



Virginia Department of Criminal Justice Services

Virginia Sexual and Domestic Violence Victim Fund (VSDVVF) Grant Program for Forensic/Sexual Assault Nurse Examiner Projects

Guidelines and Application Procedures State Fiscal Year 2027

State Funds Continuation and Competitive Solicitation

**On-line Grant Management System Funding Opportunity Number
566892**

Application Deadline
Monday, April 20, 2026, at 12:00 p.m. (noon)
Late applications will not be accepted.

Guidelines Issued March 19, 2026

Virginia Department of Criminal Justice Services
1100 Bank Street, Richmond, VA 23219
www.dcis.virginia.gov

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General Information

The Virginia Department of Criminal Justice Services (DCJS) is accepting applications through the On-line Grant Management System (OGMS) (www.ogms.dcls.virginia.gov/index.do) for state fiscal year (SFY) 2027, for Virginia Sexual and Domestic Violence Victim Fund (VSDVVF) Grant Program. This funding is supported by state general and special funds appropriated to DCJS in the Commonwealth of Virginia’s state budget for SFY 2027 under the Virginia Sexual and Domestic Violence Victim Fund.

In accordance with *Code of Virginia* [§ 9.1-116.1](#), this grant program has three purpose areas:

1. Make funds available to local attorneys for the Commonwealth for the purpose of funding the cost of additional attorneys or to further dedicate existing resources to prosecute felonies and misdemeanors involving domestic violence, sexual violence, sexual abuse, stalking, and family abuse;
2. Make funds available to law-enforcement authorities or appropriate programs, including civil legal assistance, to assist in protecting and providing necessary services to victims of and children affected by domestic violence, sexual abuse, stalking, and family abuse; and
3. Make funds available to sexual assault service providers and hospitals for the purpose of funding the cost of salaries and equipment for sexual assault forensic examiners, sexual assault nurse examiners, and pediatric sexual assault nurse examiners, with priority for funding such costs given to such forensic examiners and nurse examiners serving rural or underserved areas of the Commonwealth.

For this funding opportunity, grants will be awarded to applicants for purpose area three (3) only.

Funding Details	
Grant Award Period	SFY 2027, July 1, 2026, through June 30, 2027. All budget items will be for a 12-month award period. Grant period extensions will not be considered.
Funding Source	This grant opportunity is funded by state general funds administered by the Virginia Department of Criminal Justice Services.
Expected Total Amount of Funding	<p>Eligible continuation applicants may apply for awards that do not exceed the predetermined award amounts featured in Attachment A of these guidelines (unless they choose to apply competitively; please contact Tierra Williams for more information).</p> <p>Eligible competitive applicants may apply for up to \$95,000 for the one-year award period.</p>

Availability of Continuation Funding	DCJS anticipates initiating a competitive funding process for subrecipients in SFY 2028. The amount available is dependent upon deposits into the VSDVVF and on state general fund amounts appropriated for this purpose. Beyond SFY 2027, the amount of available funding and individual subaward amounts are unknown at this time. Programs that fail to demonstrate adequate service delivery and fiscal tracking during the SFY 2027 award period may not be considered for VSDVVF funding beyond SFY 2027.
Match Requirement	Grant applicants are not required to provide matching funds.
Disbursement of Funds	Disbursement of funds will occur on a cost-reimbursement basis for actual funds expended.
OGMS Funding Opportunity Number	566892
Application Deadline in OGMS	Monday, April 20, 2026, 12:00 pm (noon)

Application Assistance

DCJS staff are available to provide technical assistance regarding the funding announcement and application procedures. The following resources are available for guidance on preparing and submitting a grant application.

Application Assistance	
DCJS Contact	Tierra Williams Tierra.williams@dcjs.virginia.gov
OGMS Assistance	www.dcjs.virginia.gov/grants/ogms-training-resources
OGMS Contact	ogmssupport@dcjs.virginia.gov

Applicant Eligibility Requirements

Types of Organizations

Under this funding opportunity, VSDVVF grants are available to “sexual assault service providers and hospitals for the purpose of funding the cost of salaries and equipment for sexual assault forensic examiners, sexual assault nurse examiners, and pediatric sexual assault nurse examiners.” Forensic nurse examiners who provide services for eligible cases and victims are also eligible to apply.

Organizations that currently receive a SFY 2026 VSDVVF grant for forensic/sexual assault nurse examiner projects are eligible to apply under this funding opportunity. Current SFY 2026 awards must be in good standing, with all VSDVVF-required progress reports and financial reports submitted. A program in “good standing” means all claims and status reports for the current grant are no more than 30 days overdue (not withstanding an approved reporting extension), all encumbrances (if applicable) have been met, and there are no outstanding compliance matters.

In addition, under this funding opportunity, **new sexual assault service providers and hospitals** that do not currently receive a VSDVVF award are eligible to apply for an award to fund the cost of salaries and equipment for sexual assault forensic examiners, sexual assault nurse examiners, pediatric sexual assault nurse examiners, and forensic nurse examiners who provide services for eligible cases and victims.

For both continuation and new competitive applicants, requested funds may be used for the cost of salaries and equipment for sexual assault forensic examiners, sexual assault nurse examiners, pediatric sexual assault nurse examiners, and forensic nurse examiners who provide services for eligible cases and victims.

In accordance with *Code of Virginia* § 9.1-116.1, priority for funding will be given to new competitive forensic examiners and nurse examiners projects that will be serving rural or underserved areas of the Commonwealth of Virginia.

Grant Project Requirements

Grant Conditions and Project Requirements

By applying for these grant funds, the applicant asserts that they have read, understand, and will comply with the following state requirements and policies (click to link to additional information):

[SFY 2026 Virginia Sexual and Domestic Violence Victim Fund Grant Special Conditions](#)
[DCJS General Grant Conditions and Assurances](#)

Non-Supplantation

This funding opportunity is supported with state general funds. VSDVVF grant funds may not be used to supplant state, local, or other funds which would otherwise be available for the same purpose. Instead, grant funds must be used to increase the total amount of funds used to support sexual violence, domestic violence, stalking, and family abuse services. State, local, or other funds currently allocated to provide services to victims of and/or children affected by these crimes may not be reallocated to other purposes if a VSDVVF grant is awarded.

Match

Recipients are not required to provide matching funds.

Failure to Abide by Terms and Conditions

DCJS may suspend (in whole or in part) or terminate funding, issue a Corrective Action Plan, or impose other sanctions on a subgrantee for any of the following:

- Failing to adhere to the standard terms and conditions or special conditions.
- Failing to implement the project within 90 days of the start of the award period.
- Implementing substantial program changes to the extent that the project is no longer aligned with the purpose of the funding.
- Failing to submit reports (programmatic and/or financial) in a timely manner.
- Filing a false certification in this application or other report or document.
- Other significant grant compliance or implementation concerns as identified by DCJS.

Grant funds may not be used to support programs or services for perpetrators.

Allowable Costs

Current SFY 2026 VSDVVF forensic/sexual assault nurse examiner grantees are eligible to apply for funding amounts **not to exceed the maximum award amounts listed in Attachment A.**

New competitive sexual assault service providers and hospitals are eligible to apply to for **up to \$95,000 for the one-year award period.**

Applicants are strongly encouraged to request only the minimum number of staff necessary to implement programs. To promote the retention of qualified project staff, applicants are encouraged to request competitive salaries. The requested compensation level should be further documented by comparison of the scope and complexity of work performed to other similar positions receiving similar pay.

In accordance with the *Code of Virginia*, only those costs directly related to and essential to providing direct services for victims of sexual violence, domestic violence, stalking, and family abuse can be supported with grant funds. Budget requests made must be allowable under state guidelines and must be reasonable, appropriate, and justified. Applicants should **carefully consider the resources needed to successfully implement the proposed project and present a realistic budget that accurately reflects project costs.** Applicants should also consider how the project will be sustained if funding through this grant program becomes unavailable.

Allowable Costs	
<p>Salary and fringe benefits to support staff time spent meeting the goals and objectives of this grant.</p>	<p>For example:</p> <ul style="list-style-type: none"> • Forensic nurse examiners • Sexual assault nurse examiners • Pediatric sexual assault nurse examiners <p>Funds may not be used to fund coordination for the grant or administrative tasks. Direct service salaries may only be charged to this award.</p>

Equipment	<p>For Example:</p> <ul style="list-style-type: none"> • High-resolution digital cameras • Portable scanners • Alternate Light Source technology • Evidence collection kits
Travel and subsistence (lodging and per diem)	VSDVVF forensic/sexual assault nurse examiner applicants are not eligible to request funds within this category.
Consultants	VSDVVF forensic/sexual assault nurse examiner applicants are not eligible to request funds within this category.
Supplies and Other Expenses	VSDVVF forensic/sexual assault nurse examiner applicants are not eligible to request funds within this category.
Indirect costs	Indirect costs are not allowed.

Data Reporting Requirements

On a quarterly basis, grant recipients will report the following in OGMS:

- Services provided during the relevant reporting period
- Challenges and changes to the funded program
- Emerging issues and notable trends affecting crime victim services in the service area
- Progress toward meeting the goals and objectives of the funded grant project

Application Review Process

The grant period for subawards made under these guidelines is 12 months, July 1, 2026, through June 30, 2027. For purposes of this solicitation, applicants must submit one budget that will be used for the 12-month grant period.

Continuation Applicants

Current DCJS grant recipients will not be considered for funding if, as of the application due date, any of the required claims, financial reports (detail of expenditure reports in OGMS), progress reports (status reports in OGMS), or encumbrances for the current grant are more than 30 days overdue. DCJS may waive this provision for good cause, which may be submitted via a contract amendment reporting extension in OGMS through the applicant’s current award.

DCJS staff will review each application to determine whether the following criteria are met:

1. The applicant is eligible for funding.
2. The request for funding does not exceed the applicant's maximum award amount indicated in Attachment A. The figures in Attachment A represent the maximum award amount for a **single** year.
3. Proposed project activities are allowable.
4. Proposed project costs are allowable under this grant program, justified as necessary, prorated as required, allocable to the project, and include a basis of computation necessary for DCJS staff to make these determinations.
5. The applicant has identified **three** goals with **two to three** objectives for each goal, and all objectives are specific, measurable, attainable, related to items in the budget and time-based.
6. The goals and objectives address the purpose of this funding opportunity.
7. All certifications are completed and signed by the correct individual.

Competitive Applicants

New competitive applications will be reviewed, evaluated, and scored based on adherence to these grant guidelines and the clarity, substance, and strength of the request made for funding.

Reviewers may consider demonstrated need, geographic location, budget justification, program design and services provided, sustainability, cost effectiveness of proposed projects, adherence to grant guidelines, and the availability of funds.

Each application can earn a maximum score of 100 points. Points that can be awarded for each primary grant program element are:

- Project Narrative (50%) 0–50 points
- Goals and Objectives (20%) 0–20 points
- Budget: justifications, descriptions, and allowability (25%) 0–25 points
- Certifications and Attachments (5%) 0-5 points

Bonus points of five (5) additional points will be given to programs serving rural or underserved areas of the Commonwealth of Virginia.

DCJS staff will also review each application to determine whether the following criteria are met:

1. The applicant is eligible for funding.
2. The request for funding does not exceed the allowable maximum award amount.
3. Proposed project activities are allowable.
4. Proposed project costs are allowable under this grant program, justified as necessary, prorated as required, allocable to the project, and include a basis of computation necessary for DCJS staff to make these determinations.
5. The applicant has identified **three** goals with **two to three** objectives for each goal, and all objectives are specific, measurable, attainable, related to items in the budget, and time-

based.

6. The goals and objectives address the purpose of this funding opportunity.
7. All certifications are completed and signed by the correct individual.

Award Decisions

The Criminal Justice Services Board (CJSB) is expected to make award determinations at its meeting in June 2026. Award determinations are final and may not be appealed.

DCJS will issue grant awards based on approval from the CJSB. Fiscal and/or programmatic revisions may be required as a condition of funding. Such revisions must be submitted in OGMS prior to project initiation unless otherwise indicated by DCJS.

Before Applying

Grant applications must be entered in OGMS (<https://www.ogms.dcjs.virginia.gov/index.do>). Register or confirm existing registration at least two weeks prior to the application due date to ensure the individuals responsible for completing and signing the required components in the application have access to OGMS. Note, OGMS accounts are deactivated after 90 days of inactivity. Requests for reactivation of OGMS accounts must be sent to: ogmssupport@dcjs.virginia.gov. Application extensions will not be granted due to not having an active registration in OGMS.

All applicants must have a current and active Unique Entity Identifier (UEI) number. To obtain a UEI number, go to the System of Award Management at www.sam.gov.

Application Instructions

OGMS instructions for **registering for a new account** and OGMS instructions for **applying for funding** are found at www.dcjs.virginia.gov/grants/ogms-training-resources.

To apply for this grant, select Funding Opportunity **566892 SFY 27 Virginia Sexual and Domestic Violence Victim Fund (VSDVVF) Grant Program Forensic/Sexual Assault Nurse Examiner for Continuation and New Applicants**.

General Information

Under *General information*, use the following naming convention for *Program Title*: SFY 27 <Category> VSDVVF, <Name of Applicant Organization>. *Example: "SFY 27 FNE/SANE VSDVVF Department of Criminal Justice Services"*

Under *Additional Applicants*, select all organization members who should have access to this application and to the grant if it is awarded. If you do not see the name of a person who should have access to the application or grant, it could mean they are not registered in OGMS, they are not registered under the same organization, or that their OGMS account has been deactivated.

Face Sheet (in OGMS)

Face Sheet Instructions (in OGMS)	
Congressional District(s)	Select all congressional districts served by the applicant (www.census.gov/mycd).
Best Practice	Not applicable
Jurisdiction(s) Served	Select all jurisdictions proposed to be served by this grant program.
Program Title	Program titles must include the VSDVVF category organization’s name, name of the grant program (VSDVVF), and the year. Example: “ <i>FNE/SANE VSDVVF DCJS 2027</i> ”
Certified Crime Prevention Community	Not applicable
Type of Application	Enter “Continuation” or “New”
Community Setting	Check all that apply.
Brief Project Overview	<p>Provide a description of the proposed project and the anticipated implementation activities. Summarize what the funds will support, including the number of people that will be served, items that will be purchased, and the number of staff that will be supported (include position titles).</p> <p>For example, “<i>VSDVVF grants funds will be used to pay the salary of 1 forensic nurse examiner who will provide forensic services within Beeville Memorial Hospital. We anticipate serving 50 victims of sexual assault through this project.</i>”</p>
Project Director	Provide the name and contact information for the person who will have day-to-day responsibility for managing the project and who will be the contact if DCJS needs project-related information.
Project Administrator	The Project Administrator is the person who has authority to formally commit the organization, locality, or state agency to comply with all the terms of the grant application, including the provision of the required match. This must be the president of the board of directors of a nonprofit organization;

	<p>the county administrator; the city, county or town manager; the chief elected officer of the locality, such as the mayor or chairman of the board of supervisors; or, in the case of a state agency, the agency head.</p> <p>Someone other than the Project Administrator can certify and authorize the submission of the grant application if they have been delegated the authority.</p> <p>See the section of these guidelines titled, “Attachments in OGMS” for details about what must be attached to the application in OGMS to delegate signing authority.</p> <p>(See page 18 for authority designation instructions.)</p>
Finance Officer	<p>Provide the name and contact information for the person responsible for fiscal management of the funds associated with this grant, such as the treasurer of the agency’s board, the locality financial manager, or the hired accountant.</p>

***Note:** Appropriate internal controls necessitate that the Project Director, Project Administrator, and Finance Officer are different people.

A. Project Narrative

Complete a Project Narrative form for SFY 2027.

Project Narrative Form Instructions (in OGMS)	
Demonstration of Need	<ul style="list-style-type: none"> • Define the problem that this project will address and extent of the need. • Explain how the proposed project will fill a need in the service area. • Describe what is available in the community to address the problem. • Describe what is not available that this project will provide. • Explain how the proposed project will enhance or expand services for victims.
Project Description	<ul style="list-style-type: none"> • All applicants must provide a description of the proposed project.

	<ul style="list-style-type: none"> • For Continuation Applicants, provide details on how your project has been successful. • All applicants must describe how the project will be implemented or continued if the grant is awarded.
Sustainment Plan	<ul style="list-style-type: none"> • Explain how the proposed project is or will be incorporated into the organization and community. For example, if the proposed project includes salary for staff, how does this staff person work with others in the community and in the organization? • Explain how the project will be financially and programmatically supported after the 12-month grant award period.
Evaluation Plan	<ul style="list-style-type: none"> • Describe how you will assess the impact and quality of your project during the award period. • Describe how you will use the information obtained from the evaluation process to enhance your services. • In the Attachments component please upload a copy of your evaluation tool.

B. Project Specific Goals and Objectives Form (in OGMS)

Complete a VSDVVF Goals and Objectives form for SFY 2027.

Project Specific Goals and Objectives Form Instructions (in OGMS)	
<p>Goal (Maximum of 100 characters per goal)</p>	<p>Applicants must enter three goals. Goals must reflect the work anticipated to occur in the grant period with awarded funds. Select “Add Entry” to enter each goal.</p>
<p>Objectives (Maximum of 500 characters per objective)</p>	<p>Under each goal, enter two to three objectives.</p> <ul style="list-style-type: none"> • Each objective must be “SMART,” meaning they must be specific, measurable (i.e. qualifiable), attainable, related to items in the budget, and time-based. • Goals and objectives must address the purpose of this funding opportunity.

Activities (Maximum of 2000 characters)	Describe the allowable grant-funded activities that will lead to meeting the proposed goals and objectives.
Month (Maximum of 250 characters)	Month in which the goal and objectives will be implemented.

Example:

Goal #1: Increase access to forensic services for victims of sexual assault by SANE providers.

Objective 1: By June 30, 2027, 75 victims of sexual assault will obtain services by SANE staff.

Objective 2: By October 31, 2026, the program will have onboarded staff to ensure 24/7 coverage our rural site.

Objective 3: Within one month of obtaining a full staff, notify all community partners of expanded staff coverage so that adequate referrals are made. Develop outreach campaign.

Activities: Through an intensive outreach and requirement campaign, we will identify and hire a qualified SANE staff to fill available position to ensure 24/7 coverage. We will also coordinate community outreach events to educate community members on the prevalence of sexual assault within our service area and also provide information on our expanded SANE services. In addition, we will ensure that all staff have adequate training to conduct comprehensive examinations in a timely manner using state-of-the-art equipment and adequate protocols.

Month: October 2026 and June 2027

C. Budget Grid (in OGMS)

Funding reported on the grid should represent the whole grant period.

Budget Grid Instructions (in OGMS)	
Report on the amount of funds requested by category.	<ul style="list-style-type: none"> • Personnel and Fringe Benefits • Equipment
Match	Match is not required under this grant program. Do not add matching funds to the budget.
Place requests for funding under the "State" column.	Applicants must place their proposed budgets in the State Column.
Ensure that each itemized budget form aligns with the total amount requested on the budget grid.	Each budget line must correspond to the itemized budget forms. Round all amounts to the nearest dollar.
Funds from Other Sources	Enter all funds from other sources that support the proposed project. If the proposed project will

	generate program income, enter the anticipated amount of program income that will be earned and explain how these funds will be used to support the grant project.
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1. Itemized Budget Forms (in OGMS)

Itemized budget forms are located in OGMS. There is an itemized budget form for each of the budget categories. Information entered into these forms must include a description and justification for items included in the budget.

In OGMS, complete an itemized budget form for each category for which funding is requested. Total amounts on each itemized budget form must match amounts listed on the applicant’s budget grid.

Requirements for itemized budget forms:

- All budget items will be for a 12-month award period.
- Applicants are to maintain adequate fiscal oversight over all budget items as to not prematurely expend their award prior to the end of the 12-month award period. Reimbursements will occur on a quarterly basis for actual funds expended through a “claim” process.
- All items requested in each budget form must be allowable per grant guidelines, reasonable, and justified as necessary for the project to succeed. In general, a cost will be considered reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
- For all items under item justification, explain how the item is needed to support this grant project and the goals and objectives of the grant.
- All items must include a basis of computation in the description of the item, and an explanation of how the requested cost was determined.
- At the bottom of each itemized budget form, the applicant must identify the funding source for the budgetary items. Allocate all expenses under state funds.
- For all items, the applicant must indicate in the description whether the item is used exclusively for the proposed project. Items that are not used exclusively for the project must be prorated, and the applicant must include an explanation of how the items were prorated.
 - i. If an item is used exclusively for this proposed project, prorating is not needed.
 - ii. If the item is used to support other projects in the agency, prorating is needed.
 - iii. How to Prorate
 - Proration Based on Budget: If the request for funding is 15% of the total operating budget, prorate items that are not used exclusively for this proposed project by 15%.

- Proration Based on Individual Grant Funded Staff: If a staff person is funded 50% by this grant, prorate their associated costs by 50%.
- Proration Based on Total Grant Funded Staff: If 25% of the organization’s staffing is supported by this grant, prorate items used by all staff by 25%.
- Proration Based on Victims Served: If your VSDVVF funded staff serve 10% of the total victims served by your organization, you can prorate items that are not used exclusively for this proposed VSDVVF project by 10%.

a. Personnel and Employee Fringe Benefits Itemized Budget Form (If personnel are not funded by this project, use \$0.00 on the budget grid.)

This section applies to all employees supported by any funds associated with this project. Staff time supported by grant funds may only be spent on approved grant activities. All salaries must meet a living wage requirement. To determine this requirement, visit <https://www.unitedforalice.org/household-budgets/virginia>.

Personnel and Employee Fringe Benefits Itemized Budget Form Instructions	
Indicate if personnel costs are included in the budget – “Yes” or “No.”	If “Yes,” complete remainder of the form.
Personnel Form	<ul style="list-style-type: none"> • Each item should reflect expenditures for a 12-month grant period. • Enter the employee’s name, position title, whether the position is full time or part time, the total hours per week worked, the total hours per year, the total annual salary (regardless of funding source), and the amount requested under the grant. Indicate if this is a new position. If the position is vacant, enter “Vacant” in lieu of an employee name. • All requested amounts must be reasonable given the complexity of work and consistent with the applicant’s staff compensation plan. For funding requested for a position that provides services outside of these grant activities, prorate the request to only include time spent on this grant project.
Employee Fringe Benefits	<ul style="list-style-type: none"> • Select the employee’s name. • Enter the fringe benefit costs (FICA, retirement, group life, health insurance, workers’ compensation, unemployment, disability, and other).

	<ul style="list-style-type: none"> ○ If fringe benefits for individual employees cannot be entered, create an employee named “Fringe Benefit” and enter the aggregate amounts for each fringe benefit and enter zero for the salary. ○ If this process is elected, leave the fringe amounts for each individual employee at zero. ● Fringe benefit amounts must be proportional to the requested salary.
<p>Description (maximum of 500 characters)</p>	<ul style="list-style-type: none"> ● Select the employee’s name. ● Under “Description of Position,” include: <ul style="list-style-type: none"> ○ Grant-related duties performed (do not list job duties that are not under this grant), ○ Whether and how the position was prorated, and ○ The basis of computation for salary and fringe benefits.
<p>Justification (maximum of 500 characters)</p>	<ul style="list-style-type: none"> ● Select the employee’s name. ● Under “Justification for Position,” include: <ul style="list-style-type: none"> ○ How the position meets the purpose of this grant program, ○ Assurance that the rate of compensation is approved by the Board of Directors or aligned with the locality compensation plan for similar positions in the geographic area that perform similar work, and ○ Assurance that the rate of compensation meets a living wage requirement.

Example:

Description

Applicant requests funding to support a full-time SANE in our Emergency Department. This SANE position will provide direct services to victims of sexual assault through conducting timely forensic examinations. The position will provide initial physical assessment, evidence collection, and intervention. 100% of the position is allowable VSDVVF work and so this request is not prorated. The hourly rate for this position is \$45/hour, working 2,080 hours per year (full-time) under this grant project. \$45 x 2080 hours= \$93,600. Fringe benefits are requested at 100%.

Justification

The salary for this position is similar to other positions in our organization. A nurse pay range is \$35-60 per hour. According to Unitedforalice.org, a living wage for the City of Richmond is \$19.37/hour for one adult, and our proposed salary far exceeds this living wage requirement. The services provided by this position will assist the organization with the following goals: conducting evidence collection and providing medical services for victims in a trauma-informed manner.

- b. Consultants Form** (If consultants are not funded by this project, use \$0.00 on the budget grid.)

VSDVVF forensic/sexual assault nurse examiner applicants are not eligible to request funds within this category.

- c. Travel Form** (If travel is not funded by this project, use \$0.00 on the budget grid.)

VSDVVF forensic/sexual assault nurse examiner applicants are not eligible to request funds within this category.

- d. Equipment Form** (If equipment is not funded by this project, use \$0.00 on the budget grid.)

Equipment Form Instructions	
Indicate if equipment is included in the budget – “Yes” or “No.”	If “Yes,” complete the remainder of the form.
Description (maximum of 500 characters)	<ul style="list-style-type: none"> • Select the equipment item being requested. • Under “Description of Equipment,” include: <ul style="list-style-type: none"> ○ The basis of computation for the requested amount, ○ Whether and how the item is prorated, ○ An explanation of how the amount being requested is reasonable, and ○ An explanation for how the cost of an item was determined (e.g., a quote from a vendor). • Attach applicable documentation of estimated costs.
Justification (maximum of 500 characters)	<ul style="list-style-type: none"> • Under “Justification for Equipment,” include how the item is needed to carry out grant funded activities. • If equipment is requested to replace

	<p>outdated or “old” equipment, briefly describe why replacement is necessary and when the “old” equipment was acquired.</p>
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Example:

Description

Applicant is seeking funding to purchase a CrimeCam Examiner Digital Camera with FLS from Arrowhead Forensics for the FNE. The item will be used for photographing fluorescence of biologicals on victims of sexual assault. The requested item is \$4,000 based on the listed category price (see attached ad) and will be used by the FNE 100% of the time to conduct examinations under this grant project; therefore, the entire cost of the item is being requested.

Justification

The camera will replace the current one which is approximately 15 years old. The current one is unreliable and often runs out of storage and battery which has caused impact to timely collection of evidence and hinders the process for patients. In addition, our current camera is not compatible with the new evidence software being implemented within our healthcare system.

e. Supplies and Other Expenses Form

VSDVVF forensic/sexual assault nurse examiner applicants are not eligible to request funds within this category.

f. Indirect Costs Form

Indirect costs are not allowed.

Certifications in OGMS

The Project Administrator’s “signature” for grant certifications and application submission may be completed directly in OGMS by the Project Administrator, provided he or she has an individual OGMS account and is linked to the application. Alternatively, the signature may be entered in OGMS by the Project Director or another authorized individual who is preparing the application, as long as that person has been granted permission by the Project Administrator to submit the application and to enter the Project Administrator’s name as the electronic signature.

The individual submitting the application should upload documentation demonstrating this authorization, such as a letter or email from the Project Administrator. It must include an effective date, specific grant application to which the authorization applies, and include the name and contact information of the person being granted signatory authority.

To ensure strong financial controls and appropriate documentation, the applicant should retain a copy of the certifications signed by the Project Administrator, or other proof that the Project

Administrator is aware of the application and the certifications submitted on their behalf, as part of the organization’s internal grant file.

Certifications		
	Who	Action Needed
General Conditions and Assurances	All applicants must complete this form.	It must be signed by the Project Administrator or their designee.
Lobbying and Debarment Certification	All applicants must complete this form.	It must be signed by the Project Administrator or their designee.
Non-Supplantation	All applicants must complete this form.	It must be signed by the Project Administrator or their designee.
Authority Certification	All applicants must complete this form.	It must be signed by the Project Administrator or their designee.

Attachments in OGMS

Upload the following attachments in OGMS, if required.		
	When is it required?	Details
Evaluation Plan Tool	Submission of the tool is required at the time of application to verify that programs are actively assessing the quality and impact of grant-funded services.	Provide a copy of the survey document or evaluation tool used to assess trainings, events, and services funded by VSDVVF.
Letter authorizing grant certification and grant application submission	If someone other than the Project Administrator completes the OGMS certifications and application submission, a document granting permission to enter the Project Administrator’s name is required.	Provide documentation from the Project Administrator authorizing a specific individual to enter the Project Administrator’s name as the electronic signature in OGMS. This documentation must clearly state that the designated individual is permitted to submit the grant application and complete all required electronic certifications on the Project Administrator’s behalf. It must include an effective date,

		specific grant application to which the authorization applies, and include the name and contact information of the person being granted signatory authority.
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Fund Requests and Grant Reporting Requirements

Failure to comply with grant reporting requirements in a timely manner may result in DCJS withholding disbursement of grant funds and/or termination of the award. DCJS will provide grant reporting requirements at the time of grant award. Listed below are the anticipated requirements.

Disbursement of Funds

- Disbursement of funds will occur on a cost-reimbursement basis for actual funds expended through a “claim” process.
- Actual expenditures must be reported quarterly and invoiced pursuant to approved line-item budget categories in the approved grant application.
- Subgrantees will only be reimbursed for costs that have been incurred within the grant period, and which are reported on the detail of expenditures (financial report).
- Grant funds may only be expended and/or obligated during the grant period.
- A final claim for all obligations must be submitted within 45 days after the end of the grant period unless the 4th quarter claim is marked final by the subgrantee.
- Claims and financial reports must be submitted through OGMS.

Financial Reports (referred to as “Claims and Detail of Expenditures” in OGMS)

Grant recipients must submit **quarterly financial reports** in OGMS.

If a financial report due date falls on a weekend or state-recognized holiday, the report is due on the next business day.

Projected Quarterly Financial Report Due Dates for State Fiscal Year 2027 Grants

Reporting Period	Report Due Date
1 st Quarter, July – Sept	October 15, 2026
2 nd Quarter, Oct. – Dec.	January 15, 2027
3 rd Quarter, Jan. – March	April 15, 2027
4 th Quarter, April – June	July 15, 2027

Progress Reports (referred to as “Status Reports” in OGMS)

Grant recipients must submit **quarterly status reports** through OGMS. Progress reports include the following:

- Services provided during the relevant reporting period
- Challenges and changes to the funded program
- Emerging issues and notable trends affecting crime victim services in the service area

- Progress toward meeting the goals and objectives of the funded grant project

If a status report due date falls on a weekend or state-recognized holiday, the report is due on the next business day.

Projected Quarterly Status Report Due Dates for State Fiscal Year 2027 Grants

Reporting Period	Report Due Date
1 st Quarter, July – Sept	October 15, 2026
2 nd Quarter, Oct. – Dec.	January 15, 2027
3 rd Quarter, Jan. – March	April 15, 2027
4 th Quarter, April – June	July 15, 2027

Submit Application

Submit applications and required attachments through OGMS by **12:00 pm on Monday, April 20, 2026**. After such time, OGMS will no longer permit applications to be submitted.

For technical issues and questions regarding OGMS, email ogmssupport@dcjs.virginia.gov, including the grant name and application number, or visit OGMS Training & Resources at www.dcjs.virginia.gov/grants/ogms-training-resources.

DCJS staff are available to provide technical assistance and support during the application process via OGMS Correspondence to your assigned Grant Monitor or via email to Tierra Williams at tierra.williams@dcjs.virginia.gov Please copy your Grant Monitor when sending email correspondence to the Grant Program Coordinator.

Attachment A
Anticipated Maximum Award Amounts for SFY 2027

Location	Jurisdiction	Maximum Award
Augusta Health Foundation *	Non-Profit Organization	\$ 63,627
Ballad Health/Mountain States Health Alliance *	Other	\$ 70,171
Bon Secours Mercy Health	Non-Profit Organization	\$ 95,750
Inova Health Care Svcs	Other	\$ 95,644
SAFE Center of SWVA	Non-Profit Organization	\$ 94,283
Virginia Commonwealth Univ *	State University	\$ 54,952
New Competitive Applicants		
		\$ 95,000

** Eligible continuation applicants may apply for awards that do not exceed the predetermined award amounts here unless they choose to apply competitively; please contact Tierra Williams for more information.*