

HAMPTON VA

Grant Proposal Overview

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

Grant Title: Continuum of Care (CoC) Planning Project 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 FY25 (1/1/25 - 12/31/25) or ☐ in the future fiscal year(s) of _____.

- 3. PREVIOUS APPLICATIONS:** (Not including the current application) This grant was previously applied for during 2019-2020; 2020-2021; 2021-2022; 2022-2023; 2023-2024 fiscal year(s); and was previously awarded during 2019-2020; 2020-2021; 2021-2022; 2022-2023; 2023 - 2024 fiscal year(s).

If previously awarded, provide all prior agenda item numbers and dates of Council approval.

19-0318 - November 13, 2019; 21-0102 - March 24, 2021; 22-0040 - March 9, 2022; 23-0016 - January 25, 2023 24-0021 - January 10, 2024

4. BACKGROUND/PURPOSE:

The Greater Virginia Peninsula Homelessness Consortium (GVPHC) serves as the local Continuum of Care (CoC) and as such has the ability to apply for federal and state grants. Grant funding is received for the Greater Virginia Peninsula region. This region includes the cities of Hampton (Lead Agency), Newport News, Williamsburg, Poquoson and the counties of York and James City. The region is labeled as VA505. Grants are used for the sole purpose of ending homelessness in the region. This specific grant is designated by the United States Department of Housing and Urban Development (HUD) for regional planning activities and data collection that supports the reduction of homelessness.

5. TYPE OF GRANT EXPECTED TO BE AWARDED:

☒ **Cash Amount** \$97,527 _____

☐ **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 \$ 24,382.00

* Description:

The inkind match comes from the VHSP grant planning line item and they pay for program planning salaries.

- b. **Future Financial Obligations:** This proposal and/or the submitting department will ☐ will not ☒ incur or request commitments or financial obligations for/from the City beyond the grant period.

If it will, in the description box, please elaborate on the future financial obligation(s) for the grant:

Provide the future financial obligation amount(s) for the appropriate expenditure category below:

* Amount: \$ _____

☐ Personnel Services

* Amount: \$ _____

☐ Operating Expenses

* Amount: \$ _____

☐ Capital Outlay

Provide information on the duration of the obligation and other relevant details below:

* Description:

* Grants with future financial obligations must be approved by the City Manager or her designee:

☐ **Approve**

☐ **Disapprove**

Signature _____

If it *will not*, please provide a description of how activities, programs, or positions funded by the grant will be addressed at the conclusion of the grant period:

* Description:

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.

Description:

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.

a. Source of Grant Funds (Please check all that apply.)

Federal \$97,527
Pass Through \$
State \$
Foundation \$
Private \$

Federal Catalog No. VA0489L3F052300
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 funding source from a department other than your own, the Budget Division will need written authorization of agreement from the funding department.*

8. Proposed Budget:

	<u>City Department-Match</u>			<u>Other Matches</u>	
	Grant Total	Cash	In-Kind	Cash	In-Kind
Personnel Svcs	\$97,527				
Operating Exp.					
Capital Outlay					
Column Totals	\$97,527				

Grand Total: _____

9. Additional information that will be helpful to reviewers: