



Grant Proposal Overview Cover Sheet

Grant Title: Virginia Homeless Solutions Program (VHSP) 2017-2018

Submitting Department: Hampton Department of Human Services

Department Head: Wanda Rogers

Grant Administrator: Mary Holup

Grant Administrator Title: Community Partnership Manager

Grant Prepared by: Mary Holup

Telephone Number: 757-727-1859

E-mail: Mary.holup@dss.virginia.gov

Date: 07/20/17

Council Agenda Item No. _____

Budget Division Only

Agenda Statements (to include the following). *Please provide on a separate sheet:*

Purpose/Background: This section should provide a summary of the issue before the Council to include any past history that is pertinent to the subject.

Discussion: This section should include information such as the benefit to the community, financial implications/costs to the City, funding sources and where it is budgeted if applicable. Alternatives considered along with pros/cons of alternatives should also be highlighted where appropriate.

Impact: This section to describe how the action requested relates to Council policy initiatives, including but not limited to the Strategic Plan elements of the Community Plan, master plans, etc.

A completed grant packet is required for each grant item being placed on the City Council agenda. The Grant Packet is designed to provide an overview of sufficient information from which the City Council, along with the City Manager's Office-Budget Division and Finance Department can make a decision concerning the grant.

If you have any questions about the grant acceptance process, please contact Lori Green or Vahid Dejwakh in the City Manager's Office-Budget Division at (757) 727-6377.



Grant Packet for City Council Agenda

Grant Title: Virginia Homeless Solutions Program 2017 to 2018

1. Name of Awarding Agency: Virginia Department of Housing and Community Development

2. Name of Sub-recipient (if applicable): N/A

A. If applicable, is a Sub-recipient Agreement Attached? Yes () No ()

B. If not, why? _____

3. Special Requirements:

a. **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 Matching Funds/Contributions**

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

✓ **Non-Required Matching Funds/Contributions**

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

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 grant packet.

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 grant packet.



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4. 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	\$ _____	Federal Catalog No.	_____
Pass Through	\$ 140,296.00	Federal Grant No.	CFDA 14.231
State	\$ 899,142.00	State Grant No.	18-VHSP-035
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: _____

**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.*

5. Grant Award Letter

Grant Period? **From:** 07/01/2017 **To:** 06/30/2018

Is the award letter provided? Yes () No (____)



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If not, why? matching funds are provided by VHSP partners. City of Hampton provides no matching funds.

6. Proposed Budget:

City Department-Match

Other Matche(s)

	Grant Total	Cash	In-Kind	Cash	In-Kind
Personnel Svcs	215,676.00				
Operating Exp.	823,762.00				
Capital Outlay	0				
Column Totals	1,039,438.00				

Grand Total: 1,039,438.00

7. Additional Comments: no match is required from the City of Hampton