



Virginia Opioid Use Reduction and Jail-Based Substance Use Disorder Treatment and Transition Fund Grant Program

Program Guidelines and Competitive Application
Procedures For Funding Calendar Years 2025-2027

Application Due Date:
Friday, October 18, 2024, 5:00 pm
Late applications will not be accepted.

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

Issued August 22, 2024

Contents

I. Introduction	3
II. Grant Period	3
III. Eligibility	3
IV. Amount Available	3
V. Match Requirement	4
VI. Availability of Continued Funding	4
VII. Approved Uses and Restrictions	4
VIII. Financial and Status Reporting Requirements	5
IX. Grant Application Due Date	5
X. Grant Technical Assistance	5
XI. Grant Application Review Process	5
XII. Application Instructions	6
A. General Information	6
B. Face Sheet	6
C. Budget Summary	7
D. Project Narrative	7
E. Goals and Objectives	7
F. Itemized Budget	7
1. Personnel and Employee Fringe Benefits	8
2. Consultants	8
3. Travel	9
4. Subsistence and Other Travel Costs	9
5. Equipment	10
6. Supplies and Other Expenses	10
7. Indirect Costs	10
G. Non-Supplantation	10
H. Authority Certification	10
XIII. How and Where to Submit Application	11

I. Introduction

The Virginia Department of Criminal Justice Services (DCJS) administers special funds designated to support Virginia Opioid Use Reduction and Jail-Based Substance Use Disorder (SUD) Treatment and Transition programs. This program is currently funded by the 2024 Appropriations Act, which includes \$2,000,000 from the Commonwealth Opioid Abatement and Remediation Fund.

This grant program is intended to expand access to substance use disorder treatment and transitional services for individuals incarcerated in local and regional jails in Virginia. Funded programs may include medication assisted treatment therapies, addiction recovery and other substance use disorder services, reentry and transitional support, or a combination of these services.

This is a competitive application process. The Virginia Opioid Use Reduction and Jail-Based SUD Treatment and Transition Fund Grant Program Guidelines and Application Procedures provide detailed guidance to aid applicants in determining eligibility, justifying need, developing itemized budgets and budget narratives, and completing other related forms. Using the guidance presented in this document, applicants can efficiently and effectively prepare complete applications.

Local and regional jails may also want to consider applying for federal Residential Substance Abuse Treatment (RSAT) funds when they become available to plan, implement, or enhance substance use disorder treatment programs within their facilities.

II. Grant Period

The grant period is for 36 months, January 1, 2025 – December 31, 2027. Grant funds are non-reverting, and awards will be for the three-year period to allow local and regional jails time to plan, implement, and/or enhance substance use disorder treatment and transitional service programs.

III. Eligibility

All Virginia local and regional jails are eligible to apply for these grant funds. However, due to the grant program goal of expanding program access, local and regional jails that do not currently have substance use disorder treatment and transitional services will be given priority in funding. Additionally, regional jails that have not received funding from the Opioid Abatement Authority will be prioritized for funding.

Funds made available through this award shall not be used to replace State or local funds that would, in the absence of this grant, be made available for the same purposes.

IV. Amount Available

Included in the appropriation for this grant program is \$2,000,000 in non-reverting funds from the Commonwealth Opioid Abatement and Remediation Fund.

Requests for the three-year period may not exceed \$150,000.

Applicants should submit a needs-based application and budget requesting the anticipated amount needed for the successful implementation of SUD treatment and transitional services within the jail setting. DCJS has the discretion to make awards for greater or lesser amounts than requested and to negotiate the scope of work and budget with applicants prior to making an award. Award amounts will be determined by justification of need and availability of funds. Applicants will be expected to revise budgets based on the final award amount.

V. Match Requirement

There are no matching funds required for this grant. However, additional funds used to support programs must be documented in the Funds From Other Sources section in the DCJS Online Grants Management System (OGMS).

VI. Availability of Continued Funding

The three-year award of a Virginia Opioid Use Reduction and Jail-Based SUD Treatment and Transition Fund grant does not guarantee funding awards in subsequent years. Should continuation funds become available, a project's implementation, performance, compliance with reporting requirements, and any special conditions placed on the grant are key factors in determining eligibility for continued funding.

VII. Approved Uses and Restrictions

Grant recipients may use these grant funds to:

1. Plan and/or implement a traditional substance use disorder treatment program.
2. Plan and/or implement a Medication Assisted Treatment (MAT) program.
3. Plan and/or implement a transitional services program for individuals with substance use disorder.
4. Enhance or expand existing substance use disorder treatment and/or transitional services programs. Funds cannot be used to support existing services.

Grant recipients may not use these grant funds to:

1. Cover indirect costs.
2. Purchase equipment unless it is a necessary part of, and incidental to, an approved project.
3. Supplant or replace, in whole or in part, federal, state, or local funds already supporting current program services.
4. Cover capital construction, renovation, or remodeling costs.
5. Pay for personal entertainment, personal calls, or alcohol.
6. Pay for lobbying.

VIII. Financial and Status Reporting Requirements

Grant recipients must submit quarterly Financial and Status Reports (aka Progress Reports) through OGMS. Failure to comply in a timely manner may result in DCJS withholding disbursement of grant funds and/or termination of the grant. DCJS will provide grant reporting requirements at the time of grant award.

Required reports include:

1. Quarterly Financial Expenditures, detailed in quarterly claims.
2. Quarterly Reporting on Program Income.
3. Quarterly Status Reports, describing activities supported with these funds.

Grant recipients are required to complete Financial and Status Reports by the 15th of the month after the close of each quarter. If that date falls on a weekend or state recognized holiday, the reports are due on the next business day.

Projected CY2025 Project Status Report and Financial Report Due Dates:

1 st Quarter, Jan. – Mar.	April 15, 2025
2 nd Quarter, Apr. - June	July 15, 2025
3 rd Quarter, July – Sept.	October 15, 2025
4 th Quarter, Oct. – Dec.	January 15, 2026

IX. Grant Application Due Date

Applications must be submitted in OGMS **no later than 5:00 p.m. on Friday, October 18, 2024**. After such time, OGMS will no longer permit applications to be submitted. Early submissions are encouraged. The OGMS link is <https://ogms.dcjs.virginia.gov/index.do>.

X. Grant Technical Assistance

For technical assistance with preparing and submitting a grant application, please contact Cyn Nwarache at (804) 659-2264 or cynthia.nwarache@dcjs.virginia.gov.

XI. Grant Application Review Process

All applications will be evaluated as part of a competitive review process. Each application will be assessed based on information provided, 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, cost-effectiveness of proposed projects, and the availability of funds. DCJS reserves the right to change program budgets based on allowable costs, justification of items, and available funding. DCJS has the discretion to make awards for greater or lesser amounts than requested.

The Grants Committee of the Criminal Justice Services Board (CJSB) will review and make funding recommendations to the full CJSB. **The CJSB is expected to make final grant award decisions at its meeting in December 2024.** Funding decisions made by the CJSB are final and may not be appealed.

DCJS will issue grant award packages based on the final approval of the CJSB. Fiscal and programmatic revisions may be required as a condition of funding.

XII. Application Instructions

Applications and required attachments must be submitted through the OGMS at ogms.dcjs.virginia.gov. After you login to OGMS, click on “Funding Opportunities” and select the funding opportunity entitled “**Jail-Based Substance Use Treatment CY2025-2027**”.

A. General Information

1. **Grant Id:** This is auto generated by OGMS.
2. **Title:** “[Enter the name of the program/project this grant will fund] CY2025-2027”
3. **Organization:** Select the name of the Organization or Locality of the Administrative Agent and Fiscal Agent applying for the grant.
4. **Grantee Contact:** Select the name of the primary contact (local program director) for the application.
5. **Additional Applicants:** Select the names of others within your organization that will also manage this grant.

B. Face Sheet

1. **Congressional District:** Select all congressional districts served by your agency.
2. **Best Practice:** Do not use.
3. **Jurisdiction(s) Served:** Select all jurisdictions served by your agency.
4. **Program Title:** Enter the name of the program (or project) that this grant will fund
5. **Certified Crime Prevention Community:** Do not use.
6. **Type of Application:** Select New Grant.
7. **Community Setting:** Check all that apply (rural, urban, suburban, or statewide).
8. **Brief Project Overview:** Provide a description of the program, including numbers projected to serve (maximum of 750 characters).
9. **Project Director:** 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.
10. **Project Administrator:** Name and contact information for the administrative and fiscal agent who oversees the management of the grant. This is the person who has authority to formally commit the organization, locality, or state agency to complying with all of the terms of the grant application.
11. **Finance Officer:** Name and contact information for the person responsible for fiscal management of the funds associated with this grant.

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

C. Budget Summary

Report the amount of state funds requested for CY2025-2027 by category (e.g., Personnel, Supplies and Other) on the application face sheet. Do not include the other funds and in-kind that support this project. Round all amounts to the nearest dollar. This budget reflects only the amount of grant funds you are requesting.

D. Project Narrative

This is a competitive grant application. The project narrative should be completed and attached to the application in OGMS to allow applicants the space needed to provide complete demonstration of need, project description, service area demographic/target population, and sustainment plan. Project Narratives should not exceed 10 pages.

- **Demonstration of Need:** Provide a description of the problem or need, specific to the service population, that this grant project will address. Describe the existing resources and services (regardless of funding source) that are available to address the identified problems and indicate why these grant funds are required to address the needs. Include if you qualify for prioritization in grant funding due to not currently having a substance use disorder treatment program or are a regional jail that has not received funding from the Opioid Abatement Authority.
- **Project Description:** Provide a clear and concise summary of the planning activities, program implementation, or program expansion. Include the positions within the facility and partners outside of the facility who will guide these efforts. For program expansion, include any relevant performance data or evaluation procedures used that demonstrate that the program's activities, policies, and practices contribute to the reduction of recidivism and other successful outcome measures.
- **Service Area Demographic/Target Population:** Provide a description of the target population served by the program. Include numbers to be served and expected outcomes.
- **Sustainment Plan:** Provide a description of the agency's sustainment plan including, but not limited to, quality assurance, hiring/recruitment/retention, and succession planning.

E. Goals and Objectives

This section on the application is designed to assist agencies in focusing on adherence to research-informed practices. Programs are required to include two to four goals. Each goal must have two to three objectives. Each objective must be specific, measurable, action-oriented, realistic, time bound, and directly related to the program. Applicants will report on the status of their goals and objectives quarterly.

F. Itemized Budget

Complete an itemized budget, including description and justification for all seven budget categories: 1) Personnel/Benefits; 2) Consultants; 3) Travel; 4) Subsistence/Other Travel

Costs; 5) Equipment; 6) Supplies and Other Expenses; and 7) Indirect Costs. If you are not requesting funds in a budget category, you must still complete the form by opening the form, selecting “no” indicating that you are not requesting funds in that category, and selecting “Mark as Complete.” All amounts must be rounded to the nearest dollar.

Funds from Other Sources: Enter all funds from other sources that support the program. Please include all awards/subawards from all sources, locality contributions, and any other sources of funding. Do not report these as match.

1. Personnel and Employee Fringe Benefits

This applies to all employees supported by funds (state, federal, or local) associated with this project.

- Indicate if personnel costs are included in your budget. If “yes” enter the employee’s name, position title, full or part-time status, total hours worked per week, total hours worked per year, and the total annual salary. Indicate the percentage of the salary amount requested from the grant (regardless of funding source) and if this is a new position.
- Under Positions and Justification, select employee name and enter the description (maximum 500 characters) and justification (maximum 500 characters) for each position. Indicate if positions are split between this project and other projects. Enter all tasks, duties, and responsibilities related directly to project activities consistent with the *Code of Virginia* and any statutes, standards, policies, guidelines, and regulations issued by DCJS.
- Under Employee Benefits, select the employee’s name and indicate each type of benefit (FICA, Retirement, Group Life, Health Insurance, Worker’s Comp, Unemployment, Disability, and other) and the total cost of each benefit for each employee assigned to the project. If this is percentage based, indicate the percentage. If you are unable to enter the fringe benefits for individual employees, create an employee named “Fringe Benefit” and enter the aggregate amounts for each fringe benefit but enter zero for the salary. If you elect this process, leave the fringe amounts for each individual employee at zero.

2. Consultants

- Indicate if consultants or consultant subsistence and travel costs are included in your budget. If “yes” under “Consultant” and “Consultant Subsistence (lodging + meals) & Travel” enter the information required and the amounts requested from the grant.
- Under the Description and Justification, select the name of the consultant and enter in the description of consultant’s role (maximum of 500 characters) and justification for use of consultant (maximum of 500 characters) for each item.
- Include the number of individuals benefiting from each type of service and a per participant/group cost, where applicable.

- For individuals reimbursed for personal services on a fee basis: Enter each type of consultant or service (with numbers in each category and names of consultants when available), the proposed daily fee rate, and the amount of time to be devoted to such services. Costs should not exceed \$650 per day or \$81.25 per hour.
- For organizations, including professional associations and educational institutions, performing professional services: Enter the type of services performed and estimated contract prices. Requests for contracted services and consultants will be very carefully screened. Consultant and contracting fees will be approved only when it is justified that the use of outside contract agencies and consultants will significantly and permanently enhance project effectiveness.
- Description of all services the Community Services Board (CSB) provides and the cost (including services that are free of charge). If using services other than through the CSB, the decision should be explained.
- Consultant Travel and Subsistence: This is generally not allowable unless it is necessary, reasonable, and justified. These must be reasonable and adhere to the grantee's established travel policy. High mileage should be explained and justified.

3. Travel

- Indicate if travel (mileage) costs are included in your budget. If "yes" under "Local Mileage" or "Non-local mileage" enter the number of miles and the mileage rate amounts requested from the grant.
- Unless a local policy governs, mileage is reimbursed at the federal rate (<https://www.irs.gov/tax-professionals/standard-mileage-rates>). **Local mileage** is travel within the immediate service area (satellite offices, referral agencies, meetings, etc.). **Non-local Mileage** is outside of the immediate service area (trainings, conferences, meetings, etc.).
- Under the Description and Justification, select the mileage being requested and enter in the description of mileage (maximum of 500 characters) and justification for mileage (maximum of 500 characters) for each item.

4. Subsistence and Other Travel Costs

- Indicate if subsistence and other travel costs are included in your budget. If "yes" under "Subsistence" enter the event title, under "Lodging" enter the number of rooms required, number of nights and rate cost, and under "Meals" enter the number of individuals, number of days, and the per diem rate requested from the grant.
- Grantees must follow the federal/state travel policy, which utilizes the GSA approved rate (<https://www.gsa.gov/travel/plan-book/per-diem-rates>), *unless there is a written local travel policy*. Transportation costs, such as air and rail fares, are

at coach rates. Subsistence is paid according to a per diem rate. Justify all travel by explaining its relevance to job duties.

- Under the Description and Justification, select the event item being requested and enter in the description of costs (maximum of 500 characters) and justification for costs (maximum of 500 characters) for each item.

5. *Equipment*

- Indicate if equipment is included in your budget. If “yes” enter the item requested, the cost per item or monthly rate, and the total number of items or months for each item requested from the grant. Equipment means tangible personal property (including information technology systems) having 1) a useful life of more than one year and 2) a per-unit acquisition cost of \$5,000 or greater (or the organization’s capitalization policy, if it is less than \$5,000). If the organization does not have a capitalization policy in place, the amount of \$5,000 must be followed.
- Under the Description and Justification, select the equipment item being requested and enter in the description (maximum of 500 characters) and justification (maximum of 500 characters) for each item.

6. *Supplies and Other Expenses*

- Indicate if supplies and other are included in your budget. If “yes” enter the item requested, the cost per item or monthly rate, and the total number of items or months for each item requested from the grant. Supplies means all items of tangible personal property that are not equipment. This includes computing devices that cost less than \$5,000 per unit (or the organization’s capitalization threshold, if that is less than \$5,000). Supplies and Other Operating Expenses include, but are not limited to rent, utilities, cell/land/fax/internet services, educational information, postage, and office supplies.
- Under the Description and Justification, select the supply or item being requested and enter in the description (maximum of 500 characters) and justification (maximum of 500 characters) for each item.

7. *Indirect Costs*

Indirect costs are not allowable for this grant.

G. Non-Supplantation

Project Administrator or delegated official must provide assurances against supplantation. Review and select “yes” as appropriate and provide the date, and their name and title.

H. Authority Certification

Date, Name, and Title should be entered by the Authorizing Official.

XIII. How and Where to Submit Application

Submit applications and required attachments through the DCJS Online Grants Management System (OGMS) by 5:00p.m. on Friday, October 18, 2024. For technical assistance completing or submitting the grant application in OGMS, please contact ogmssupport@dcjs.virginia.gov. For questions regarding these guidelines and for technical assistance preparing the application, please contact Cyn Nwarache at cynthia.nwarache@dcjs.virginia.gov or (804) 659-2264.