMPTON VA

Grant Routing Sheet

COMPLETED GRANT OVERVIEW PROPOSAL MUST BE ATTACHED BEFORE ROUTING IS INITIATED

Date Routing Initiated: 10/26/17 Application Due Date: 11/13/17

Originating Department: Emergency Management Department No.: 325

Submitter's Name: Hui-Shan Walker Direct Telephone No. (757) 727-6067

E-mail Address: hui-shan.walker@hampton.gov

Grant Title: 2017 State Homeland Security Program - Regional Shelter Planning, Training & Exercise

Other Participating Departments: _____

BEFORE COMPLETING AN APPLICATION:

1. READ THE GENERAL INSTRUCTIONS. H.W. (Submitter's Initials)
2. COMPLETE GRANT PROPOSAL OVERVIEW. H.W. (Submitter's Initials)
3. DEPARTMENT HEAD
ORIGINATING DEPT. Hui-Shan Walker
Print Name _____ Signature _____ Date _____
4. ASSISTANT CITY
MANAGER Steven Bond
Print Name _____ Signature _____ Date _____

*Proposed
Submitted 6/17*

BEFORE SUBMITTING AN APPLICATION TO THE AWARDING AGENCY:

5. PREPARE INITIAL DOCUMENTATION PACKAGE FOR REVIEW TO INCLUDE (EITHER HARD COPY OR ELECTRONIC): ALL DOCUMENTS RELATED TO THE GRANT, INCLUDING, BUT NOT LIMITED TO INSTRUCTIONS, ATTACHMENTS, EXHIBITS, GRANT DOCUMENTS, PRIMARY GRANT (IF SUBAWARDEE). HW (Submitter's Initials)
6. COMPLETE APPLICATION **EXCEPT** NECESSARY SIGNATURES. HW (Submitter's Initials)
7. BUDGET DIVISION Brian Deprofio email 10/27/17
Print Name _____ Signature _____ Date _____
8. FINANCE DEPARTMENT Karl Daughtrey email Jacky Green 10/27/17
Print Name _____ Signature _____ Date _____
9. CITY ATTORNEY Lola Perkins Lola Perkins 10/30/17
Print Name _____ Signature _____ Date _____
10. SIGN and SUBMIT APPLICATION. H.W. (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 Joe Sanders see attached signature 1/16/18
Print Name Signature Date

14. HUMAN RESOURCES _____
Signature Date

15. BUDGET DIVISION _____
Signature Date

APPROVED
By Lori Green at 11:27 am, May 31, 2018

16. FINANCE DEPARTMENT _____
Print Name Signature Date

17. CITY ATTORNEY Lola Perkins see attached email 1
Print Name Signature Date

18. CITY COUNCIL COUNCIL 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. DISSEMINATE 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

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

Grant Title: 2017 State Homeland Security Program - Regional Shelter Planning, Training & Exercise

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 Until March 31, 2019 or in the future fiscal year(s) of _____.

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

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

4. **BACKGROUND/PURPOSE:** 2017 State Homeland Security Program - Regional Shelter Planning, Training & Exercise
is to review and update our current MOU with James City County on sheltering our residents during a major evacuation of our city.
This grant is to help us develop a plan of action to enact the MOU and train staff along with an exercise to ensure if we need to
enact the MOU we can do so efficiently before an emergency.

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

Cash Amount \$ 35,000

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: _____

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 \$ 35,000 _____
Pass Through \$ 35,000 _____
State \$ _____
Foundation \$ _____
Private \$ _____

Federal Catalog No. 97.067 _____
Federal Grant No. 97.067 _____
State Grant No. _____

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 department funding source other than your department, the Budget Division will need written authorization of agreement to withdraw these funds.*

Walker, Hui-Shan

From: DeProfio, Brian
Sent: Friday, October 27, 2017 3:36 PM
To: Walker, Hui-Shan; Daughtrey, Karl; Green, Jacky; Perkins, Lola
Subject: RE: RE: Sign off Request for 2017 State Homeland Security Grant fo

I approve. Thanks!

From: Walker, Hui-Shan
Sent: Friday, October 27, 2017 12:12 PM
To: DeProfio, Brian; Daughtrey, Karl; Green, Jacky; Perkins, Lola
Subject: RE: Sign off Request for 2017 State Homeland Security Grant fo
Importance: High

Good morning,

Attached is the state allocation letter and our grant application for your review and approval. We need to submit this so that we can get the official award letter that can then be taken to Council. There is no match required. It is a grant to develop and test plans outlined in an MOU with James City County to use their facilities as shelters during an emergency.

Thanks,

Hui-Shan Walker, CEM
EM Coordinator
City of Hampton, VA
757-727-1208
hui-shan.walker@hampton.gov

Walker, Hui-Shan

From: Green, Jacky
Sent: Friday, October 27, 2017 5:43 PM
To: Walker, Hui-Shan
Subject: RE: RE: Sign off Request for 2017 State Homeland Security Grant fo

Information has been reviewed.

From: Walker, Hui-Shan
Sent: Friday, October 27, 2017 12:12 PM
To: DeProfio, Brian <bdeprofio@hampton.gov>; Daughtrey, Karl <kdaughtrey@hampton.gov>; Green, Jacky <jgreen@hampton.gov>; Perkins, Lola <lperkins@hampton.gov>
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Hui-Shan Walker, CEM
EM Coordinator
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