



Office of First Responder Wellness Grant Program – FY2026

Guidelines and Application Procedures for First Responder Wellness Training, Support, and Equipment

***Application Due Date
March 17, 2025***

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

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I. Introduction

The Virginia Department of Criminal Justice Services (DCJS) Office of First Responder Wellness is offering funding to support first responder wellness for current and retired first responders. The First Responder Wellness Grant Program is designed to support the mental, emotional, and physical well-being of first responders in the Commonwealth of Virginia. This funding opportunity aims to provide resources to agencies and non-profit organizations focused on promoting the overall health and wellness of individuals who serve on the front lines of public safety, including law enforcement, fire, emergency medical services, emergency communication officers, and corrections officers. Established under Executive Order Thirty-Eight (2024), the DCJS Office of First Responder Wellness will award up to \$2,700,000 to first responder agencies and non-profit organizations to provide and facilitate training opportunities and establish or enhance wellness programs and peer support services to first responders.

These grant funds are to be used to support our first responders through programs addressing, but not limited to, emotional, physical, and overall personal wellness:

- Fund first responder wellness training for agency employees
- Fund registration fees, lodging, and per diem for agency employees to attend conferences related to first responder wellness
- Fund support costs for a therapy/support dog or costs for a dog already owned by an agency to attend training.
- Fund the purchase of therapeutic wellness equipment
- Provide funding for non-profit organizations to provide wellness training, resources, or direct services to first responders in the Commonwealth of Virginia

The mission of the Office of First Responder Wellness is to adopt a public health approach to first responders through primary prevention, early intervention, response, and recovery initiatives, including the development of resources that not only save the lives of our first responders but also improve their overall wellness. A First Responder is a current or retired law enforcement officer, firefighter, emergency medical services (EMS) provider, emergency communications officer, or corrections officer. A first responder agency is an agency that employs law enforcement officers, firefighters, emergency medical services (EMS) providers, emergency communications officers, or corrections officers. A non-profit agency is eligible to receive funding to provide wellness training, resources, or direct services to first responders in the Commonwealth of Virginia.

These guidelines contain the rules and requirements governing the Office of First Responder Wellness Grant Program and instructions for completing and submitting an application.

II. Eligibility

Grants will be awarded for a 12-month grant cycle to first responder agencies and nonprofit agencies to provide wellness training, resources, or direct services to first responders employed in the Commonwealth of Virginia.

To be eligible for funding, applicants must meet the following criteria:

- **First responder agencies:** Must be based in the Commonwealth of Virginia and serve first responders (e.g., fire, EMS, law enforcement, etc.). Agencies may include state, municipal, county, and regional departments.
- **Non-profit organizations:** Must be registered as a 501(c)(3) organization or equivalent with a demonstrated track record of providing wellness services, training, or resources to first responders.

Note: First responder staff may serve as a grant Project Director; however, the Project Administrator must be the locality's chief administrative officer who has the authority to make financial decisions (see definition under Application Forms and Instructions – Face Sheet). If a designee is authorized to make financial decisions in place of the locality's chief administrative officer, a signed letter designating the designees must be attached to the application. Non-profit staff may serve as a grant Project Director; however, the Project Administrator must be a member of the Board of Directors who has the authority to make financial decisions (see definition under Application Forms and Instructions – Face Sheet) for the non-profit agency.

The grant must be submitted under the locality's DCJS On-line Grant Management System (OGMS) registration. To be added to the locality's registration, please contact ogmssupport@dcjs.virginia.gov with your name and locality.

III. Grant Application Deadline

Applications must be submitted in the DCJS On-line Grants Management System (OGMS) no later than 5:00 p.m. on March 17, 2025. The system will not allow an applicant to submit an application after the deadline, and, therefore, it will not be considered. Allow time for any possible technical difficulties you may experience since the application will not be accepted after the deadline. Instructions on how to register in OGMS are available as an attachment. If you have not already done so, it is recommended that you register for OGMS as soon as possible, as the registration process can take several days.

IV. Amount Available

The total amount requested in an application may not exceed \$30,000, with a total of \$2,700,000 being awarded across all applications. All requested amounts must be reasonable and consistent with the locality's procurement policies. Awards are contingent upon funding availability.

V. Disbursement of Funds

Disbursement of funds will occur on a cost-reimbursement basis for actual funds expended. Actual expenditures must be reported quarterly and invoiced pursuant to approved line-item budget categories in the grant award package. Grantees will only be reimbursed for costs that have been incurred within the grant period, and which are reported on their financial report. Grant funds, including matching funds, may only be expended and/or obligated during the grant period. All obligations must be fulfilled no later than 45 days after the end of the grant period. Requests for reimbursement shall be submitted through the DCJS On-Line Grants Management System (OGMS).

VI. Grant Period

Applicants will be awarded funding on a competitive basis for one 12-month grant cycle beginning July 1, 2025, and ending on June 30, 2026. Awards are contingent upon funding availability.

VII. Match Requirement

There is no match requirement for this grant program.

VIII. Restrictions on Funding

- These funds **cannot be used to:**
 - Therapy/ support dogs cross trained as detection or tracking dogs
 - Stationary, weightlifting, or aerobic gym equipment

- Gym renovations

Equipment and Supplies

These grant funds **can be used to** procure equipment and supplies necessary to provide and facilitate training opportunities, establish or enhance wellness programs, and provide peer support services to first responders. The funding can also be used to purchase therapeutic equipment.

Grant funds cannot support the entire cost of an item not used exclusively for grant project-related activities; however, grant funds can be used to support a pro-rated share of such an item.

Equipment and supply expenses can include, but are not limited to:

- Massage Chairs
- Meditation Pods
- Exercise Balls
- Foam Rollers
- Yoga Mats
- Materials to support first responder wellness trainings

For this funding opportunity, **equipment is defined** as tangible property having a useful life of more than one year and a per-unit cost equal to or exceeding \$10,000. All other expenses should be itemized as supplies.

Programming

These grant funds can be used for education-based programming expenses that enhance first responder wellness. Expenses can include, but are not limited to:

- First responder wellness training for first responder agencies
- Support costs for a therapy/support dog
- First responder wellness training, resources, or direct services by non-profit organizations

Travel and Subsistence

These grant funds can be used to cover travel and subsistence expenses related to attending first responder wellness conferences, including:

- Registration fees
- Lodging
- Per diem
- Mileage

Unallowable Expenses

The following activities and/or expenses cannot be supported with these funds:

- Expenses related to the purchase of firearms, handcuffs or other wrist restraints, or any stun weapon as defined in the *Code of Virginia* [§ 18.2-308.1](#)
- Food or beverage for any meeting, training, or event
- Funds to support Therapy/ support dogs cross-trained as detection or tracking dogs
- Stationary, weightlifting, or aerobic gym equipment

- Gym renovations
- Capital expenses
- Expenses occurred before the start or after the end of the grant period

IX. Availability of Continuation Funding

Continuation funding is not available under this grant opportunity.

X. Application Forms and Instructions

Each application **must be submitted using the DCJS On-line Grant Management System (OGMS)**. Emailed files or paper applications will not be accepted. All required fields must be completed to submit your application. Do not include any items not requested, such as letters of support, annual reports, publicity articles, etc.

General Information: The OGMS Application Creation Wizard will assist you in completing the application's General Information form.

- *Step 1:* The Wizard requires an application title and a primary contact. The application title should include the locality or organization name and the fiscal year (e.g., Town of ABC – FY26 or Organization – FY26).

The primary contact is the person who has the day-to-day responsibility of managing the grant. It is recommended that the Project Director (definition under Face Sheet) be listed as the primary contact. You will be able to add additional people and give them access to edit the application in Step 3 or associate them later if the grant is awarded.

Once the information has been entered, click "Save Form" to enter Step 2.

- *Step 2:* Under this step, an Application ID will be assigned, and Program Area, Funding Opportunity, Application Stage, and Application Status will be auto-populated. Select the organization for whom you will be submitting this application.
- *Step 3:* Under "**Additional Applicants,**" select any additional contacts within your organization that will also manage the grant and work on the application, including the Project Administrator and Finance Officer (definitions under Face Sheet). Only individuals listed as an applicant will have access to the application. Once you click "Save Form Information" on Step 3, you will have completed the General Information component of the application.

After the General Information section has been completed, you can complete the application in any order or save it to return at another time.

Face Sheet: Required

- *Congressional District:* Select the Congressional District(s) that will benefit from the program. To select more than one, hold down the Ctrl key.
- *Best Practice:* This does not apply to this grant program.
- *Jurisdiction(s) Served:* Select all jurisdiction(s) served.
- *Program Title:* Provide a program title that indicates how the funds will be utilized to enhance first responder wellness.
- *Certified Crime Prevention Community:* Click the hyperlink on the form to see if your locality is certified.

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- *Type of Application:* You will choose “New” for this funding opportunity.
- *Community Setting:* Check the box(es) that best describes the applicant service area.
- *Brief Project Overview:* Provide a short description of the project. If requesting funds for programming, explain the purpose of the programming. If requesting funds for supplies and/ or equipment, explain the purpose of the supplies and/ or equipment.
 - **Please Note:** The Brief Project Overview is provided to the Criminal Justice Services Board (CJSB) for review when making final award decisions.
- *Project Director:* List the person who will have the day-to-day responsibility for managing the project and provide all required contact information.
- *Project Administrator:* List the person who has the authority to formally commit the locality to comply with all the terms of the grant application. This must be the county administrator, the city, county, town manager, or the chief elected officer of the locality, such as the Mayor or Chairman of the Board of Supervisors (not the Sheriff, Chief of Police, Fire Chief, or Superintendent). For non-profit organizations, the Project Administrator must be a member of the Board of Directors who has the authority to make financial decisions for the non-profit agency
 - **Please Note:** If someone other than one of these officials has been delegated the authority to sign and provides their signature on the grant application, your organization must: (1) provide a letter, memorandum, or other document by which the signing authority was delegated on an official organization letterhead, (2) provide an effective date, (3) provide a list of applicable grant numbers, (4) provide the contact information of the person being granted signatory authority, and (5) submit under “Attachments”.
 - The received letter, memorandum, or other document shall run through the project period as defined in the grant award terms and conditions.
 - A new letter is required for any newly issued DCJS grant and/or change in delegation of authority.
- *Finance Officer:* List the person who will be responsible for the fiscal management of the funds and provide all required contact information.

Project Narrative: All questions in this section are **required**.

- *Demonstration of Need*
 - Provide a clear and detailed explanation of the need for wellness-related support and resources within your agency or non-profit organization. Describe the challenges your first responders face regarding their mental, emotional, and physical well-being and how these challenges impact their performance, safety, and overall wellness.
 - Describe your existing resources and services that are available to address first responder wellness, and state why those resources and services are not adequate to the needs of your first responders.
- *Project Description:*
 - Provide a detailed description of the project design and planned implementation activities. Describe how the project will reach the stated goals of this funding opportunity and the capabilities of your organization to implement and manage this project. If you are requesting equipment and/or training expenses, explain how they will be used.
- *Service Area Demographic/Target Population:*
 - Identify the target population, where the activities will occur, and any key community partners supporting the proposed project.

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- **Sustainment Plan:**
 - Provide a brief description of how your organization intends to support this program after grant funding ends.

Goals and Activities: This section is **required** under this grant program. You should have a goal, activity, and outcome for each objective outlined in the grant application. Responses should be clear and concise, using the limited number of characters available for each field.

- **Goals:** Briefly explain what you plan to accomplish with the funds you are requesting (add a row for each program objective).
- **Activity:** Briefly explain what activities will be performed to accomplish the goal.
- **Outcome:** Briefly explain how you will demonstrate your progress and success on the quarterly status reports.

Budget: Required

- A detailed budget outlining the requested funds and how they will be used (e.g., registration fees, travel expenses, training materials, equipment/ supply costs).
 - Note: Personnel, Fringe, Consultants, and Indirect Cost expenses are unallowable under this grant program.

Personnel and Employee Fringe Benefits: This grant program does not fund Personnel and Fringe benefits.

Travel: To request funding, you should answer “Yes” when asked, “Is Travel being requested?” when completing the online grant application. Otherwise, answer “No”.

If the applicant does not have an established local travel policy, then they must adhere to [state travel policy](#). If local travel policy differs from the state travel policy, provide or describe the policy in the justification.

Local Mileage: Click “Add Row.” Local mileage is considered travel within the first responder agency or non-profit organization’s jurisdiction.

- *Number of Miles:* Enter the number of miles.
- *Mileage Rate:* Enter the rate used to calculate the costs. If the locality does not have an established travel policy, then the applicant must adhere to the state travel policy.
- *Total Local Mileage:* This figure will auto-calculate when you save the row.
- *Local Mileage Funding:* The “Local Mileage Total” will auto-calculate when you save the row.

Non-Local Mileage: Click “Add Row.” Non-local mileage is travel outside of the first responder agency or non-profit organization’s jurisdiction.

- *Number of Miles:* Enter the number of miles.
- *Mileage Rate:* Enter the rate used to calculate the costs. If the locality does not have an established travel policy, then the applicant must adhere to the state travel policy.
- *Total:* This figure will auto-calculate when you save the row.
- *Non-Local Mileage Funding:* The “Non-Local Mileage Total” will auto-calculate when you save the row.

Mileage Description and Justification: You must complete this section if you request funds under Local or Non-Local Mileage.

- *Type:* Choose Local Mileage or Non-Local Mileage from the drop-down box.
- *Description of Mileage:* Describe the reason for the travel.

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- *Justification for Mileage:* Explain why costs are necessary and essential to achieving the goals and objectives of the grant. Describe the local travel policy if it differs from the state travel policy.

Subsistence: To request funding for Subsistence/Other Travel Costs, you should answer, “Yes” when asked, “Are Subsistence/Other Travel Costs being requested?” when completing the online grant application. Otherwise, answer “No”.

If the applicant does not have an established local travel policy, they must adhere to the [state travel policy](#). If local travel policy differs from the state travel policy, provide or describe the policy in the justification.

Subsistence: Click “Add Row.” The costs are associated with lodging, meals, and transportation necessary for grant-related activities.

- *Event Title:* Enter the name of the event requiring costs.
- *Number of People Attending:* Enter the number of staff attending the event.
- *Number of Nights:* Enter the number of nights staff require lodging. The number of nights should be the sum of all staff. For example, if the conference is 3 nights and 2 staff are attending, you would enter 6 nights (3 nights x 2 staff = 6 nights).
- *Lodging Rate:* Enter the rate amount. If the locality does not have an established travel policy, then the applicant must adhere to the state travel policy.
- *Total:* This figure will auto-calculate when you save the row.
- *Number of Days:* Enter the number of days staff are eligible for per diem. If the locality does not have an established travel policy, then the applicant must adhere to the state travel policy. The number of days should be the sum of all staff attending the event. For example, if the conference is 3 days and 2 staff are attending, you would enter 6 days (3 days x 2 staff = 6 days).
- *Per Diem Rate:* Enter the rate for per diem. If the locality does not have an established travel policy, then the applicant must adhere to the state travel policy.
- *Total:* This figure will auto-calculate when you save the row.
- *Subsistence Funding:* The “Subsistence Total” will auto-calculate when you save the row.

Subsistence Description and Justification: You must complete this section if you request funds under Subsistence.

- *Event:* Choose the event from the drop-down box.
- *Description of Costs:* Describe the event and the reason for the travel.
- *Justification for Costs:* Explain why costs are necessary and essential to achieving the goals and objectives of the grant. Describe the local travel policy if it differs from the state travel policy.

Other Travel Costs: Click “Add Row”. Enter expenses associated with other travel costs necessary for grant-related activities. **Airfare costs are not allowed** under this grant program.

- *Event Title:* Provide the name of the event.
- *Cost Type:* Enter the type of expense, e.g., parking, tolls, and other travel costs required to attend the event.
- *Number of People Attending:* Enter the number of staff attending the event.
- *Rate:* Enter the rate of the cost type.
- *Total:* This figure will auto-calculate when you save the row.
- *Other Travel Costs Funding:* The “Other Travel Costs Total” will auto-calculate when you save the row.

Other Travel Costs Description and Justification: You must complete this section if you request funds under Other Travel Costs.

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- *Event:* Choose the event from the drop-down box.
- *Description of Costs:* Describe the event and the reason for the travel.
- *Justification for Costs:* Explain why costs are necessary and essential to achieving the goals and objectives of the grant. Describe the local travel policy if it differs from the state travel policy.

Equipment: To request funding for Equipment, you should answer, “Yes” when asked, “Is Equipment being requested?” Otherwise, answer “No”.

For this grant program, equipment is defined as tangible personal property with a useful life of more than one year and a per-unit cost of \$10,000 or greater. Please note that grant-funded equipment should be tracked, managed, and disposed of in a manner consistent with the agency’s policies.

Grant funds cannot support the entire cost of an item that is not used exclusively for grant project-related activities; however, grant funds can support a pro-rated share of such an item.

Equipment: Click “Add Row”.

- *Equipment Item:* List the item to be purchased to support the position.
- *Cost Per Item:* Enter the unit cost or monthly rate for the item to be purchased.
- *Total Number of Items/Monthly Rate:* Enter the number of items to be purchased or the number of months requiring payment.
- *Total Cost:* This figure will auto-calculate when you save the row.
- *Equipment Funding:* The “Equipment Total” will auto-calculate when you save the row.

Equipment Description and Justification: If you are requesting funds under “Equipment,” you must complete this section for each item.

- *Equipment Item:* List the item to be purchased.
- *Description of Costs:* Describe the item and how it will be used.
- *Justification for Costs:* Explain why costs are necessary and essential to achieving the goals and objectives of the grant. If the agency’s capitalization policy is less than \$10,000, provide an explanation.

Additional Documentation: This option allows applicants to attach supporting documentation for the equipment items and costs. Click “Add New Attachment” and upload the file. In the description box, indicate the equipment item and explain the information the file provides.

Supplies and Other: To request funding for Supplies and Other Expenses, you should answer, “Yes” when asked, “Are Supplies & Other Expenses being requested?” Otherwise, answer “No”.

Grant funds cannot support the entire cost of an item that is not used exclusively for grant project-related activities; however, grant funds can support a pro-rated share of such an item.

Supplies and Other Expenses: Click “Add Row”.

- *Supply/Item Requested:* List the item to be purchased. Costs can be itemized by major types. For example, pens, paper clips, and staples can be under Office Supplies, but should be listed under the “Description of Supply/Item”.
- *Cost Per Item/Monthly Rate:* Enter the unit cost or monthly rate for the supply/item.
 - *Total Number of Items/Number of Months:* Enter the number of items to be purchased or the number of months requiring payment.
- *Total Cost:* This figure will auto-calculate when you save the row.
- *Supplies & Other Expenses Funding:* The “Supplies & Other Expenses Total” will auto-calculate when you save the row.

Supply/Item Requested Description and Justification: If you are requesting funds under “Supplies & Other Expenses,” you must complete this section for each item.

- *Supply/Item:* choose the supply/item from the drop-down box.
- *Description of Supply/Item:* Describe the item and how it will be used.
- *Justification for Supply/Item:* Explain why costs are necessary and essential to achieving the goals and objectives of the grant.

Additional Attachment(s): Non-profits requesting funding can attach the organizations 501(c)(3) or equivalent designating non-profit status.

If the project administrator has given another individual signing authority, you must attach a memo from the Project Administrator giving permission for a specific person to sign in their stead.

Authority Certification: This section is required under this grant program. If the person completing the application is not the Project Administrator, as defined above, information regarding the signing authority or the delegation of such authority should be submitted under “Attachments.”

XI. Reporting Requirements

Grant recipients must submit quarterly financial and status reports through OGMS. Both quarterly reports are due within 15 days after the end of each calendar quarter, even if no activity has occurred. Failure to comply in a timely manner may result in DCJS withholding the disbursement of grant funds and/or termination of the grant.

XII. Submitting the Application

Applications must be submitted in the DCJS On-line Grants Management System (OGMS) no later than 5:00 p.m. on Monday, March 17, 2025. The system will not allow you to apply after the deadline has passed; therefore, it will not be considered. Plan time for any possible technical difficulties you may experience since the application will not be accepted after the deadline. Each application form in OGMS must be marked as complete before you can submit the application. If you receive an alert, you will need to review the form for any missing required information.

XIII. Technical Assistance

Please contact the following DCJS staff for questions regarding your grant application:

- Phyllis Vaughan: email phyllis.vaughan@dcjs.virginia.gov or telephone (804) 340-9754
- Tracy Matthews: email tracy.matthews@dcjs.virginia.gov or telephone (804) 371-0635

For specific questions regarding first responder wellness training, equipment, supplies or programming, and/or first responder roles and responsibilities, please contact the following DCJS staff:

- Ronald Coombs: email ronald.coombs@dcjs.virginia.gov or telephone (804) 845-0505

For assistance with the OGMS system, email ogmssupport@dcjs.virginia.gov and include the grant program in the subject line. This should be used for general system questions and not grant application-specific inquiries.

A copy of this solicitation is available on OGMS and the [DCJS website \(www.dcjs.virginia.gov\)](http://www.dcjs.virginia.gov).

For additional resources, refer to the Attachments and Website Links under the Funding Opportunity.

XIV. Grant Application Review Process

DCJS staff will utilize an application review form to review all grant applications. The competitive review process may include DCJS staff, who will rate each application based on the information provided, adherence to the funding opportunity, the strength of the request made for funding, and funding priorities. Reviewers may consider geographic location, budget justification, proposed project cost-effectiveness, and competitive funds' availability. DCJS reserves the right to change program budgets based on allowable costs, justification of items, and available funding. Grants may be funded in full or in part based on the number of qualifying applications, available funding, and geographical representation. Each submitted grant application will be rated on its quality and adherence to these guidelines.

The Grants Committee of the Criminal Justice Services Board (CJSB) will review brief project overviews, summaries of staff evaluations of applications, and grant application scores for competitive applications. The Committee will then make funding recommendations to the full CJSB, which will make final grant award decisions at its meeting in May 2025. Funding decisions made by the CJSB are final and may not be appealed.

XV. Grant Submission Advisory

Please read all grant guidance carefully. Because funding is limited, the following technical errors in grant preparation and/or submission will likely result in your grant application not being considered for funding:

- Failure to provide all requested grant components
- Failure to designate the correct official as the Program Administrator
- Exceeding the budget limits established under this funding opportunity (see IV. Amount Available)
- Requesting funding for unallowable expenses
- Failure to submit your grant application in OGMS by the deadline (5:00 pm on March 17, 2025)