



Grant Proposal Overview

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

Grant Title: _____

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 _____ 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:**

5. TYPE OF GRANT EXPECTED TO BE AWARDED:

Cash Amount \$ _____

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 \$ _____
Pass Through \$ _____
State \$ _____
Foundation \$ _____
Private \$ _____

Federal Catalog No. _____
Federal Grant No. _____
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.*

8. Proposed Budget:

	<u>City Department-Match</u>			<u>Other Match(es)</u>	
	Grant Total	Cash	In-Kind	Cash	In-Kind
Personnel Svcs					
Operating Exp.					
Capital Outlay					
Column Totals					

Grand Total: _____

9. Additional information that will be helpful to reviewers:



**Local Building Department
Virtual Training Support
May 2020**

APPLICATION

1) **Locality Name:** City of Hampton

2) **Contact Name:** Steven Shapiro

Address: 22 Lincoln St. Hampton, VA 23669

Email: sshapiro@hampton.gov

Phone: 757-727-6246

3) **Amount of Funding request:** \$1980.00

4) **Describe how your locality intends to use the funding to support required certification or continuing education training virtual training classes. What types of equipment or hardware to you anticipate needing to support staff attending virtual or online training? (attach additional sheets if necessary)**

We will use the funding to purchase a laptop computer (to include the Microsoft Office Suite) to use for virtual training (\$1200.00) and to purchase 3 web cameras (\$260.00 each) so that staff can access on-line training using varioius media. The totalcost is \$1980.00.

By signature below indicate the locality's agreement to and understanding that failure to comply with the funding requirements, restrictions, or deadlines will result in the return of the funds to DHCD.

Signature: 
Building Official


Date: May 26, 2020

Signature: 
Town/City/County Administrator

Date: May 26, 2020

Return your application and the completed [state W-9](#) to DHCD at vbca@dhcd.virginia.gov no later than close of business on **June 5, 2020**.

For more information or questions, contact Kelly Duggins at (804) 371-7180 or email kelly.duggins@dhcd.virginia.gov

CITY OF HAMPTON
OFFICE OF THE CITY ATTORNEY
Approved as to form and legal sufficiency
Date: 5/29/20

Deputy City Attorney



Local Building Department Virtual Training Support May 2020

About

Due to the Governor's orders of social distancing and gathering limits, the VA Building Code Academy is now providing certification and continuing education classes online. Recognizing that in order for localities to participate in training through virtual means many localities may be in need of equipment necessary to attend online training. DHCD is making funding available through the Virginia Code Academy for jurisdictional building departments to purchase equipment needed to attend required virtual certification training and continuing education.

Use of Funds

Eligible purchases include laptops, headsets, tablets, webcams, electronic subscriptions for codebooks or other equipment necessary to participate in remote training for Virginia required certification or continuing education. As a condition of the funding, the locality must adhere to the approved use of the funds and the identified deadlines. If unable to comply, the locality will be required to return the funds to DHCD.

Funding

Individual locality awards up to \$2000

Eligibility

Jurisdictions with established building departments who participate in the collection and conveyance of the levy surcharge to DHCD on all building permits are eligible to apply for funding.

How to apply

Complete the application form below and the state W-9 form (and return it to DHCD at vbca@dhcd.virginia.gov no later than close of business June 5, 2020.

VA w-9 form for download: https://www.doa.virginia.gov/forms/CVG/W9_COVSubstitute.pdf

Awards procedure

Notification of awards will be made no later than June 19, 2020 for distribution in FY 2020

Money required to be spent by September 1, 2020 with proof of expenditures received by DHCD by September 30, 2020.

For more information or questions, contact Kelly Duggins at (804) 371-7180 or email kelly.duggins@dhcd.virginia.gov.

Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

<input type="checkbox"/> Social Security Number (SSN) <input checked="" type="checkbox"/> Employer Identification Number (EIN) <div style="text-align: center; margin-top: 10px;"> <u>5</u> <u>4</u> <u>6</u> <u>0</u> <u>0</u> <u>1</u> <u>3</u> <u>3</u> <u>6</u> </div>	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number. The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.
--	---

Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions) <div style="text-align: center; margin-top: 10px;"> <u>0</u> <u>6</u> <u>6</u> <u>0</u> <u>1</u> <u>9</u> <u>9</u> <u>0</u> <u>2</u> </div>	Legal Name:	City of Hampton
	Business Name:	

Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any): <u>3</u> (from backup withholding) Exemption from FATCA reporting code (if any): _____

Contact Information		
Legal Address: 22 Lincoln St.	Name:	Steven Shapiro
	Email Address:	sshapiro@hampton.gov
City: Hampton State: VA Zip Code: 23669	Business Phone:	(757) 727-6246
Remittance Address: 22 Lincoln St.	Fax Number:	(757) 728-2445
	Mobile Phone:	(757) 592-6720
City: Hampton State: VA Zip Code: 23669	Alternate Phone:	

Section 2 - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

Printed Name:	Steven Shapiro
Authorized U.S. Signature:	
	Date: 05/27/2020