



Grant Routing Sheet

COMPLETED GRANT OVERVIEW PROPOSAL MUST BE ATTACHED BEFORE ROUTING IS INITIATED

Date Routing Initiated: July 15, 2024 Application Due Date: July 19, 2024
Originating Department: Emergency Management Department No.: 325
Submitter's Name: Gwen Pointer Direct Telephone No. (757) 570-9795
E-mail Address: gwen.pointer@hampton.gov
Grant Title: FY24 State Homeland Security Program Grant CERT Regional Collaboration-Peninsula
Other Participating Departments: N/A

BEFORE COMPLETING AN APPLICATION:

- | | | | |
|-----------------------------------------|--------------------------------------|------------------------------------|-------------------------|
| 1. READ THE GENERAL INSTRUCTIONS. | <u>GAP</u> | (Submitter's Initials) | |
| 2. COMPLETE GRANT PROPOSAL OVERVIEW. | <u>GAP</u> | (Submitter's Initials) | |
| 3. DEPARTMENT HEAD
ORIGINATING DEPT. | <u>Gwen Pointer</u>
Print Name | <u>[Signature]</u>
Signature | <u>12/16/24</u>
Date |
| 4. ASSISTANT CITY
MANAGER | <u>Hui-Shan Walker</u>
Print Name | <u>EMAIL APPROVAL</u>
Signature | <u>7/16/24</u>
Date |

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). | <u>GAP</u> | (Submitter's Initials) | |
| 6. COMPLETE APPLICATION EXCEPT NECESSARY SIGNATURES. | <u>[Signature]</u> | <u>GAP</u> | (Submitter's Initials) |
| 7. CITY ATTORNEY | <u>Tim Drewry</u>
Print Name | <u>EMAIL APPROVAL</u>
Signature | <u>7/17/24</u>
Date |
| 8. BUDGET DIVISION | <u>Lori Green</u>
Print Name | <u>EMAIL APPROVAL</u>
Signature | <u>7/16/24</u>
Date |
| 9. HUMAN RESOURCES | <u>Nicole Clark</u>
Print Name | <u>EMAIL APPROVAL</u>
Signature | <u>7/17/24</u>
Date |

10. FINANCE DEPARTMENT	<u>Veronica Kmetz</u> Print Name	<u>EMAIL APPROVAL</u> Signature	<u>7/16/24</u> Date
11. RISK MANAGEMENT	<u>Patricia Parker</u> Print Name	<u>EMAIL APPROVAL</u> Signature	<u>7/16/24</u> Date

AFTER GRANT IS AWARDED:

- ✓ After the grant award has been received, and if there are no changes to the application or condition(s), the grant may now be placed in Granicus for City Council action.
- ✓ Reference "Quick Tips for Submitting Grants - City Council Agenda"



If there are **ANY** changes to **ANY** component of the grant, consult with your department's City Attorney for advice on whether to re-route the grant for second approval or continue with the placement of the grant on the Council agenda.

Snowden, Sara

From: Walker, Hui-Shan
Sent: Tuesday, July 16, 2024 10:45 AM
To: Snowden, Sara; Drewry, Tim; Green, Lori; Clark, Nicole; Kmetz, Veronica; Parker, Patricia
Cc: Pointer, Gwen; Oakley, Annette
Subject: RE: REQUEST FOR APPROVAL- Grant Applications

CMO approves. Thanks, Hui-Shan

From: Snowden, Sara <sara.snowden@hampton.gov>
Sent: Monday, July 15, 2024 5:32 PM
To: Walker, Hui-Shan <hui-shan.walker@hampton.gov>; Drewry, Tim <tim.drewry@hampton.gov>; Green, Lori <lgreen@hampton.gov>; Clark, Nicole <nmclark@hampton.gov>; Kmetz, Veronica <veronica.kmetz@hampton.gov>; Parker, Patricia <pparker@hampton.gov>
Cc: Pointer, Gwen <gwen.pointer@hampton.gov>; Oakley, Annette <aoakley@hampton.gov>
Subject: REQUEST FOR APPROVAL- Grant Applications
Importance: High

Good afternoon,

The Office of Emergency Management is pursuing two (2) grants through the 2024 State Homeland Security Program (SHSP) and the applications are due on **July 19, 2024**. The City Manager's signature is required for submission so your assistance in expediting the routing process is greatly appreciated.

The grant applications are as follows:

1. Peninsula Mass Care Access & Functional Needs Supplies (\$45,000)
2. CERT Regional Collaboration-Peninsula (\$50,000)

No local funding match is required.

Attached please find the following for your review:

- (2) Grant Routing Sheets
- (2) Grant Proposal Overview
- (2) Grant Proposal (Application)

Upon receiving local authorization, we will submit the grant application for funding consideration by VDEM. This is a competitive statewide process and recipients will be determined through a peer review process.

Thank you in advance for your consideration and prompt review. **In your response, please signify your approval for both applications.**

Please respond by email to indicate your approval in writing by **COB on Tuesday, July 16.**

Snowden, Sara

From: Drewry, Tim
Sent: Wednesday, July 17, 2024 1:04 PM
To: Snowden, Sara
Subject: Re: REQUEST FOR APPROVAL- Grant Applications

CAO approves.

Timothy W. Drewry
Deputy City Attorney
City of Hampton
22 Lincoln Street
Hampton, VA 23669
P: (757) 727-6127
F: (757) 727-6788

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From: Snowden, Sara <sara.snowden@hampton.gov>
Sent: Monday, July 15, 2024 5:31:52 PM
To: Walker, Hui-Shan <hui-shan.walker@hampton.gov>; Drewry, Tim <tim.drewry@hampton.gov>; Green, Lori <lgreen@hampton.gov>; Clark, Nicole <nmcclark@hampton.gov>; Kmetz, Veronica <veronica.kmetz@hampton.gov>; Parker, Patricia <pparker@hampton.gov>
Cc: Pointer, Gwen <gwen.pointer@hampton.gov>; Oakley, Annette <aoakley@hampton.gov>
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Attached please find the following for your review:

- (2) Grant Routing Sheets

Snowden, Sara

From: Green, Lori
Sent: Tuesday, July 16, 2024 1:59 PM
To: Snowden, Sara; Walker, Hui-Shan; Drewry, Tim; Clark, Nicole; Kmetz, Veronica; Parker, Patricia
Cc: Pointer, Gwen; Oakley, Annette
Subject: RE: REQUEST FOR APPROVAL- Grant Applications

Hello,

The Budget Division approves of the following grant applications acknowledging that there is no required cash match.

- ✓ Peninsula Mass Care Access & Functional Needs Supplies (\$45,000)
- ✓ CERT Regional Collaboration-Peninsula (\$50,000)

Thank you.

Best,

From: Snowden, Sara <sara.snowden@hampton.gov>
Sent: Monday, July 15, 2024 5:32 PM
To: Walker, Hui-Shan <hui-shan.walker@hampton.gov>; Drewry, Tim <tim.drewry@hampton.gov>; Green, Lori <lgreen@hampton.gov>; Clark, Nicole <nmclark@hampton.gov>; Kmetz, Veronica <veronica.kmetz@hampton.gov>; Parker, Patricia <pparker@hampton.gov>
Cc: Pointer, Gwen <gwen.pointer@hampton.gov>; Oakley, Annette <aoakley@hampton.gov>
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No local funding match is required.

Attached please find the following for your review:

Snowden, Sara

From: Clark, Nicole
Sent: Wednesday, July 17, 2024 9:33 AM
To: Snowden, Sara
Cc: Pointer, Gwen
Subject: RE: REQUEST FOR APPROVAL- Grant Applications
Attachments: FY24 SHSP CERT Regional Collaboration-Peninsula- Grant-Routing-Form---Fillable-PDF 07162024.pdf; FY24 SHSP Peninsula Mass Care AFN Supplies Grant-Routing-Form---Fillable-PDF 07162024.pdf

Good Morning Sara,

I signed both electronically yesterday. I assumed you would receive notification. My apologies!

Nicole M. Clark, Director (she/her)
MSHRM, SPHR, IPMA-SCP, SHRM-SCP
City of Hampton
22 Lincoln Street
Hampton, Virginia 23669
P: 757-727-6522 F:757-727-6449



From: Snowden, Sara <sara.snowden@hampton.gov>
Sent: Wednesday, July 17, 2024 8:48 AM
To: Clark, Nicole <nmclark@hampton.gov>
Cc: Pointer, Gwen <gwen.pointer@hampton.gov>
Subject: FW: REQUEST FOR APPROVAL- Grant Applications
Importance: High

Good morning, Nicole.

My apologies for the expedited routing on this approval request. The other departments have approved our applications. If you can take a moment to review and grant your approval, I'll be able to get this to the Manager's Office for her signature.

Thank you and have a wonderful Wednesday.

Sara

From: Snowden, Sara
Sent: Monday, July 15, 2024 5:32 PM
To: Walker, Hui-Shan <hui-shan.walker@hampton.gov>; Drewry, Tim <tim.drewry@hampton.gov>; Green, Lori <lgreen@hampton.gov>; Clark, Nicole <nmclark@hampton.gov>; Kmetz, Veronica <veronica.kmetz@hampton.gov>; Parker, Patricia <pparker@hampton.gov>
Cc: Pointer, Gwen <gwen.pointer@hampton.gov>; Oakley, Annette <aoakley@hampton.gov>
Subject: REQUEST FOR APPROVAL- Grant Applications
Importance: High

Snowden, Sara

From: Kmetz, Veronica
Sent: Tuesday, July 16, 2024 12:06 PM
To: Snowden, Sara; Walker, Hui-Shan; Drewry, Tim; Green, Lori; Clark, Nicole; Parker, Patricia
Cc: Pointer, Gwen; Oakley, Annette
Subject: RE: REQUEST FOR APPROVAL- Grant Applications

Finance approves.

Thanks.

Veronica A. Kmetz
Finance Department
Phone: 757-727-6331



From: Snowden, Sara <sara.snowden@hampton.gov>
Sent: Monday, July 15, 2024 5:32 PM
To: Walker, Hui-Shan <hui-shan.walker@hampton.gov>; Drewry, Tim <tim.drewry@hampton.gov>; Green, Lori <lgreen@hampton.gov>; Clark, Nicole <nmcclark@hampton.gov>; Kmetz, Veronica <veronica.kmetz@hampton.gov>; Parker, Patricia <pparker@hampton.gov>
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- (2) Grant Proposal Overview
- (2) Grant Proposal (Application)

Snowden, Sara

From: Parker, Patricia
Sent: Tuesday, July 16, 2024 8:48 AM
To: Snowden, Sara; Walker, Hui-Shan; Drewry, Tim; Green, Lori; Clark, Nicole; Kmetz, Veronica
Cc: Pointer, Gwen; Oakley, Annette
Subject: RE: REQUEST FOR APPROVAL- Grant Applications
Attachments: FY24 SHSP Peninsula Mass Care AFN Supplies Grant RISK.pdf

Risk approves. Thank you!

*Patricia L. Parker, ARM
Risk Manager
City of Hampton
Department of Risk Management
(757) 727-6386*



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Sent: Monday, July 15, 2024 5:32 PM
To: Walker, Hui-Shan <hui-shan.walker@hampton.gov>; Drewry, Tim <tim.drewry@hampton.gov>; Green, Lori <lgreen@hampton.gov>; Clark, Nicole <nmcclark@hampton.gov>; Kmetz, Veronica <veronica.kmetz@hampton.gov>; Parker, Patricia <pparker@hampton.gov>
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The grant applications are as follows:



Grant Proposal Overview

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

Grant Title: FY24 State Homeland Security Program Grant CERT Regional Collaboration-Peninsula

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 or ☐ in the future fiscal year(s) of _____.

3. **PREVIOUS APPLICATIONS:** (Not including the current application) This grant was previously applied for during FY18, FY19, FY 20, FY21, FY23 fiscal year(s); and was previously awarded during FY18, FY19, FY20, FY21, FY23 fiscal year(s).

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

Resolution Budget 18-0088 (3/14/18), Resolution Budget 19-0329 (11/13/19), Resolution Budget 20-0296 (11/12/20), Resolution Budget 22-0032 (1/26/22), Resolution Budget 24-0008 (4/10/24)

4. BACKGROUND/PURPOSE:

This grant allows Peninsula localities to educate and equip Community Emergency Response Team volunteers to help their families and communities prepare for, survive, and recover from multiple hazards including acts of terrorism and other disasters. This project supports ongoing locality-based CERT training and equipment. In addition, the project fosters regional collaboration between individual teams through joint training and exercises and shared resources.

The Cities of Hampton, Poquoson, Newport News and Williamsburg and Counties of James City County and York will all utilize economies of scale to train and equip their own CERT volunteers while increasing the ability of teams to function cohesively as needed for regional response.

5. TYPE OF GRANT EXPECTED TO BE AWARDED:

 Cash Amount \$50,000

☐ **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 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:

* 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: Continuity of local CERT volunteer programs will be the responsibility of each jurisdiction.

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	\$ 50,000	Federal Catalog No.	97.067
Pass Through	\$ 50,000	Federal Grant No.	97.067
State	\$	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: