

## ***City of Hampton***

### ***Grant Proposal Overview Cover Sheet***

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|--------------------------------|-------------------------------|
| <b>Grant Title</b>             | <u>Smart Beginnings Blitz</u> |
| <b>Grant Administrator</b>     | <u>Marsha Knox</u>            |
| <b>Department/Organization</b> | <u>Hampton Public Library</u> |
| <b>Grant Prepared by</b>       | <u>Marsha Knox</u>            |
| <b>Date</b>                    | <u>06/05/07</u>               |

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.

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|-----------------------|------------------------|
| <b>1. Grant Title</b> | 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 Subrecipient agreement attached?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

b. If not, why?

a. Financial Obligations: This proposal ( ) will (X ) will not **require** 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.

Amount:      Cash      \$0                      In-Kind      \$0

Amount:      Cash          \$0                          In-Kind          \$0    

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**.

## 6. Sources of Grant & Matching Funds Form

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

N/A

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

Amount:

