



## Grant Proposal Overview

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

**Grant Title:** Byrne Justice Assistance Grant

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 2021 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:**

The Violent Crime Review (VCR) is a public health and public safety endeavor with the goal of collecting, analyzing, and interpreting data on violent crime to identify patterns and root causes, and develop recommendations to reduce violence in Hampton, Virginia. The VCR will bring together criminal justice stakeholders and individuals from the communities most impacted by violence to share their knowledge of violent gun crimes in Hampton and to develop prevention and intervention strategies using strategic problem analysis. The VCR will be modeled after the successful Homicide Review Commission in Milwaukee, WI which a U.S. Department of Justice Report found was associated with a significant and sustained 52% reduction in homicides.

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

**Cash Amount \$** 150,000

**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** \$ \_\_\_\_\_  
**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					
<b>Column Totals</b>					

**Grand Total:** \_\_\_\_\_

**9. Additional information that will be helpful to reviewers:**