

**City of Virginia Beach**

**Community Organization Grants**

**Award Instructions and Forms**

**FY 2019-20**

**City of Virginia Beach  
Community Organization Grants  
Information for Recipients  
FY 2019-20**

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# Overview

***Congratulations on your Community Organization Grant (COG) Award!*** The City of Virginia Beach is pleased to support your non-profit organization's efforts to improving the quality of life in our community. The Department of Budget and Management Services (DBMS) administers the COG Grant program based on the City's fiscal year beginning July 1 and ending June 30. The forms included in this instructions package are:

Form A - Conditions of Grant Award	Form D - Summary of Services
Form B - Capital Equipment Purchases	Form E - Financial Report
Form C - Request for Payment	

## **Disbursement of Program Grants:**

- **Grants up to \$25,000:** Grants for Programs or Capital Equipment up to \$25,000 can be requested in one payment as early as July 1. The submission must include forms A and C. Forms D and E are due to DBMS by May 1. If the grant is for capital equipment, form B must also be submitted, accompanied with three bids or quotes. A copy of the invoice for the equipment must also be provided to DBMS by May 31.
- **Grants over \$25,000:** The City will disburse these over two equal payments (50%). The first payment may be requested as early as July 1, and should include forms A and C. The second payment may be requested as early as January 1. Forms D and E are due to DBMS by May 1.
- **Capital Equipment Grants over \$25,000:** Grants for capital equipment will also be disbursed over two payments, the first at 90%, and the second at 10%. The first payment may be requested as early as July 1 and should include forms A, B, and C. In addition, the first request for payment must be accompanied by a vendor's price quotation to show what the actual price of the item(s) is expected to be. The second payment may be requested as early as January 1, and should include form C as well as a copy of the actual invoice. Forms D and E are due to DBMS by May 1.

## **Final Deadline:**

- ***Grant recipients must submit Forms D & E before the City of Virginia Beach will issue the final payment.***
- ***Please be sure that DBMS receives your final payment request by May 31.***
- ***A copy of your most recent Audit Report prepared by a Certified Public Accountant should also be sent to DBMS by May 1.***

**Where to Send:** Please send your payment requests to:

Attn: Kaitlyn James  
Department of Budget Management Services  
Municipal Center  
Building 1 Room 323  
2401 Courthouse Drive  
Virginia Beach, VA 23456-9012

More detailed instructions for completing the various forms are included in the following pages. For further information, please call the Department of Budget and Management Services at 385-8389.

## **Forms Instructions**

### **Form A – Conditions of Grant Award**

Form A is to be completed, signed, and returned by all COG grant recipients.

- a. Review the Conditions of Grant Award which specifies the requirements and conditions of the grant. If you have questions please call the Department of Budget and Management Services (DBMS) at 385-8389
- b. To accept the award, send one copy, signed by the agency director or designee, to DBMS along with the first payment request.

**FORM A**  
**CITY OF VIRGINIA BEACH**  
**CONDITIONS OF GRANT AWARD**  
**FY 2019-20**

With the acceptance of this grant, the grantee agrees to the following conditions:

1. Grantee will inform the city of any changes to its tax-exempt status, Board of Directors, mission statement or by-laws during the period of this award.
2. Grantee will provide the city with an annual report as specified in Summary of Services and Financial Report forms provided to the agency by the city of Virginia Beach.
3. If funding is awarded specifically for capital equipment, the grantee will provide the city with a receipt for equipment purchased with grant funds.
4. Funds are awarded for specific programs and/or equipment. If any portion of the funds awarded for the specified programs or equipment will remain unexpended during the fiscal year, the recipient agency agrees to report the unexpended amount to the COG Committee by contacting the Department of Budget and Management Services (DBMS) at 385-8389
5. Grantee agrees to maintain accounting procedures in accordance with generally accepted accounting standards and agrees to the review and audit of those records by the city's designee, if requested.
6. Grantee agrees to the on-site inspection of its facilities and/or programs, by the city's designee, if requested.
7. Improper use of funds awarded in the grant will result in the termination of the grant, forfeiture of any outstanding grant award, and reimbursement of payments processed.
8. Grantee must have fulfilled all reporting, auditing, and payment obligations for any previous loans or grants from the city prior to the disbursement of the first payment.
9. A Report on Audit by an independent Certified Public Accountant for the agency's most recently ended fiscal year must be received by the Department of Budget and Management Services by May 1. If there will be a delay in the completion of the audit, or you do not have a professional audit, please contact the DBMS at 385-8389
10. Conditions of this grant award may be changed or adjusted on an individual basis by the COG Review and Allocation Committee as well as by the City Manager and/or his representative.
11. Programs, activities, employment opportunities, etc. funded totally or partially by the City of Virginia Beach must be made available to all people regardless of race, color, religion, sex, age, national origin, handicap, or political affiliation.

The undersigned, having received the notice of the grant award, and the Conditions of Grant Award, does hereby accept this grant and agree to the conditions pertaining thereto, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Organization:: \_\_\_\_\_

# Forms Instructions

## Form B - Capital Equipment Purchases

### FY 2019-20

Form B is to be completed **only** by organizations receiving support for Capital Equipment purchases. Organizations receiving program funding are not required to submit this form.

**Please note:** The City of Virginia Beach requires three bids to be acquired for any capital equipment purchases. No payment will be made until three bids are received, along with a brief statement explaining the reasons why a vendor has been selected.

- a. **Item:** please provide a description of the item(s) to be purchased with COG funds.
- b. **Unit Cost:** if more than one of each type of equipment is to be purchased, list the cost for each.
- c. **# of Units:** specify the total number of units to be purchased with COG funds.
- d. **Total Cost:** Multiply the unit cost by the # of units.
- e. **Equipment Life Span:** Provide a reasonable estimate of the useful life of the equipment to be purchased with COG funds.
- f. **Annual Support Costs:** Estimate annual operating costs, including (but not limited to) licensing, technical support, user fees, fuel, staffing, etc.
- g. **Purpose or Use of Equipment:** How will the equipment be used? How will it improve the quality of the programs and services you offer to residents of the City of Virginia Beach? If necessary, attach a continuation sheet.

This form must be submitted, along with three bids or price quotes and a brief explanation of the reasons for selecting the vendor, to the Department of Budget and Management Services (DBMS). Send one copy, signed by the agency director or designee, to DBMS along with the payment request.

Upon receipt of the Capital Equipment Form and supporting documentation, a request for payment of 90% of the total grant amount will be submitted for processing. Final payment of 10% will be processed after DMS has received all final reports and all receipts. Please allow a minimum of 6 weeks to process payment requests.

**Note: Capital equipment grants up to \$25,000 may be requested in their entirety as early as July 1. The request must be accompanied with the required documents.**

**FORM B**  
**CITY OF VIRGINIA BEACH**  
**COMMUNITY ORGANIZATION GRANT**  
**CAPITAL EQUIPMENT PURCHASES**  
**FY 2019-20**

Agency: \_\_\_\_\_ Address: \_\_\_\_\_  
 Program Title: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_ Telephone: \_\_\_\_\_

<b>CAPITAL EQUIPMENT GRANTS</b>						
If funding was granted specifically for capital or equipment purchases, please complete the following information:						
Item	Unit Cost	# of Units	Total Cost	Equipment Life Span	Annual Support Cost	Purpose or Use of Equipment

I certify that this report represents the proposed use of funding in accordance with approved grant application. Bids or quotes and receipts of purchase will be provided to the City upon obtaining the above-mentioned capital equipment. If an item is purchased at a lesser price than estimated, excess funds will be returned to the City.

\_\_\_\_\_ Name and Title of Official          \_\_\_\_\_ Signature of Authorized Official          \_\_\_\_\_ Date Signed

# Forms Instructions

## Form C - Request for Payment

### FY 2019-20

Form C is to be completed and submitted with each payment request. You may want to copy the unsigned form so that it can be used for each payment request.

1. Enter the organization's name, address, and phone number.
- 2a. Enter the program name.
- 2b. Enter the grant number. This number will be referenced in the grant award letter.
3. Enter the organizations fiscal year covered under the grant.
4. Enter the organization's contact person, title, phone number, and e-mail address.
- 5a. Enter the total COG award.
- 5b. Enter the amount of the grant previously received.
- 5c. Enter the amount of the current grant request.
- 5d. Enter the remaining balance of the grant after the current request.

***Note: Grants of up to \$25,000 may be requested in their entirety as early as July 1. Please include the required documentations.***



**FORM C**  
**CITY OF VIRGINIA BEACH**  
**COMMUNITY ORGANIZATION GRANT**  
**REQUEST FOR PAYMENT**  
**FY 2019-20**

1. Organization's Name, Address, Phone:	
2a. Program Name:	2b. Grant #:
3. Organization's Fiscal Year:	
Beginning Date:	Ending Date:
4. Contact Person's Name, Title, Phone, and E-mail:	
5a. Total Amount of Grant	\$
5b. Less: Amount Received to Date	-
5c. Less: Amount of This Request:	-
5d. Balance After this Request	\$

\_\_\_\_\_

Typed Name of Authorized Official

\_\_\_\_\_

Signature of Authorized Official

\_\_\_\_\_

Date Signed

*Please note:*

1. First payments may be requested as early as July 1, and second payments as early as January 1.
2. Grants of \$25,000 or less may be requested in their entirety as early as July 1.
3. Initial payment requests for capital equipment grants must be accompanied by a vendor's price quotation.
4. Final payment requests are due to the Department of Budget and Management Services one month prior to the end of the City's fiscal year (i.e., not later than May 31).

# Forms Instructions

## Form D - Summary of Services

### FY 2019-20

Form D requests both quantitative and qualitative information about the program for which your organization will receive funding.

Organizations are required to submit a brief narrative description of the progress that is being made toward achieving the goals outlined in the grant application. These brief narrative reports, ordinarily no longer than a page in length, are to be submitted with the interim and final Summary of Services reports on Part 2 of Form D.

- a. Fill out name of your organization, the title of program for which you have received funding, and the name, title, phone number, and e-mail address of the individual providing the information.
- b. **Part 1** includes the number of people to be served and the services and outcomes related to the grant. This section compares the amounts at the time of the grant submission with the actual or revised amounts based on the grant award.
  - The first line indicated the number of unduplicated individuals to be served by the program. Unduplicated means one individual can only be counted one time for each program he participates in, even if he received benefits from that same program several times. If that same individual participates in another program, then he may be counted again for that different program. You may modify this line as needed. For example, a program that deals with homeless youth may change this line to say, "Number of residential shelters for youth ages 9 to 18."

After entering the population to be served, enter the specific service or outcome.

- In column 1 list the proposed Services/Outcomes (e.g., pounds of emergency food distributed).
- In column 2 enter the amount for the total program requested (e.g., \$11,667,000).
- In column 3 enter the amount for Virginia Beach residents only for the program requested (e.g., 2,077,000).
- The amounts in columns 2 and 3 should generally match those in your original grant submission. The amounts in columns 4 and 5 are based on actual and projected date through June 30.
- In column 4 enter the amount for the total program based on the grant award.
- In column 5 enter the amount for Virginia Beach residents only based on the grant award.
- If there are large differences between the projected and revised amounts, please explain in Part 2. For example, there may be a difference if only a portion of the grant requested was awarded. If you have questions about the kind of information that is being requested, please call the Department of Budget and Management Services at 385-8234.

- c. **Part 2:** Please describe your organization's success and/or challenges encountered in implementing the program for which COG funding has been provided. Also describe any unanticipated outcomes or particular successes that you would like to highlight. If there have been delays in implementing the program, please explain possible causes for the delay and describe plans for achieving success between now and the end of the grant period. When submitting the Final Report, please indicate any additional services that will be delivered under this grant through the end of June.

Please be succinct. In most cases, the area provided on the reporting form will be sufficient to provide the required information. Additional pages may be attached, as necessary.

- d. Submit a final report to DMS by **May 1** (Final Report).

**FORM D**  
**CITY OF VIRGINIA BEACH**  
**COMMUNITY ORGANIZATION GRANT**  
**SUMMARY OF SERVICES**  
**FY 2019-20**

**Organization:**  
**Program Title:**  
**Prepared By: (Name, Title, Phone, E-mail)**

**Instructions:** Part I requests data to compare data at the time of the grant submission with the actual/revised amounts, based on the actual grant award. First, enter the number of unduplicated people to be served. Then enter the services/outcomes related to the program. The "Total Program" columns should include the total number of people served, and the "Virginia Beach" columns should include only the number of Virginia Beach residents served. If there is a significant difference between the projected and revised amounts, please explain in Part 2 on the following page.

<b>Part 1</b>	<b>Projected Amounts for July-June</b> (Projected amounts at the time of grant submission)		<b>Revised Amounts for July-June</b> (Based on actual data projected to June 30)	
<b>Services/Outcomes</b> (1)	<b>Total Program</b> (2)	<b>Virginia Beach</b> (3)	<b>Total Program</b> (4)	<b>Virginia Beach</b> (5)
<b>Unduplicated number of individuals to be served:</b>				

**Form D – Part 2  
Summary of Services  
FY 2019-20**

Please provide a brief narrative description of your program to date. Include information such as: whether you are on track to meet the goals described in your application. If so, please describe successes and/or any unanticipated results. If not, please explain possible causes for the delay and describe the plans for achieving success between now and the end of the grant period. You may attach additional pages, as necessary.

**Part 3 – Certification:** I certify that this report represents the total service delivered by this agency in meeting its stated objectives in accordance with the approved application of the above-mentioned grant.

\_\_\_\_\_  
Name and Title of Authorized Official

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date Signed

# Forms Instructions

## Form E - Financial Report

Form E is to be used to summarize the funding and costs of the organization's grant program.

**Please note: This form shown on the following page is in Word format. It is also available as an Excel worksheet, which calculates the totals automatically. To obtain an Excel copy of this form, please call Kaitlyn James of the Department of Budget and Management Services at 385-8389, or e-mail her at: [kejames@vbgov.com](mailto:kejames@vbgov.com).**

Enter the name of the organization and the program title for which you have received funding.

### Program Revenues

Part I involves program revenues. Please identify the type of revenue and enter in column 2 the funding generated within the City of Virginia Beach, including the COG grant on line I E. Enter in column 3 the program funding provided from other sources. Column 4 is the sum of the previous two columns.

### Program Expenses

Part II involves program expenses, consisting of Compensation and Other Expenses. Column 2 represents program expenses on behalf of Virginia Beach residents. Column 3 represents program expenses for non-Virginia Beach residents. Column 4 represents the sum of the previous two columns. Capital Outlay for construction, furniture, vehicles, and equipment are to be entered on this form also.

An interim report may be requested by the COG Committee during the year. A final report is to be submitted to Management Services by **May 1**.

**FORM E**  
**CITY OF VIRGINIA BEACH**  
**COMMUNITY ORGANIZATION GRANT**  
**FINANCIAL REPORT**  
**FY 2019-20**

**Organization and Program:**

REVENUE AND EXPENSE ACCOUNTS (1)	Virginia Beach (2)	Other (3)	Program Total (4)
<b>I. PROGRAM REVENUES</b>			
A. Contributions/Donations	\$	\$	\$
B. Special Events			
C. Charges for Services/Fees			
D. Foundations/United Way/Non-Profits			
E. Federal Government			
F. State Government City (including COG funding)			
G. From Other Local Cities (excluding Va. Beach)			
H. Virginia Beach COG			
I. Investment Income			
J. Fund Balance/Reserves			
K. All Other Revenue			
<b>Total Program Revenues</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>II. PROGRAM EXPENSES</b>			
A. Personnel (Salaries & Fringe Benefits)	\$	\$	\$
B. Building Space (Rent/Mortgage)			
C. Utilities			
D. Supplies			
E. Conferences and Meetings			
F. Organizational Dues and Memberships			
G. Furniture, Computers, Equipment			
H. All Other Operating Expenses			
<b>Total Other Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>III. REVENUES LESS EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Name and Title of Authorized Official

Signature

Date