



## Virginia Department of Criminal Justice Services

Virginia Sexual and Domestic Violence Victim Fund (VSDVVF)  
Grant Program for  
Prosecution and Discretionary Projects

Guidelines and Application Procedures  
State Fiscal Year 2027

State Funds Continuation Solicitation

**On-line Grant Management System Funding Opportunity Number**  
564853

**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.dcjs.virginia.gov](http://www.dcjs.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.dcs.virginia.gov/index.do](http://www.ogms.dcs.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 [“prosecution” projects];
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 [“discretionary” projects]; 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 continuation applicants for purpose areas one (1) and two (2) 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	There are two funding sources which support this grant program: <ol style="list-style-type: none"> <li>1. Virginia Sexual and Domestic Violence Victim Fund, a state special nonreverting fund; and</li> <li>2. State general funds.</li> </ol>
Expected Total Amount of Funding	Eligible continuation applicants may apply for awards that do not exceed the predetermined award amounts featured in <b>Attachment A</b> of these guidelines.

<b>Availability of Continuation Funding</b>	<b>DCJS anticipates initiating a competitive funding process for subrecipients in SFY 2028.</b>
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.  Programs that fail to utilize grant funds within the first nine (9) months of the award period, will have their awards suspended pending corrective action.
OGMS Funding Opportunity Number	564853
<b>Application Deadline in OGMS</b>	<b>Monday, April 20, 2026, 12:00 pm (noon)</b>

## 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.

<b>Application Assistance</b>	
DCJS Contact	Tierra Williams Tierra.williams@dcjs.virginia.gov
OGMS Assistance	<a href="http://www.dcjs.virginia.gov/grants/ogms-training-resources">www.dcjs.virginia.gov/grants/ogms-training-resources</a>
OGMS Contact	<a href="mailto:ogmssupport@dcjs.virginia.gov">ogmssupport@dcjs.virginia.gov</a>

## Applicant Eligibility Requirements

### **Types of Organizations**

VSDVVF grants are available to state agencies, local units of government, and non-profit programs that provide services to victims of and/or children affected by sexual violence, domestic violence, stalking, and family abuse. Eligible applicants include law enforcement agencies, victims’ services programs, and programs that provide civil legal assistance. Public college and university campus programs are eligible to apply, as are private, non-profit hospitals.

Organizations that currently receive a SFY 2026 VSDVVF prosecution or discretionary grant 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.

## **Grant Project Requirements**

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### **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 special and 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 prosecution and discretionary grantees are eligible to apply for funding amounts **not to exceed the maximum award amounts listed in Attachment A.**

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.

<b>Allowable Costs</b>	
Salary and fringe benefits to support staff time spent meeting the goals and objectives of this grant.	<p>For example:</p> <ul style="list-style-type: none"> <li>• Information and referrals</li> <li>• Prosecution activities</li> <li>• Personal advocacy and accompaniment services</li> <li>• Emotional support and safety services</li> <li>• Shelter and safe housing staff</li> <li>• Criminal and civil justice system assistance</li> </ul>
Equipment	VSDVVF funds may not be used to support the purchase of equipment under this funding opportunity.
Travel and subsistence needed by grant-funded staff to support the goals and objectives of this grant.	<p>For example:</p> <ul style="list-style-type: none"> <li>• Mileage</li> <li>• Per diem</li> <li>• Lodging</li> <li>• Parking</li> </ul>
Consultant costs that support the goals and objectives of this grant.	<p>For example:</p> <ul style="list-style-type: none"> <li>• Translation services</li> <li>• Interpretation services</li> <li>• Therapist or counseling services</li> </ul>
Supplies and Other Expenses	<p>For example:</p> <ul style="list-style-type: none"> <li>• Training registration costs</li> <li>• Conference registration costs</li> </ul> <p>VSDVVF funds may <b>not</b> be used to support the purchase of office supplies or other operating expenses.</p> <p>Applicants may request funds in this category <b>ONLY</b> to support the cost of training registration fees. Registration costs may be requested for VSDVVF funded staff.</p> <p>Training costs supported by VSDVVF must be directly</p>

	related to the development of skills that will be used to strengthen the response to and prosecution of domestic violence, sexual abuse, stalking, and family abuse cases. These items must be prorated to the amount of time the grant-funded staff person works on this grant project.
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**

This is a continuation grant. 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.

Current DCJS grant recipients will not be considered for funding if, as of the application due date, any of the required claims, financial reports (claims 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.

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**

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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](mailto: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](http://www.sam.gov).

## **Application Instructions**

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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](http://www.dcjs.virginia.gov/grants/ogms-training-resources).

To apply for this grant, select Funding Opportunity **564853 SFY 27 Virginia Sexual and Domestic Violence Victim Fund (VSDVVF) Grant Program Current Prosecution and Discretionary 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 Prosecution 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)**

<b>Face Sheet Instructions (in OGMS)</b>	
Congressional District(s)	Select all congressional districts served by the applicant ( <a href="http://www.census.gov/mycd">www.census.gov/mycd</a> ).
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>“Prosecution VSDVVF DCJS 2027”</i>
Certified Crime Prevention Community	Not applicable
Type of Application	Enter “Continuation.”
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 salaries of 5 staff who will provide counseling services, crisis intervention, hospital and court accompaniment, and assistance with basic needs. Funds will also be used for outreach activities and providing training to staff. We anticipate serving 300 victims with these funds during this grant period.”</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; 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>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 21 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"> <li>• Define the problem that this project will address and extent of the need.</li> <li>• Explain how the proposed project will fill a need in the service area.</li> <li>• Describe what is available in the community to address the problem.</li> <li>• Describe what is not available that this project will provide.</li> <li>• Explain how the proposed project will enhance or expand services for victims.</li> </ul>
Project Description	<ul style="list-style-type: none"> <li>• Provide a description of the proposed project.</li> <li>• Provide details on how your project has been successful.</li> <li>• Describe how the project will be continued if the grant is awarded.</li> </ul>
Sustainment Plan	<ul style="list-style-type: none"> <li>• Explain how the proposed project is incorporated into the organization and</li> </ul>

	<p>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?</p> <ul style="list-style-type: none"> <li>• Explain how the project will be financially and programmatically supported after the 12-month grant award period.</li> </ul>
Evaluation Plan	<ul style="list-style-type: none"> <li>• Describe how you will assess the impact and quality of your project during the award period.</li> <li>• Describe how you will use the information obtained from the evaluation process to enhance your services.</li> <li>• In the Attachments component please upload a copy of your evaluation tool.</li> </ul>

**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 <b>three</b> 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 <b>two to three</b> objectives.</p> <ul style="list-style-type: none"> <li>• Each objective must be “SMART,” meaning they must be specific, measurable (i.e. qualifiable), attainable, related to items in the budget, and time-based.</li> <li>• Goals and objectives must address the purpose of this funding opportunity.</li> </ul>
<p>Activities (Maximum of 2000 characters)</p>	<p>Describe the allowable grant-funded activities that will lead to meeting the proposed goals and objectives.</p>
<p>Month (Maximum of 250 characters)</p>	<p>Month in which the goal and objectives will be implemented.</p>

Example:

**Goal #1: To provide an array of supportive services to domestic violence, sexual assault, and stalking victims.**

**Objective 1:** By June 30, 2027, 100 victims of sexual assault will participate in the art therapy program that is supported by this grant project.

**Objective 2:** By June 30, 2027, advocates working under this grant program will provide hospital accompaniment to 50 victims of sexual assault.

**Objective 3:** By June 30, 2027, this agency will participate in 12 outreach activities, 6 of which will focus on underserved communities, in order to inform our service area of our sexual assault services.

**Activities:** We will coordinate community outreach events to educate community members on the prevalence of DV, SA, and stalking within our service area and also provide information on the resources within our organization. In addition, we will ensure that all victims in need will have a qualified advocate to accompany them during hospital visits following an occurrence of sexual assault. We have established an MOU with a local art therapist and will ensure adequate referrals to art therapy for victims impacted by DV, SA, and stalking.

**Month:** July

**C. Budget Grid (in OGMS)**

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

Budget Grid Instructions (in OGMS)	
Report the amount of funds requested by category.	<ul style="list-style-type: none"> <li>• Personnel and Fringe Benefits</li> <li>• Consultants</li> <li>• Travel</li> <li>• Subsistence and Other Travel</li> <li>• Supplies and Other Expenses</li> </ul>
Match	Match is not required under this grant program. Do not add matching funds to the budget.
Place requests for funding under the "Special" and "State" columns.	<p><b>Prosecution</b> category applicants must place their proposed budgets in the Special Column within OGMS.</p> <p><b>Discretionary</b> category applicants must place their proposed budgets in the State Column.</p>
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 organization applying for funding. 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 special funds or state funds, as appropriate.
- 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 registration costs, travel expenses, or other assigned items 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 agency, 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"> <li>• Each item should reflect expenditures for a 12-month grant period.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<p>Employee Fringe Benefits</p>	<ul style="list-style-type: none"> <li>• Select the employee’s name.</li> <li>• Enter the fringe benefit costs (FICA, retirement, group life, health insurance, workers’ compensation, unemployment, disability, and other).             <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ If this process is elected, leave the fringe amounts for each individual employee at zero.</li> </ul> </li> <li>• Fringe benefit amounts must be proportional to the requested salary.</li> </ul>
<p>Description (maximum of 500 characters)</p>	<ul style="list-style-type: none"> <li>• Select the employee’s name.</li> <li>• Under “Description of Position,” include:             <ul style="list-style-type: none"> <li>○ Grant-related duties performed (do not list job duties that are not under this grant),</li> <li>○ Whether and how the position was prorated, and</li> <li>○ The basis of computation for salary and fringe benefits.</li> </ul> </li> </ul>
<p>Justification (maximum of 500 characters)</p>	<ul style="list-style-type: none"> <li>• Select the employee’s name.</li> <li>• Under “Justification for Position,” include:             <ul style="list-style-type: none"> <li>○ How the position meets the purpose of this grant program,</li> <li>○ 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</li> <li>○ Assurance that the rate of compensation meets a living wage requirement.</li> </ul> </li> </ul>

Example:

**Description**

*Applicant requests funding for 80% of a full-time victim advocate position. This position will provide direct services to victims of domestic violence and sexual assault. They will provide crisis intervention, court accompaniment, referrals to services, assistance with applying for victim compensation, and they will participate in outreach activities. The hourly rate for this*

*position is \$26/hour. They will work 1,664 hours (80%) each year during the award period under this grant project: \$26 x 1664 hours= \$43,264. Fringe benefits are requested at 80%.*

**Justification**

*The salary for this victim advocate position is similar to other positions in our agency; the victim advocate pay range is \$21.50-\$27.80 per hour. According to [Unitedforalice.org](http://Unitedforalice.org), a living wage for the City of Richmond is \$19.37/hr. for one adult. Our proposed salary exceeds this living wage requirement. The victim advocacy services provided by this position will assist the organization with the following goals: supporting victims’ emotional and physical needs; helping to stabilize their lives after victimization; and helping victims participate in the criminal justice process.*

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

Services provided by a third party, regardless of whether there is a contract in place, should go on the Consultants form (e.g., training facilitators, consulting firms, employment agencies, interpreters, translation services, property management, etc.) Supporting documentation (i.e., time sheets, invoices, evidence of completed deliverables) for consultants must be maintained onsite and made available upon request.

Consultants Form Instructions	
Indicate if consultants are included in the budget – “Yes” or “No.”	If “Yes,” complete remainder of the form.
Consultant Rates	The rate of compensation for individual consultants must be reasonable and consistent with that paid for similar services in the marketplace; however, the rate may not exceed \$650.00 per day (\$81.25 per hour, exclusive of travel and/or subsistence) and may not exceed the consultant’s usual and customary fee.
Consultant Subsistence (lodging and meals) and Travel	Consultant subsistence (lodging and per diem) and travel are generally not allowable unless it is necessary, reasonable, and justified. Reimbursable costs must adhere to the recipient’s established travel policy.
Description (maximum of 500 characters)	<ul style="list-style-type: none"> <li>• Select the name of the consultant.</li> <li>• Under “Description of Consultant’s Role,” include:                             <ul style="list-style-type: none"> <li>○ A description of the consultant’s role,</li> <li>○ Each service contracted for,</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ The total budgeted amount for each service, and</li> <li>○ A basis of computation for the requested amount.</li> </ul>
<p>Justification (maximum of 500 characters)</p>	<ul style="list-style-type: none"> <li>● Under “Justification for Use of Consultant,” include: <ul style="list-style-type: none"> <li>○ An explanation as to why a consultant is needed to perform the service, and</li> <li>○ How use of the consultant meets the purpose of this grant program.</li> </ul> </li> <li>● Applicants are encouraged to attach supporting documentation to justify the request.</li> </ul>

Example:

**Description**

*Applicant requests funding for 104 hours of counseling services contracted with Acme Counseling. 104 hours of counseling services over the 12-month grant period will allow the organization to send 2 victims per week to one hour of counseling located in our offices with Acme Counselors. (52 weeks x 2 victims per week x 1 hour per session= 104 hours). All counseling sessions will be for victims served under this VSDVVF project, so this request is not prorated. The Acme Counseling rate is \$80/per hour. 104 hours x \$80/hour = \$8,320.*

**Justification**

*Our in-house counselor cannot keep up with the need for counseling services. By contracting with Acme Counseling, we can shorten the wait list and get more victims into this needed service. \$80/hour is within the federal contracting limits, and it is the actual hourly rate Acme charges its clients.*

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

Grant funds may be used for mileage costs to assist grant staff with meeting grant goals. Applicants must use the federal mileage reimbursement rate if they do not have a local travel policy. The federal mileage reimbursement rate can be found at this link: <https://www.gsa.gov/travel/plan-a-trip/transportation-airfare-rates-pov-rates-etc/privately-owned-vehicle-pov-mileage-reimbursement?topnav=travel>.

The OGMS Travel form is for mileage only. Mileage is separated in OGMS because many programs have differing mileage rates for local and non-local mileage.

- *Local mileage* is travel within the immediate service area (satellite offices, court, meetings, etc.).
- *Non-local mileage* is travel outside of the immediate service area (trainings, conferences, meetings, etc.).

Travel Form Instructions	
Indicate if travel (mileage) costs are included in the budget – “Yes” or “No.”	If “Yes,” under “Local Mileage” or “Non-local Mileage,” enter the number of miles and the mileage rate. Continue the form.
Description (maximum of 500 characters)	<ul style="list-style-type: none"> <li>• Select the mileage being requested.</li> <li>• Under “Description of Mileage,” include:                             <ul style="list-style-type: none"> <li>○ A description of the requested mileage per each item,</li> <li>○ A basis of computation for the requested amount, and</li> <li>○ Whether the request is based on the federal/state travel policy or the applicant’s policy.</li> </ul> </li> </ul>
Justification (maximum of 500 characters)	<ul style="list-style-type: none"> <li>• Under “Justification for Mileage,” include:                             <ul style="list-style-type: none"> <li>○ A description of how the expense meets the purpose of this grant program, and</li> <li>○ If the applicant’s travel policy differs from the federal/state travel policy, provide the applicant’s policy as it relates to the request.</li> </ul> </li> </ul>

Example:

**Description**

*Agency estimates that over the 12-month grant period, victim advocates will travel 200 miles round trip to attend four Multi-disciplinary Team meetings with other service providers in our service area. This is based on travel in previous years. 200 miles x 72.5 cents per mile (.725) x 4 meetings = \$580.*

**Justification**

*These meetings are essential for victims’ services because we collaborate on cases to determine the best way to meet the needs of our clients during the meetings. The agency policy mileage reimbursement follows the federal standard mileage rate, which is currently 72.5 cents per mile.*

- d. Subsistence and Other Travel Costs Form** (If lodging, per diem, and other travel costs are not funded by this project, use \$0.00 on the budget grid.)

Subsistence (lodging and per diem) and other travel costs must be for staff of this grant project to assist them with meeting the goals of the grant. Federal travel rates can be found at this link: <https://www.gsa.gov/travel?topnav=travel>.

Subsistence and Other Travel Costs Form Instructions	
Indicate if subsistence (lodging and per diem) and other travel costs are included in the budget – “Yes” or “No.”	If “Yes,” complete the remainder of the form.
Subsistence	<ul style="list-style-type: none"> <li>• Under “Subsistence” enter:                             <ul style="list-style-type: none"> <li>○ The event title.</li> <li>○ Under “Lodging” enter the number of rooms required, number of nights, and rate cost.</li> <li>○ Under “Meals” enter the number of people, number of days, and the per diem rate.</li> </ul> </li> </ul>
Other Travel Costs	<ul style="list-style-type: none"> <li>• Under “Other Travel Costs,” enter:                             <ul style="list-style-type: none"> <li>○ The event title,</li> <li>○ The number of people attending,</li> <li>○ The number of trips with airfare, if any,</li> <li>○ The airfare rate, and</li> <li>○ Other travel costs.</li> </ul> </li> </ul>
Description (maximum of 500 characters)	<ul style="list-style-type: none"> <li>• Select the event item requested.</li> <li>• Under “Description of Costs,” include:                             <ul style="list-style-type: none"> <li>○ A description of the costs,</li> <li>○ A basis of computation for each cost, and</li> <li>○ Whether the request is based on the federal/state travel policy or the applicant’s policy.</li> </ul> </li> </ul>
Justification (maximum of 500 characters)	<ul style="list-style-type: none"> <li>• Under “Justification for Costs,” include:                             <ul style="list-style-type: none"> <li>○ A description of how the expense meets the purpose of this grant, and</li> <li>○ If the applicant’s travel policy differs from the federal/state travel policy, provide the applicant’s policy as it relates to the request.</li> </ul> </li> </ul>

Example:

**Description**

*Agency requests lodging and per diem for three advocates to attend basic advocacy training in Richmond, September 1-5, 2026. According to the federal rates, each complete day of per diem is \$48. \$48 x 5 days x 3 staff = \$720. This request is not prorated because each staff attending the conference will provide services under this grant project.*

**Justification**

*Attendance at this conference will give the direct service advocates who attend tools and*

*knowledge to work with victims. They are all new to the agency and have never attended basic training before. Providing direct services to victims is the purpose of this funding and we want to ensure it is done in an appropriate way. It is our agency policy to provide subsistence in accordance with the U.S. General Services Administration (GSA).*

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

**VSDVVF prosecution and discretionary applicants are not eligible to request funds within this category.**

- f. **Supplies and Other Expenses Form** (If supplies and other expenses are not funded by this project, use \$0.00 on the budget grid.)

*Supplies* are all other items of tangible personal property that are not equipment. VSDVVF funds may **not** be used to support the purchase of office supplies or other operating expenses. Applicants may request funds in the Supplies and Other Expenses category **only to support the cost of training registration fees**. Registration costs may be requested for VSDVVF project staff only. Training costs supported by VSDVVF must be directly related to the development of skills that will be used to strengthen the response to and/or prosecution of domestic violence, sexual abuse, stalking, and family abuse.

DCJS will consider requests to support attendance at appropriate out-of-state training conferences. DCJS will approve requests for funds to support out-of-state travel, or airfares to attend training conferences, with adequate justification. Justification must address how the training is needed to meet the goals of the grant and that it is unavailable within the state. Applicants should demonstrate that attendance is cost effective and will facilitate essential improvements in service delivery.

All costs must be itemized within this category.

Supplies and Other Expenses Form Instructions	
Indicate if supplies and other expenses are 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"> <li>• Select the item being requested.</li> <li>• Under “Description,” include:                             <ul style="list-style-type: none"> <li>○ An explanation of what the item is,</li> <li>○ The basis of computation that explains how the total cost of the item was determined,</li> <li>○ Whether the item is for exclusive use of this grant project. Grant funds cannot support the entire cost of an item that is not used for activities solely related to this grant</li> </ul> </li> </ul>

	<p>program; however, grant funds can support a prorated share of such an item. Prorating calculations must be provided under description.</p>
<p>Justification (maximum of 500 characters)</p>	<ul style="list-style-type: none"> <li>• Under “Justification,” include:             <ul style="list-style-type: none"> <li>○ Why the item is needed to carry out grant funded activities,</li> <li>○ An explanation of how the amount being requested is reasonable.</li> </ul> </li> </ul>

Example:

**Description**

*Applicant is seeking funding to pay for registration to attend the Stalking Conference held in Hampton in October 2026. The 3-day training is attended by victim advocates and other allied professionals to obtain information on best-practices when providing direct services to victims of stalking. This opportunity will allow staff to network as well as promote their knowledge and skills. The agency is requesting 15% of the cost from another grant program and so we are only requesting 85% of this cost. Registration is \$250 per person. 85% x 250=\$212.50 (\$213 in Budget Grid).*

**Justification**

*Attendance at the conference will provide our newly hired victim advocate the opportunity to gain knowledge and insight into current best practices, resources, and innovations within the field of victims’ services as it relates to working specifically with victims of stalking.*

Note: Under the personnel section, grant reviewers should see that the applicant is requesting 85% of the victim advocate’s total salary through this grant.

**g. 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.

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

## Attachments in OGMS

<b>Upload the following attachments in OGMS, if required.</b>		
	<b>When is it required?</b>	<b>Details</b>
<b>Evaluation Plan Tool</b>	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.
<b>List of Cooperative Agreements and Memorandums of Understanding (MOU)</b>	A list is required at the time of application:  When 3 or more years have passed since an	A list of cooperative agreements or MOUs is necessary to assess the extent to which applicants are collaborating with allied professionals to meet the goals

	<p>agreement was reviewed, OR</p> <p>When a change has occurred with the key officials authorized to commit an organization to an agreement.</p>	<p>and objectives of the proposed grant project.</p> <p>The submitted list must include:</p> <ul style="list-style-type: none"> <li>• Organization names</li> <li>• Authorized officials for each organization within the agreement</li> <li>• The date of execution and the date of expiration</li> </ul> <p>Completed copies of all cooperative agreements and MOUs must be readily available upon request by DCJS staff.</p>
<p><b>Letter authorizing grant certification and grant application submission</b></p>	<p>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.</p>	<p>Provide documentation from the Project Administrator authorizing a specific individual to enter the Project Administrator’s name as the electronic signature in OGMS.</p> <p>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.</p> <p>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.</p>

## 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 4<sup>th</sup> 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 <sup>st</sup> Quarter, July – Sept	October 15, 2026
2 <sup>nd</sup> Quarter, Oct. – Dec.	January 15, 2027
3 <sup>rd</sup> Quarter, Jan. – March	April 15, 2027
4 <sup>th</sup> 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 <sup>st</sup> Quarter, July – Sept	October 15, 2026
2 <sup>nd</sup> Quarter, Oct. – Dec.	January 15, 2027
3 <sup>rd</sup> Quarter, Jan. – March	April 15, 2027
4 <sup>th</sup> Quarter, April – June	July 15, 2027

## Submit Application

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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](mailto: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](http://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](mailto: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/Name	Jurisdiction	Maximum Award (Single Year)
Action in Community Svcs, Inc. (ACTS)	Non-Profit Organization	\$ 50,000
Appomattox County	Local Government	\$ 75,000
Bedford County	Local Government	\$ 75,000
Campbell	Local Government	\$ 75,000
Caroline	Local Government	\$ 75,000
Chesapeake	Local Government	\$ 75,000
Eastern Shore Coal. Agst. Dom. Viol.	Non-Profit Organization	\$ 50,000
Empowerhouse	Non-Profit Organization	\$ 50,000
Essex	Local Government	\$ 75,000
Fredericksburg	Local Government	\$ 75,000
Greene	Local Government	\$ 75,000
Hampton	Local Government	\$ 75,000
James City	Local Government	\$ 75,000
Just Neighbors Ministry, Inc.	Non-Profit Organization	\$ 50,000
Korean Comm Svc Ctr of Greater WA	Non-Profit Organization	\$ 50,000
Legal Aid Works	Non-Profit Organization	\$ 50,000
Loudoun	Local Government	\$ 75,000
Lynchburg	Local Government	\$ 75,000
Madison	Local Government	\$ 75,000
New Kent	Local Government	\$ 75,000
Newport News	Local Government	\$ 75,000
Norfolk	Local Government	\$ 75,000
Pulaski County	Local Government	\$ 75,000
Rapp. Council Against Sexual Assault	Non-Profit Organization	\$ 50,000
ReadyKids	Non-Profit Organization	\$ 50,000
Roanoke (Police Department)	Local Government	\$ 50,000
Rockingham	Local Government	\$ 75,000
Safe Harbor	Non-Profit Organization	\$ 50,000
Safehome Systems, Inc.	Non-Profit Organization	\$ 50,000
Scott	Local Government	\$ 75,000
Services to Abused Families, Inc.	Non-Profit Organization	\$ 50,000
Sexual Assault Resp. & Awareness, Inc.	Non-Profit Organization	\$ 50,000
Spotsylvania	Local Government	\$ 75,000
Stafford	Local Government	\$ 75,000
Tahirih Justice Center	Non-Profit Organization	\$ 50,000
Tazewell County	Local Government	\$ 75,000
The Center for Sexual Assault Survivors	Non-Profit Organization	\$ 50,000
Transitions	Non-Profit Organization	\$ 50,000
Virginia Commonwealth Univ	Other	\$ 50,000

VSDVVF SFY 2027 Guidelines and Application Procedures – Continuation

Warren	Local Government	\$	<b>75,000</b>
Wise County	Local Government	\$	<b>75,000</b>
YWCA of S. Hampton Roads	Non-Profit Organization	\$	<b>50,000</b>