

**CITY OF HOPEWELL, VIRGINIA
Community Grants
Guidelines and Procedures**

City of Hopewell

Grant Funding Package

Effective 7/01/2011

CITY OF HOPEWELL, VIRGINIA
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A: Statement of Purpose

The City of Hopewell recognizes that non-profit organizations fill an important role in improving the quality of life for our community. To encourage non-profit organizations to provide services that affect the welfare of residents of Hopewell, the City has established a system to award monetary grants to qualified non-profit organizations. These grants are intended to:

1. Provide funding to non-profit organizations serving Hopewell, whose services are easily accessible to Hopewell residents and whose service costs can be documented.
2. Provide funding for services to meet specific needs of Hopewell residents and to support City Council Goals.
3. Provide long-term grant funding annually for operational support of mature programs. Programs qualifying for this funding category will be determined by the City Council on recommendations from the City Manager.
4. Provide long-term grants designed to continue existing services in the City.
5. Provide a systematic, impartial, and informed process through which non-profit organizations may request funding from the City of Hopewell.

B: Applicant Eligibility for Community Organization Grants

An applicant is eligible to apply for a Community Grant (CG) from the City of Hopewell if it meets the following criteria:

1. The applicant must be a non-profit, or affiliated with a non-profit, 501(c) (3) organization meeting the legal requirements of the Commonwealth of Virginia and the Internal Revenue Service (IRS). Furthermore, the applicant's non-profit status must be independent of the City of Hopewell: neither City of Hopewell departments nor programs administered by the City of Hopewell may apply for funding through CG.
2. The applicant must provide measurable direct services to residents of Hopewell. The organization must be able to provide an unduplicated count of the residents served.
3. In accordance with State statutes, the applicant cannot be controlled in whole or in part by a church or sectarian society. Factors considered in making a determination of whether a particular organization is controlled by a church or sectarian society include: the organization under which the tax exempt status is obtained, who administers the organization, and the level of funding from a church or sectarian society.
4. The applicant must disclose all grant requests from city resources. For example, the applicant may be eligible to apply for a grant or be receiving a grant through the Community Development Block Grant (CDBG) program and funding from General Fund.

Contractual services that a grant applicant provides the City must be disclosed in grant applications. Payments for such services do not automatically exclude an applicant from grant eligibility. However, grant funds will not be provided to support the same services or costs which are provided under contract to the City.

5. The applicant may receive assistance from City of Hopewell employees or city official the CG grant

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application, but city employee cannot participate in the interview or evaluation rating process.

6. The applicant must have fulfilled all service, reporting, auditing, and payment obligations for any previous grants from the City.
7. Programs, activities, employment opportunities, and any other operations of the applicant that may be fully or partially funded by the City of Hopewell must comply with local, state, and national legal requirements related to nondiscrimination. In addition, programs, activities, or other operations of the applicant that may be fully or partially funded by the City of Hopewell must not advocate or advance a particular political or religious viewpoint. An applicant may be disqualified if religion is so pervasive that a substantial portion of the functions of the organization are subsumed in the religious mission.
8. The applicant cannot use CG funding as a means to provide grant or pass-through funding for other non-profit organizations.
9. All funds awarded through CG are to remain local (Hopewell) and are not to be used to fund national organizations (i.e., dues, etc.).

C. Grant Application Procedure

The following guidelines are established as minimum procedures for awarding funds through the Community Grant Program:

1. Application Process

- a. City Manager will review and evaluate applications; determine funding allocations, as well as recommend funding to City Council.

The Department of Finance coordinates the grant application process, coordinates the grant review process, provides staff support to the City Manager, and serves as the central contact for the applicants.

The City oversight departments review the proposed services and the service delivery reports and provide recommendations to the City Manager.

- b. The Department of Finance sends an application to all organizations currently receiving long-term (on-going) CG funds from the City.
- c. The deadline for applications will be December 31, each year.
- d. Completed applications are returned to Finance Department by the stated deadline. Finance Department will review applications for completeness and will contact the applicant if significant information is lacking. It is the responsibility of the applicant to provide the missing information within five (5) working days of notification by the Finance Department.

**Applications received after the deadline will be deemed ineligible for that year.
Applications will also be disqualified if all required information is not provided.**

- e. Copies of all applications, oversight department recommendations, and other related materials

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will be distributed by the Finance Department to City Manager as part of the budget review process.

- b. City Council appropriates funding for the CG program when the Yearly Operating Budget is adopted.
- c. Letters are sent to each applicant announcing the final grant amount no later than July 1, soon after the final funding levels are determined by the City Council.

D. Grant Reporting and Payment

- 1. **Agency Reporting:** After the grants are awarded by the City Council, Finance Department sends the applicant all of the necessary forms required for accepting the grant, requesting payments, and financial reporting.

- a. **Conditions of Grant Award:** An agency awarded a grant must first accept the grant by completing the Conditions of Grant Award that must be signed by the agency director or designee. The Conditions of Grant Award outlines the requirements of the grant. This form must be sent to Finance Department prior to release of the first payment.
- b. **Summary of Services:** This report is used to outline the Proposed Services at the beginning of the fiscal year as well as report Service Delivery at the end of the first six months (December) and the end of the fiscal year (June).

An applicant awarded a grant must complete the Proposed Services section of the Summary of Services form and return it to Finance Department prior to the release of the first payment. The Proposed Services section outlines the type and level of services to be provided to Hopewell residents.

This form is also used to report services delivered throughout the year by the applicant. The Services Delivered section of the Summary of Services report must be completed by the end of the first six months (December) and the end of the fiscal year (June).

The appropriate City oversight department will review the Proposed Services and the Services Delivered to ensure that performance measures outlined are consistent with services proposed in the grant application. If changes in applicant resources or community needs require adjustments to planned objectives during the fiscal year, these changes will be negotiated between the oversight department and the applicant. The department will forward a copy of the changes to the Finance Department.

- c. **Financial Report:** This report is used to illustrate the program's adopted budget as well as to report the semi-annual receipts and expenditures. This form is returned to Finance Department prior to release of the first payment; at the end of the first six months (December); and the end of the fiscal year (June). It is returned to Finance Department with the Summary of Services.
- d. **Request for Funds:** The first payment (50%) is available at the beginning of the fiscal year (July), and the second payment (50%) is available in January pending completion of the "Request for Funds" form for each payment.
- e. **Funds Not Requested for Disbursement:** Funds allocated in a fiscal year are intended for use in that particular year. If not requested by June 15, the remaining amount will automatically expire and revert to the CG account for future disbursements.

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2. **Payment of Grant:** Finance Department will receive all of the reporting forms from the organizations and forward the information to the oversight department. After reviewing the agency's performance and, provided all conditions of the grant are fulfilled, the oversight department will approve the submitted information and forward to the Finance Department for payment.

Finance Department will prepare a vendor's Invoice, or other acceptable documentation, for review, signature and payment. Finance Department then forwards the invoice to Accounts Payable for payment. While every effort is made to process payment to organizations as quickly as possible, the total process will take a minimum of four (4) weeks from the time the Finance Department receives the reporting forms from the organizations to the time the Finance Department mails the payment. Missing or incomplete reports will further delay payment processing.

3. **Council Reports:** Finance Department will compile performance and financial data semi-annually and forward the report to the City Manager and to Council for their information.
4. **Report of Audit by an Independent Certified Public Accountant:** Prior to the disbursement of the final payment, a copy of the agency's report of audit for the previous fiscal year must be forwarded to the Finance Department with the final Request for Payment, unless not required.
5. In the grant monitoring process, the City oversight department is responsible for processing performance reports of the grant organizations to determine if services reports are in line with those known to be available to Hopewell residents from that agency. In addition, any concerns or complaints regarding the quality of service provided by a grant agency will be forwarded by the Finance Department or the City Manager to the oversight department for review.
6. The Finance Department is responsible for reviewing payment requests for consistency with funds allocated for a grant agency, and for ensuring that funds are not released if reporting and other grant requirements have not been fulfilled by the agency.

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INSTRUCTIONS

General information about the Community Grant Program is included in the CG Guidelines and Procedures. Following are specific directions to assist in completing the attached application. For assistance in completing this application, you may contact Elesteen Hager in the Department of Finance at 804.541.2306 or through e-mail to ehager@hopewellva.gov.

The attached application is focused on the non-profit organization's program for which Hopewell funding is being requested. Single service organizations may provide information that incorporates the entire operation of the organization. Large multi-program organizations may want to break out the requested information for the specific program for which CG funding is requested.

All information must be typed using only space available within the box and be no smaller than 9-point. Any application not meeting these specifications will not be considered. If you would like to fill out these forms electronically, please call at 804.541.2306 and we will email a copy to you.

Page 1

- This page is fairly self-explanatory. However, the following definitions may clarify the information that is being requested.

Applicant Agency: The name of the organization requesting funding.

Program: The specific program for which the agency is requesting funding. Generally, a program is considered a set of logically related routine activities intended to serve a common purpose or accomplish an organizational goal. For small (single program) organizations, the name of the organization and the program may be the same.

Page 2

- This page requests operating budget information. This matrix is designed to capture the financial information for the specific program for which funding is requested. It is divided into two main sections: Support and Revenue (Income) and Expenses (Compensation and Non-Compensation).

The **Total Support and Revenue** (Section A) should equal the **Total Program Expenses** (Section E) so that there is no surplus or deficit and the Operating Budget is balanced.

- Under the column titled **Projected FY 20XX-XX (Program)**, you will list the revenue the organization is expecting to collect **for the program** from July 1, 20XX through June 30, 20XX. Likewise, you will list the projected expenditures for the program from July 1, 20XX through June 30, 20XX. If a CG grant was received in FY 20XX-XX for the program, the amount of the CG grant will be listed on line A12. Please provide the FY 200X-XX operating budget information even if a CG grant was not received so that it can be used to provide a comparison to your projected FY 20XX-XX Operating Budget.
- Under the column titled **Projected FY 20XX-XX (Program)**, you will list the revenue your program is projected or has requested to receive from July 1, 20XX through June 30, 20XX. Likewise you will list what the program is projected to spend from July 1, 20XX through June 30, 20XX. List the amount of funding you are requesting from CG on line A12.

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- Under the column titled **Projected FY 20XX-XX (Organization)**, you will list the revenue the entire organization is projected or has requested to receive from July 1, 20XX through June 30, 20XX. Likewise, you will list the amount the organization is projected to spend from July 1, 20XX through June 30, 20XX. List the amount the organization is requesting from CG on line A12.
- A comments column has been added for you to provide brief explanations of any discrepancies in line-items between fiscal years or provide any pertinent notes you may want to for any line-item.
- For each year, the amount of revenue should equal the amount of projected expenses. If there is a surplus / deficit in either year, please provide a brief explanation in the “Notes:” section.
- **Specific Line-Item Definitions:** While the majority of the specific line-item names for the revenue and the expenses are self-explanatory, the following definitions may clarify certain line-items:
 - **Fringe Benefits:** includes employer’s contributions to health/dental insurance, life insurance, and retirement.
 - **Payroll Taxes:** includes F.I.C.A. and F.I.C.A. – Medicare costs.
 - **Overhead (line D):** Includes the portion of the organization’s general administrative costs that can be attributed to the program. If the organization and the program are one in the same entity, there are no overhead costs stated; all costs for the agency and program are previously included.
 - **In-Kind Support:** The value of in-kind and volunteer support is included in questions number 8 and 9. Therefore, please do **not** include the equivalent cash value of in-kind or volunteer contribution on page 2.

Page 3

Questions One through Three are self-explanatory.

Page 4

Question Four: Requests that program objectives be listed. Objectives are short statements (often in bulleted format) that state:

- What is the product of the service or program that is unique to the program?
- Who is the intended client or target group?
- Why is the product or service a benefit?

- An example of an objective statement is:

To conduct one four-hour parent training course within the City.

- **You may want to create the program’s objectives by filling in the blanks on the following model:**

To _____[action verb and statement of activity] in _____[time frame or how often] for _____[customer] in order to _____[reason for program activity].

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Question Five: Requests that your performance indicators be listed. A performance indicator is a benchmark against which to measure the level and quality of service provided and relates to a specific performance objective. Therefore, for each objective in Question Four, a performance indicator should be developed as a means of measuring a program activity related to the objective. The indicators should include outcomes, such as the third and fourth examples of performance indicators below:

- The number of participants in the four-hour parent training course is taught.
- The percentage of actual participants compared to total eligible participants.

Question Six and Question Seven are self-explanatory.

Page 5

Question Eight:

- The matrix included in Question Eight is intended to illustrate the impact CG funding would have on the program activities. The matrix comprises three sets of columns. A sample is provided below:
 - Column 1 will list the performance indicators as discussed in Question Five. **Note:** The first performance indicator, “Unduplicated # of individuals to be served (**required**),” has been added. Columns 2 through 7 must be filled in for this performance indicator.
 - Column 2 will state the level of activity for the total program (including Hopewell) if funding were provided.
 - Column 3 will state the level of activity to occur in Hopewell if funding were provided.
 - Column 4 will state the unit cost of providing the activity (total cost of activity/number of units of service).
 - Column 5 will state the level of activity for the total program (including Hopewell) if funding were not provided.
 - Column 6 will state the level of activity to occur in Hopewell if funding were not provided.
 - Column 7 will state the unit cost of providing the activity (total cost of activity/number of units of service).

FY 20XX-XX PROJECTED SERVICES FOR PROGRAM OBJECTIVES / OUTCOMES						
PERFORMANCE INDICATORS (As listed in Questions No. 5)	HOPEWELL FUNDING AS REQUESTED			WITH NO HOPEWELL FUNDING		
	PLANNED SERVICE LEVEL			PLANNED SERVICE LEVEL		
	Total Program (2)	Hopewell (3)	Unit Cost (4)	Total Program (5)	Hopewell (6)	Unit Cost (7)
(1)						
Unduplicated # of individuals to be served (required)	200	200	\$.50	200	200	\$.50
The number of participants in the four-hour parent training course is taught.	75	75	\$1.33	25	25	\$4.00
The percentage of actual participants compared to total eligible participants.	37.5%	37.5%		12.7%	12.7%	

Page 6

Questions Nine through Twelve are self-explanatory.

**If you have any questions, please call Elesteen Hager in the Department of Finance at 804.541.2306
(or e-mail ehager@hopewellva.gov for assistance.**

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GENERAL INFORMATION			
A.	APPLICANT AGENCY:		
B.	SPECIFIC PROGRAM FOR WHICH FUNDING IS REQUESTED:		
C.	AGENCY GEOGRAPHICAL JURISDICTION:		
D.	AGENCY DIRECTOR:		
E.	AGENCY CONTACT FOR THIS GRANT:		
F.	CONTACT/MAILING ADDRESS FOR AGENCY (Address to which official correspondence is mailed.)		
	Contact	Project Director	Project Administrator
	Name		
	Title		
	Street		
	City		
	State Zip		
	Phone No.		
	Fax No.		
	Email Address		
G.	APPLICANT'S FISCAL YEAR:		
H.	Return completed application with attachments to: City of Hopewell Attention: Finance Director Department of Finance 300 N Main Street Hopewell, Virginia 23860 Telephone: 804.541.2306 E-Mail: ehager@hopewellva.gov		
NOTE:			
1 Applications must be typed in no smaller than 9 pt. type and information must remain within the boxes provided.			
2 Required attachments listed on page 7 of this application must be included.			
3 Please limit comments to space provided in application. Additional pages <u>will not be</u> considered.			
4 Application deadline is 5:00 P.M., Friday, December 31, each year. Originals must be received in this office by that time.			
Agency/Program Name:			

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OPERATING BUDGET INFORMATION

Please provide the following budget information for the program for which funding is requested for both the current year (FY 20XX-XX) and as projected for the upcoming fiscal year (FY 20XX-XX) and the projected budget for the entire organization for the upcoming fiscal year (FY 20XX-XX). Also, give a brief explanation by line item, for any major changes in income or expense categories.

SPECIFIC PROGRAM INFORMATION		Projected FY 20XX-XX (Program)	Projected FY 20XX-XX (Program)	Projected FY 20XX-XX (Organization)	Comments
A. Support and Revenue (Income)					
1	Contributions				
2	Special Events				
3	Grants: Government (Federal and State)				
4	Grants: Government (Local excluding CG)				
5	Grants: Foundations				
6	Membership Dues – Individual				
7	Fees for Service				
8	Investment Income				
9	Transfers from Program in Surplus				
10	Transfer from Fund Balance / Reserve				
11	Other (Please specify)				
12	<i>FY 200X-0X CG Grant / FY 200X-0X CG Grant</i>				
TOTAL A. SUPPORT AND REVENUE					
B. Expenses – Compensation					
1	Salaries				
2	Fringe Benefits (e.g., health insurance)				
3	Payroll Taxes (e.g., FICA, Medicare)				
Total B. EXPENSES – COMPENSATION					
C. Expenses – Non-Compensation					
1	Supplies				
2	Telephone				
3	Postage and Shipping				
4	Occupancy (e.g., Rent, Mortgage)				
5	Equipment Rentals and Maintenance				
6	Insurance				
7	Printing and Publications				
8	Travel				
9	Conferences and Meetings				
10	Special Assistance to Individuals				
11	Organization Dues				
12	Awards and Grants to Other Agencies				
13	All Other				
Total C. EXPENSES – NON-COMPENSATION					
D. Overhead (Indirect Expenses):					
E. Total Program Expenses (B + C + D):					
F. Projected Surplus / Deficit (A – E):					

Notes:

Agency/Program Name:

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PROGRAM SERVICES

8. PROPOSED SERVICES (PROGRAM IMPACT) FOR HOPEWELL: Please indicate on the following matrix, the additional level of services that will be provided to Hopewell residents if request funding is provided. If possible, indicate the unit cost of the service based on the particular measurement, (i.e., total cost of the program divided by the number of units of service provided). Likewise, indicate the level of service provided and the unit cost if funding requested from Hopewell is not provided.

FY 200X-0X PROJECTED SERVICES FOR PROGRAM OBJECTIVES / OUTCOMES						
PERFORMANCE INDICATORS (As listed in Question No. 5) (1)	HOPEWELL FUNDING AS REQUESTED			WITH NO HOPEWELL FUNDING		
	PLANNED SERVICE LEVEL			PLANNED SERVICE LEVEL		
	Total Program (2)	Hopewell (3)	Unit Cost (4)	Total Program (5)	Hopewell (3)	Unit Cost (7)

Agency/Program Name:

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PROGRAM SERVICES

- 9. STAFFING REQUIREMENTS:** Please describe the staffing requirements for this program. In terms of full-time equivalents (FTE's), indicate the specific number of paid program positions, paid support staff positions, part-time positions, and volunteer positions. Indicate the general functions for the positions noted. In listing the positions, please indicate the number of positions in terms of full-time equivalents (FTE's). The City of Hopewell recognizes 2,080 hours per year as one full-time employee or one FTE.
- 10. IN-KIND SUPPORT:** Not including the volunteer time above, please list and indicate an estimated cash value for in-kind (non-cash) contributions. Please include any in-kind contributions from the City of Hopewell. Examples include such contributions as office space, accounting services, and printing services.
- 11. REFERENCES:** In the following space, please list the name and telephone number of people who are familiar with your program and who are willing to respond to inquiries on the application. ***Please do not include letters of reference as attachments to the application.*** Hopewell will limit its review to the information included in this application. Furthermore, if your agency and/or the specific program is evaluated by the agency board, a parent corporation, or an independent outside source, please indicate the name of the evaluator, date of the last evaluation, and if possible, an individual to contact as a reference for the evaluating group.
- 12. OTHER FUNDING:** Please list the number of people served in FY 2010-11 and the amount of funding provided your organization from other municipalities for FY 2010-11 and the amount requested from each City/County for FY 2011-12 (please provide a contact name in each City/County). The amount should equal that which is listed on line A4 of page 2. Furthermore, please indicate if your organization receives any other contributions from the City of Hopewell or if your organization is providing contractual services to the City of Hopewell.

County/City	Contact	FY 20XX-XX Provided	FY 20XX-XX Requested
Charles City County		\$	\$
Chesterfield County			
Prince George			
Petersburg			
Petersburg			
Colonial Heights			
Total			

Agency/Program Name:

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REQUIRED ATTACHMENTS

The CG Guidelines and Procedures require the following attachments to be submitted as part of the application for funding:

1. A copy of the IRS determination letter verifying the applicant agency's nonprofit, 501(c)(3) status, or proof of application for that status.
2. A copy of the most recent IRS filing (990 or 990EZ form).
3. A Report on Audit by an independent Certified Public Accountant for the agency's most recently completed fiscal year. (NOTE: An organization may request that it be exempted from the requirement to provide an independent audit as part of the application. Generally, this only pertains to organizations that are in their first year of operation. Please contact the Department of Finance to request that the organization be exempted from the requirement to provide a copy of an independent audit.)
4. An up-to-date copy of the agency's current by-laws.
5. An up-to-date copy of the agency's mission statement.
6. A copy of the agency's charter.
7. An up-to-date copy of the agency's board of directors.
8. An up-to-date copy of the agency's registration with the Commonwealth of Virginia Department of Consumer Services, if required.
9. The original request for taxpayer ID Number & Certification – Substitute Form W-9.

All applications will be reviewed by the Department of Finance for content and compliance prior to the City Manager's review for determination of funding. Your application will not be considered qualified without all required attachments.

Applications are due to the Department of Finance by 5:00 p.m. by December 31, each year.

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City of Hopewell Letterhead
Department of Finance

Crater Health District
Petersburg health Department
301 Halifax Street
Petersburg, VA 23803

RE: Notice of Funding Award for: _\$182,283_____

Dear Sir:

I am please to advise you that funding request has been approved in the amount of \$182,283 in Hopewell General Funds and a \$0 in Cash Match for total funding of \$182,283.

Enclosed you will find a Statement of Grant Award and a Statement of Grant Award Special Conditions. To indicate your acceptance of the award and conditions, please sign the award acceptance and return it to Finance Director, City of Hopewell, 300 N Main Street, Hopewell, VA 23860. Please review the conditions carefully, as some may require action on your part before city will disburse grant funds.

We appreciate your interest in the Hopewell grant program and will be happy to assist you in any way we can to assure your project's success. If you have questions, please call the Finance Office at 804.541.2306.

Yours Sincerely,

Elesteen Hager
Director of Finance

Enclosures

cc: City Manager
Grantee File

Statement of Grant Award Special Conditions

City of Hopewell

Department of Finance
300 N. Main Street
Hopewell, Virginia 23860

Grantee:	Grant Number:
Project Title:	
Grant Period:	

The following conditions are attached to and made a part of this grant award.

1. By signing the Statement of Grant Award/Acceptance, the grantee agrees:
 - To use the grant funds to carry out the activities described in the grant application, as modified by the terms and conditions attached to this award or by subsequent amendments approved by the City of Hopewell;
 - To adhere to the approved budget contained in this award and amendments made to it in accordance with these terms and conditions;
 - And to comply with all terms, conditions and assurances either attached to this award or submitted with the grant application.
2. The grantee agrees to submit such reports as requested by Hopewell on forms provided by Hopewell. Funds from this grant will not be disbursed, if any of the financial or progress reports are overdue by more than 30 days unless you can show good cause for missing the reporting deadline.
3. Grant funds, including Hopewell and grantee match, may be expended and/or obligated during the grant period. All legal obligations must be liquidated no later than 90 days after the end of the grant period. The grantee agrees to supply a final grant financial report and return any unexpended grant funds (exclusive of the grantee match) to Hopewell within 90 days after the end of the grant liquidation period.
4. Within 60 days of the starting date of the grant, the grantee must initiate the grant funded. If not, the grantee must report to Hopewell, by letter, the steps taken to initiate the grant, the reasons for the delay, and the expected starting date. If the grant is not operational within 90 days of the start date, the grantee must obtain approval in writing from Hopewell for a new implementation date or Hopewell may cancel and terminate the grant.
5. The grantee agrees to forward an annual report or audit report to Hopewell.
6. Prior to Hopewell disbursing funds, the grantee must comply with the following special conditions:
 - a) None

Statement of Grant Award/Acceptance

City of Hopewell
 Department of Finance
 300 N. Main Street
 Hopewell, Virginia 23860

Contact	Project Director	Project Administrator	Finance Officer
Name			
Title			
Street			
City			
State Zip			
Phone No.			
Fax No.			
Email Address			
Budget Categories	HOPEWELL FUNDS	GRANTEE FUNDS	Total Program
Personnel			
Consutant			
Travel			
Equipment			
Indirect Costs			
Other			
Total			

This grant is subject to all rules, regulations and criteria included in the grant guidelines and the special conditions attached thereto.

Elesteen Hager, Director of Finance

The undersigned, having received the Statement of Grant Award/Acceptance and the Conditions attached thereto, does hereby accept this grant and agree to the conditions pertaining thereto, this ____ day of _____, 20__.

Signature: _____

Title: _____

Request for Funds on Grants

City of Hopewell, Virginia
300 N. Main Street
Hopewell, Virginia 23860

Grant/Contract Number:	Date of Request:
-------------------------------	-------------------------

Grantee/Contractor Name: Finance Officer Address 1: Finance Officer Address 2: Finance Officer Address 3: City, State, ZIP:	Period Covered by this	
	From:	To:
	Federal Identification Number:	

Drawdown Amount:	Hopewell General Fund Amounts
Total Grantee Award (A)	
Less: Payments Received (B)	
Available Amount of Award (C)	
Less: Amount Now Requested (D)	
Remaining Grant Balance (E)	

As of the following date: _____ the Grant Program's Cash on Hand is: _____

CERTIFICATION	
I certify that, to the best of my knowledge, the information above is correct and that all expenditures will be made in accordance with the grant conditions and that payment is due and has not been previously requested.	
_____ Signature of Authorized Official	_____ Type or Print Name and Title

(DO NOT WRITE BELOW THIS LINE -- FOR Hopewell USE ONLY)

Approved for Disbursement:
 Fiscal Reviewer: _____
 Date: _____

Voucher number: _____
 Voucher Date: _____

PROGRAM ACCOUNT #					DATE			AMOUNT	DUE DATE		
Fund	DeptDiv	Obj	CC	PROJ	M	DD	YY		M	DD	YY

COMMENTS: _____

Semi-Annually Financial Report

Hopewell Department of Finance
300 N. Main Street
Hopewell, Virginia 23860

Grantee:			Grant Number:		
Project Title:			Date of Report:		
Grant	To:	From:	Final Report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Project Completed:			Rpt Period Ending:	3/31 <input type="checkbox"/>	6/30 <input type="checkbox"/>
				9/30 <input type="checkbox"/>	12/31 <input type="checkbox"/>

CURRENT BUDGET

Budget Categories	HOPEWELL FUNDS	Subgrantee Match	Total Program
Personnel	0.00	0.00	0.00
Consultant	0.00	0.00	0.00
Travel	0.00	0.00	0.00
Equipment	0.00	0.00	0.00
Indirect Cost	0.00	0.00	0.00
Other	0.00	0.00	0.00
Total	0.00	0.00	0.00
Receipts to Date	0.00	0.00	0.00

CUMULATIVE EXPENDITURES

Budget Categories	HOPEWELL FUNDS	Subgrantee Match	Total Program
Personnel	0.00	0.00	0.00
Consultant	0.00	0.00	0.00
Travel	0.00	0.00	0.00
Equipment	0.00	0.00	0.00
Indirect Cost	0.00	0.00	0.00
Other	0.00	0.00	0.00
Total	0.00	0.00	0.00
Cash on Hand	0.00	0.00	0.00

CUMULATIVE OBLIGATIONS

Budget Categories	HOPEWELL FUNDS	Subgrantee Match	Total Program
Personnel	0.00	0.00	0.00
Consultant	0.00	0.00	0.00
Travel	0.00	0.00	0.00
Equipment	0.00	0.00	0.00
Indirect Cost	0.00	0.00	0.00
Other	0.00	0.00	0.00
Total	0.00	0.00	0.00

CERTIFICATION

I certify that this report presents actual receipts and expenditures of funds for the total grant to date, all made in accordance with the approved budget of the above-mentioned grant.

Signature

Date