City of Hampton Grant Proposal Overview Cover Sheet

Grant Title	Smart Beginnings Blitz		
Grant Administrator	Marsha Knox		
Department/Organization	Hampton Public Library		
Grant Prepared by	Marsha Knox		
Date	06/05/07		

By request of City Council, a proposal overview is required for presentation to the City Council on all grant proposals for which the City of Hampton serves as the applicant. The purpose of this overview is to provide the City Council with sufficient information from which to make a decision concerning the grant application. Attached you will find the format for this report which addresses specific Council concerns.

Grant applications will only be considered during the first Council meeting of each month. Therefore, it is necessary that you complete this report and forward it to the Office of Budget and Management Analysis for review no later than 4:30 P.M. on the third Monday of each month. After the grant application has been reviewed and any changes or revisions made, the applicant will receive a confirmation memo or e-mail that the grant has been forwarded to the Clerk of Council.

An Agenda Review Form (010-7 Rev. 2), a Resolution submitted with at least 1" left margins to allow notebook binding and any other supporting documentation must be included with your grant submission.

If you have any questions about the grant proposal overview process, please contact Marcie Sagiao in the Office of Budget and Management Analysis at 727-6377.

Attachment I - Grant Proposal Summary Form

1. Grant Title	Smart Beginnings Blitz			
2. Name of Awarding Agency	Library of Virginia			
3. Grant Administrator	Marsha Knox			
4. Name of Subrecipient (if applicable) N/A				
a. If applicable, is a Subrecipier b. If not, why?	at agreement attached? Yes	No		

5. Special Requirements:

a. Financial Obligations: This proposal () will (X) will not <u>require</u> matching funds/contributions. Indicate in the space below the amount and whether the match is cash or in-kind. If the grant has both required and non-required matching funds/contributions, please check both spaces.

Required Matching Funds/Contributions				
Amount:	Cash	\$0	In-Kind	\$0
Non-Required Matching Funds/Contributions				
Amount:	Cash	\$0	In-Kind	\$0

b. Future Financial Obligations: This proposal () will (X) will not incur commitments or financial obligations for the City beyond the grant period. If it will, an authority memorandum from the Budget Office estimating future matching requirements and time period must be attached to this proposal. Please identify this memo under Section 9 - Remarks.

c. Resource Obligations: This proposal () will (X) will not require special facilities, equipment and/or services provided by the City. If it will, summarize arrangements in a separate memorandum attached to this proposal. Please identify this memo under **Section 9 - Remarks.**

Attachment II <u>6. Sources of Grant & Matching Funds Form</u>

Please identify the source of your grant funds and any required or non-required matches. For Federal grants, a Federal Catalog Number (CFDA) and a Grant Number must be supplied (Check with the grant awarding agency if you do not know these numbers). For State grants, you must supply the grant number, which can also be obtained from the funding agency. All grant matches, unless they have historically received a contribution/match from the City Matching Funds Pool or a special arrangement has been made with the Budget Office, must be supplied by the participating department(s) or another source.

6a. Source of Grant Funds - Please check all applicable.

Federal			
Direct	N/A	Federal Catalog Number	
Pass Through	N/A	Federal Grant Number	
State		State Grant Number	

Foundation/Private

6b. Source of Matching Funds - Please check all applicable.

Department(s)*	N/A
Matching Funds Pool	N/A
Other	N/A

*Please identify the following if the match will be drawn from the department budget:

(Please attach an additional sheet if more than three line item accounts are being used.)

Budget Line Item:	 Amount:	
Budget Line Item:	Amount:	
Budget Line Item:	Amount:	

Attachment III - Budget Summary Form

7. Grant Award Let	ter Attached	<u>l?</u>			
Yes: X	No:		_		
If not, why?					
Grant Period Fr:	7/1/2007	То	: 6/1/2008		
8. Proposed Budget	<u>:</u>				
	<u>Grant</u>	<u>City/Departn</u> Cash	<u>nent Match</u> In Kind	<u>Other M</u> Cash	atches In Kind
a. Personnel					
b. Operating Expenses	\$250	\$0	\$0	\$0	\$0
c. Capital Outlay					
d. Column Totals	\$250	\$0	\$0	\$0	\$0
Grand Budg	et Total:	\$250	=		

9. Remarks: Please clearly identify any attached sheets or forms in the space below.

FOR OFFICE USE ONLY

10. Documentation of Review:

Budget & Mgt. Analysis:

Finance:

Clerk of Council: