

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

Gr	ant Title: FY 2019 Local Emergency Management Performance Grant
1.	<b>PRIMARY OR SUB-AWARD:</b> 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) or □ in the future fiscal year(s) of
3.	<b>PREVIOUS APPLICATIONS:</b> (Not including the current application) This grant was previously applied for during FY18, FY17, FY16, FY15, FY14 fiscal year(s); and was previously awarded during FY18, FY17, FY16, FY15, FY14 fiscal year(s).
	If previously awarded, provide all prior agenda items numbers and dates of Council approval.
	Resolution Budget - 16-0306 on September 14, 2016; Resiolution Budget - 17-0350 on December 13, 2017; Resolution Budget - 18-0359 on November 14, 2018
4.	BACKGROUND/PURPOSE:
	The 2019 LEMPG is to support the locality's emergency management program. Also, we will be utilizing the funds to provide training and education for city staff that will be supporting our emergency management program. We also are utilizing these funds to support planning assistance to meet state and federal requirements. This is an annual grant that has been awarded to the city for many years.

5. TYPE OF GRAN	IT EXPECTED TO BE	: AWARDED:				
■ Cash Amour	of \$ 90,654.00	□ Non-Cash (Describe):				
	I Obligations: This gro	ant will $\blacksquare$ will not $\square$ <b>require</b> matching funds/contributions. If ow the amount and whether the match is cash or in-kind, or				
☐ Required	Match – CASH	■ Required Match – IN KIND				
Amount: Co	ash \$	*Value of In-Kind \$ 90,654				
* Description:	Annually we use ou match requirement.	ur salaries for Emergency Management to meet the in-kind				
services provided b attach to this Overv	tions: This proposal by the City. If it will, iew.	will □ will not ■ require special facilities, equipment and/or summarize arrangements in a separate memorandum and				
7. Sources of Gro	ant and Matching	Funds:				
Please identify the fu	unding source of your	grant and any required or non-required matches.				
For Federal g	rants, please provide	the Federal Catalog Number (CFDA) and the grant number.				
For State grain	For State grants, the grant number must be supplied.					
received a c	ed by the submitting department, unless they have historically om the City's Matching Funds Pool or a special arrangement has r's Office-Budget Division.					
	<ul> <li>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.</li> </ul>					
Federal Pass Through State Foundation Private	\$ 90,654 \$ 90,654 \$ 90,654	Federal Catalog No. 97.042 Federal Grant No. 97.042 State Grant No.				

Department:	tem: 01-325-001-01000		ti in the second	Amount: 90,654			
Budget Line-I	tem:			Amount:			
Budget Line-I	tem:						
u are listing a department funding source other than your department, the Budget Division will nee rization of agreement to withdraw these funds.							
		City Department-Match			Other Match(es)		
	Grant Total	Cash	In-Kind	Cash	In-Kind		
Personnel Svcs	80,000	-	90,654		al .		
Operating Exp.	9,654	i ir ir		8 11 11 11			
Capital Outlay	1,000	mer al		a a a a	a		
Column Totals	90,654	2 3	90,654	77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		
Grand Total: dditional info	181,308 ermation that wi	ill be helpful	to reviewers				
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## Grant Routing Sheet \*COMPLETED GRANT OVERVIEW PROPOSAL MUST BE ATTACHED BEFORE ROUTING IS INITIATED\*

Date Routing Initiated: OC	tober 9, 2019	Application Du	e Date: Novemb	per 1, 2019		
Originating Department: En	nergency Mana	agement	Department No :	. 325		
			Direct Telephone No. (757) 727-1208			
			ne No. ( <u>101</u> ) <u>12</u>	1200		
E-mail Address: hui-shan.\						
Grant Title: FY 2019 Lo	cal Emergency	Managemen	t Performanc	e Grant		
Other Participating Departmen	nts:					
BEFORE COMPLETING AN AF	PLICATION:					
1. READ THE GENERAL INS	TRUCTIONS.	HW (Sub	bmitter's Initials)			
2. COMPLETE GRANT PRO	POSAL OVERVIEW.	HW (Sub	bmitter's Initials)			
3. DEPARTMENT HEAD	Hui-Shan Wa	alker III	Wallpan	10/9/19		
ORIGINATING DEPT.	Print Name	e /	Signature	Date		
4. ASSISTANT CITY	Steven Bor	nd Appre	DUAL VIA EMAL	10/10/19		
MANAGER	Print Name		Signature	Date		
BEFORE SUBMITTING AN APP	LICATION TO THE AV	WARDING AGENC	<u>Y</u> :			
5. PREPARE INITIAL DOCU ELECTRONIC): ALL DO INSTRUCTIONS, ATTAC SUBAWARDEE).	OCUMENTS RELATED 1	TO THE GRANT, INC GRANT DOCUM	CLUDING, BUT NO	LIMITED TO		
6. COMPLETE APPLICATIO	N EXCEPT NECESSARY	SIGNATURES.	HW (Submi	tter's Initials)		
7. CITY ATTORNEY	Tim Drewer	у	3	10/15/		
	Print Name	,	Signature	Date		
8. BUDGET DIVISION	Lori Green	Approve	AL VIA EMALL	10/4/19		
	_Print Name		_Signature	Date		
9. HUMAN RESOURCES	Nicole Clark	( Appr	oval up Email	ididia		

Print Name

Signature

Date

**10. FINANCE DEPARTMENT** 

Karl Daughtrey/

Print Name

APPROVALUIA FMALL

10/10/19

Print Name V. KMETZ

Signature

Date

11. RISK MANAGEMENT

Joe Sanders

Approvat VIA EMAIL
Signature

Date

## **AFTER GRANT IS AWARDED:**

✓ After the grant award has been received, and if there no changes to the application or condition(s), the grant may now be placed in Granicus for City Council action.

✓ Reference "Quick Tips for Submitting Grants - City Council Agenda"



If there are <u>ANY</u> changes to <u>ANY</u> component of the grant, consult with your department's City Attorney for advice on whether to re-route the grant for second approval or continue with the placement of the grant on the Council agenda.