



Jail Mental Health Pilot Program (JMHPP) Grant Program

**Guidelines and Application Procedures
for Continuation Grants
State Fiscal Year 2026**

Application Due Date

Friday, March 14, 2025, 5:00pm

Late applications will not be accepted.

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) administers general funds designated to support Jail Mental Health Pilot Programs (JMHP) in providing evidence based behavioral health treatment to mentally ill, justice involved populations. JMHP's objectives are to enhance the capabilities of carceral environments to provide services to the seriously mentally ill population including medications, cognitive behavioral treatment, and assist individuals and communities through the reentry process by delivering community-based mental health treatment and other broad-based aftercare services.

The applicant programs must include collaboration with an aftercare program with a focus on reentry and mental health treatment needs of the program participants with a goal of creating a continuity of care from incarceration to community. These programs will be required to work in collaboration with a behavioral health entity for continued services upon reentry to include lifestyle changes, behavioral health interventions, and substance use treatments. DCJS requires all JMHP grantees to focus on partnerships and innovative collaborations with community stakeholders to ensure that care is provided in a wraparound fashion.

Applications for need-based funding for State Fiscal Year (SFY) 2026 are now being accepted. The Jail Mental Health Pilot Program (JMHP) Grant Guidelines and Application Procedures provide detailed guidance to aid applicants in determining eligibility, 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.

A. Grant Period

The grant period is for 12 months, SFY2026, July 1, 2025, through June 30, 2026.

Grant period extensions will not be considered.

B. Funding Source

Funding for this grant program is made available from general state funds.

C. Authority/Funding, Purpose, and Priority Areas

The specific purpose of the JMHP Grant Program is to facilitate mental health services to individuals housed in local and regional jails. This includes assessments to identify participants, treatment plans, treatment services within the jail, and connection to services in the community upon release.

D. Amount Available

DCJS anticipates \$1,875,000 will be available for awards under this funding opportunity. Applicants should submit a needs-based application and budget requesting the anticipated amount needed for the successful implementation of JMHPP programming and services in SFY2026. 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.

E. Match

Recipients of these funds are not required to provide matching funds under this funding opportunity. Additional funds to support programs must be documented in the Funds From Other Sources section in the DCJS Online Grants Management System (OGMS).

F. 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. Claims and financial reports must be submitted through the DCJS On-line Grant Management System (OGMS).

II. Applicant Eligibility Requirements

The current five JMHPP programs are eligible to apply for funds under this grant. These programs are Chesterfield County Sheriff’s Office, Middle River Regional Jail, Prince William Adult Detention Center, Richmond City Sheriff’s Office, and Western Virginia Regional Jail.

To be eligible for funding under this grant program, organizations:

1. Must not be excluded or debarred from doing business with the Commonwealth of Virginia.
2. Must be in good standing with all state agencies with which they have an existing grant or contractual relationship.
3. Must hold current professional and state licenses and certifications as needed for individual grant-funded projects.

III. Grant Project Requirements

By applying for these grant funds, the applicant asserts that they will comply with the requirements of the JMHPP Grant Program.

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:

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

All JMHPP grant recipients will be required to:

1. Comply with DCJS requirements and provide programmatic information about implementation and enhancement activities.
2. Provide data and information as defined by DCJS and the Appropriation Act.
3. Use mental health screening and assessment instruments designated by the Department of Behavioral Health and Developmental Services.
4. Provide services to all mentally ill inmates in the designated pilot program, whether state or local responsible.
5. Maintain a collaborative partnership among local agencies and officials, including community services boards, local community corrections and pre-trial services agencies, local law-enforcement agencies, attorneys for the Commonwealth, public defenders, courts, non-profit organizations, and other stakeholders.
6. Train jail staff in working with mentally ill inmates.
7. Provide a continuum of services.
8. Use evidence-based programs and services.
9. Provide services including, but not limited to, mental health treatment services, behavioral health services, case managers to provide discharge planning for individuals, re-entry services, and transportation services.
10. Report on a quarterly basis qualitative and quantitative data of pilot site performance, to include: (i) mental health screenings and assessments provided to inmates, (ii) mental health treatment plans and services provided

to inmates, (iii) jail safety incidents involving inmates and jail staff, (iv) the provision of appropriate services after release, (v) the number of inmates re-arrested or re-incarcerated within 90 days after release following a positive identification for mental health disorders in jail or the receipt of mental health treatment within the facility.

IV. Grant Application Technical Assistance

DCJS staff is available to provide technical assistance regarding the funding announcement and the application procedures. For guidance on preparing and submitting a grant application, please contact Patricia Shaw at patricia.shaw@dcjs.virginia.gov or (804) 908-1749.

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

V. Grant Application Deadline

Submit applications through the DCJS Online Grants Management System (OGMS) no later than 5:00PM on Friday, March 14, 2025. Early submissions are encouraged. The Funding Opportunity number is 544617. The OGMS link is <https://ogms.dcjs.virginia.gov/index.do>.

VI. Restrictions and Limitations

A. Non supplantation

This funding opportunity is supported with state funds. State funds must be used to supplement existing federal and local funds for program activities and must not supplant (replace) those funds that have been appropriated for the same purpose. Additionally, requests for “new” staff positions must be justified, must not supplant state, federal or local funds, and must result in significant additional service delivery.

B. Non-allowable expenses

JMHPP grant recipients may not use these grant funds to pay for:

1. Any portion of salary for the time not dedicated to approved, grant funded activities.
2. Capital construction, renovation, remodeling, or land acquisition.
3. The purchase or lease of any vehicles.
4. Firearms, ammunition, or related equipment.
5. Lobbying or political contributions.
6. Honoraria.

7. Personal entertainment, personal calls, or alcohol.
8. Indirect costs.
9. Equipment unless it is a necessary part of, and incidental to, an approved project.

Bonuses and raises may be allowable if they are approved as part of a locality's compensation plan or approved by the Board of Directors of a non-profit organization.

VII. Availability of Continuation Funding

The award of a JMHPP grant does not guarantee funding awards in subsequent years. In addition to the availability of funds, 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.

VIII. Application Review Process

DCJS will base its review on the quality and thoroughness of the application. DCJS will consider each application based on content, clarity, and strength of the request made for funding.

Reviewers will consider current and past performance, project progress and implementation, demonstrated need, geographic location, budget justification, program design and services provided, sustainability, cost effectiveness of proposed projects, adherence to grant guidelines, and the availability of funds.

Current DCJS grant recipients will not be considered for funding if, as of the application due date, any of the required claims, financial reports (detail of expenditure reports in OGMS) or progress reports (status reports in OGMS) 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.

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 Criminal Justice Services Board is expected to make award determinations at its May 2025 meeting. Award determinations are final and may not be appealed. DCJS will issue grant awards based on approval from the Criminal Justice Services Board. Fiscal and/or programmatic revisions may be required as a condition of funding; such revisions must be submitted in OGMS prior to project initiation.

IX. Application Instructions

Grant applications must be entered in OGMS (<https://ogms.dcjs.virginia.gov>). Register and/or confirm existing registration at least two weeks prior to the application due date to ensure that the individual who will be submitting the application has OGMS access. To apply for this grant, select Funding Opportunity 544617, **Jail Mental Health Pilot Program SFY2026**.

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

A. Instructions for Face Sheet (in OGMS)

1. **Congressional District:** Select all [congressional districts](#) served by your agency.
2. **Best Practice:** Do not use.
3. **Jurisdiction(s) Served:** Select all jurisdictions that are served by your agency.
4. **Program Title:** Program titles must include your organization's name, and Jail Mental Health Pilot Program SFY2026.
5. **Certified Crime Prevention Community:** Do not use.
6. **Type of Application:** Enter "Continuation"
7. **Community Setting:** Check all that apply (rural, urban, suburban, or statewide).
8. **Brief Project Overview (maximum of 750 characters):** Provide a description of the proposed project and the anticipated implementation of 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 including position titles.
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 person who has authority to formally commit the organization, locality, or agency to complying with all the terms of the grant application, including the provision of match, if applicable. 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. If someone other than one of these officials has been delegated the authority to serve as Project Administrator, attach a letter specifically delegating authority to serve in this capacity. Such letter must be specific to this funding opportunity, signed by the person granting this authority, on agency letterhead, and dated after the release of these guidelines.

11. **Finance Officer:** Name and contact information for the person responsible for fiscal management of the funds associated with this grant. For example, treasurer of the agency's board, locality financial manager and hired accountant.

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

B. Budget Summary Form (in OGMS)

Report the amount of funds requested by category: Personnel, Fringe Benefits, Consultants, Travel, Subsistence and Other Travel, Equipment, and Supplies and Other Expenses. Funding reported on the grid should represent the whole grant period. Round all amounts to the nearest dollar.

Funding for this grant program comes from State General Funds. Place requests for funding under the State column.

Each budget line must correspond to the itemized budget forms. Prior to submitting the application, please ensure that each itemized budget form aligns with the total amount requested on the budget grid.

Funds from Other Sources: Enter all funds from other sources that support the agency applying for funding. Please include all awards/subawards from all sources, locality contributions, and any other sources of funding.

C. Project Narrative Form (in OGMS)

Demonstration of Need, (Maximum of 5,000 characters):

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.

Project Description, (Maximum of 5,000 characters): Provide a clear and concise summary of the program, including any relevant performance data or agency 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, (Maximum of 5,000 characters): Provide a description of the service area(s) and target population served by the program.

Sustainment Plan, (Maximum of 5,000 characters): Provide a description of the agency's sustainment plan including, but not limited to, quality assurance, hiring/recruitment/retention, and succession planning. Include any adaptations to operations and practices over the past three years the agency plans to sustain in the future.

D. Goals and Objectives Form (in OGMS)

All applicants must complete project-specific Goals and Objectives. Awarded applicants will report on the status of their goals and objectives quarterly. Goals and objectives must be reflective of the work anticipated to occur in the grant period with awarded funds. Applicants must identify two to three goals. Each goal must have two to three objectives. Each objective must be "SMART," meaning they must be specific, measurable (i.e. qualifiable), action-oriented, realistic, and time-based. Goals and objectives should be directly related to one or more required qualitative and quantitative data of pilot site performance, to include: (i) mental health screenings and assessments provided to inmates, (ii) mental health treatment plans and services provided to inmates, (iii) jail safety incidents involving inmates and jail staff, (iv) the provision of appropriate services after release, (v) the number of inmates re-arrested or re-incarcerated within 90 days after release following a positive identification for mental health disorders in jail or the receipt of mental health treatment within the facility.

E. Itemized Budget Form

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

Requirements:

- All items requested in each budget form must be allowable, reasonable, and justifiable.
- 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.

- 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.
 1. Prorating means the request for funding is proportional to the use of each item for this grant program.
 2. If an item is used exclusively for this proposed project, prorating is not needed. If the item is used to support other projects in the agency, prorating is needed.
 3. How to prorate:
 - a. Proration Based on Budget: If your request for funding is 15% of your total operating budget, you can prorate items that are not used exclusively for this proposed project by 15%.
 - b. Proration Based on grant funded staff: If your staff is funded 50% by this grant, you can prorate this person's computer, office supplies, office furniture or other assigned items by 50%.
- Budgeting Match

Match is not required under this grant program. Do not add matching funds to the budget.

1. Personnel and Employee Fringe Benefits Itemized Budget Form (If no personnel are funded by this project use \$0.00 on the budget grid.)

This section applies to all employees and volunteers supported by any funds associated with this project. Staff time that is supported by grant funds may only be spent on approved grant activities.

Indicate if personnel costs are included in your budget – yes or no. If “yes” under “Personnel” enter the employee’s name, position title, if it is full time or part time, the total hours per week worked, the total hours per year, the total annual salary (regardless of funding source), and the amount requested under the grant. Indicate if this is a new position. If the position is vacant, enter “Vacant” in lieu of an employee name.

All requested amounts must be reasonable given the complexity of work, and consistent with the applicant’s staff compensation plan. If you are requesting funding for a position that provides services outside of these grant activities, prorate your request to only include time spent on this grant project.

- a. Under “Employee Fringe Benefits” select the employee’s name and enter the fringe benefit costs (FICA, Retirement, Group Life, Health Insurance, Workers’ Compensation, Unemployment, Disability, and other). If you are unable to enter the fringe benefits for individual employees, create an employee named “Fringe Benefit” and enter the

- b. 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.
- c. Under the Positions and Justification, select the employee's name and enter in the description of position (maximum of 500 characters) and justification for position (maximum of 500 characters) for each item.
Under Description, describe grant-related duties performed (do not list job duties that are not under this grant), how the position was prorated, and provide basis of computation for fringe benefits.
Under Justification, explain how the position is essential to the goals in the proposed project and justify the rate of compensation by providing assurance that the rate is approved by the Board of Directors or aligned with the locality compensation plan, and similar to other positions in the geographic area that perform similar work.
- d. Attach a job description for each position for which funding is being requested in the attachment section of the OGMS application.

2. Consultants Form (If no consultants are 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 under consultants; for example, training facilitators, consulting firms, employment agencies, interpreters, translation services, property management, daycare providers, etc.

Do not include membership fees in consultants. Membership fees must be placed in supplies and other expenses, and they must be in the name of the applicant organization, rather than an individual.

- a. Indicate if consultants or consultant subsistence and travel costs are included in your budget – yes or no. If “yes” under “Consultant” and “Consultant Subsistence (lodging + meals) & Travel” enter the information required and the amounts under the funding source(s) as appropriate.
- b. 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. 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.
- c. For organizations, including professional associations and educational institutions, performing professional services: Enter the type of

services being 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.

- d. Consultant Travel and Subsistence: This is generally not allowable unless it is necessary, reasonable, and justified. Reimbursable costs must adhere to the recipient's established travel policy.
- e. 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). Include a description of each service contracted for, the number of clients benefiting from each type of service, and total budgeted amount for each service and a per client/group cost. Applicants are encouraged to attach supporting documentation to justify the request.

3. Travel Form (If no travel is funded by this project use \$0.00 on the budget grid.)

The OGMS travel form is for mileage only. Mileage reimbursement must be for staff or volunteers of this grant project to assist them with meeting the goals of the grant. Mileage is separated in this grant solicitation because many programs have differing mileage rates for local and non-local mileage. **Local mileage** is considered travel within the immediate service area (satellite offices, court, meetings, etc.). **Non-local mileage** is outside of the immediate service area (trainings, conferences, meetings, etc.).

- a. Indicate if travel (mileage) costs are included in your budget – yes or no. If “yes” under “Local Mileage” or “Non-local mileage” enter the number of miles and the mileage rate.
- b. Itemize total travel expenses of program personnel by local mileage and nonlocal mileage. 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, court, meetings, etc.). Non-local mileage is outside of the immediate service area (trainings, conferences, meetings, etc.).
- c. 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. If local travel policy differs from the federal/state travel policy, please provide or describe the policy in the justification. State in the description whether the request is based on the federal/state travel policy or the agency's policy.

4. Subsistence and Other Travel Costs Form (If not funded by this project use \$0.00 on the budget grid.)

Subsistence and other travel costs must be for staff of this grant project to assist them with meeting the goals of the grant.

- a. Indicate if subsistence and other travel costs are included in your budget – yes or no. 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 people, number of days, and the per diem rate.
- b. Recipients must follow the federal per diem rates (<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.
- c. Under Other Travel Costs, enter the event title, number of people attending, number of trips with airfare, the rate, and other travel costs.
- d. 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. If local travel policy differs from the federal/state travel policy, please provide or describe the policy in the justification. State in the description whether the request is based on the federal/state travel policy or the agency's policy.

5. Equipment Form (If no equipment is funded by this project use \$0.00 on the budget grid.)

Grant funds may be used to purchase equipment needed to meet the goals of the grant on a case-by-case basis. Grant funded equipment must be tracked, managed, and disposed of in a manner consistent with the subrecipient's policies.

- a. 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.

- b. Indicate if equipment is included in your budget – yes or no. If “yes” enter the item requested, the cost per item or monthly rate, and the total number of items or months for each item.
- c. 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.

Under Description, provide the basis of computation for the requested amount and explain how the item is prorated to its support of the grant project. Provide an explanation of how the amount being requested is reasonable. Grant reviewers will want to know whether the cost of the item is typical for similar items. Explain how you determined the cost of an item, for example, you received a quote from a vendor. Attach applicable documentation of estimated cost.

Under Justification, explain how the item is essential to the goals in the proposed project. If equipment is requested to replace outdated or “old” equipment, briefly describe why replacement is necessary and when the “old” equipment was acquired.

6. Supplies and Other Expenses (If 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. 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 Expenses include, but are not limited to, the following: office supplies, postage, training registration, telephone services, cell phone services, equipment maintenance, internet provider contracts, membership fees and printing projects. All computers purchased with DCJS grant funds must be equipped with updated anti-virus protection software.

All costs must be itemized within this category by major types e.g., office supplies, equipment use fees (which must be supported by usage logs), printing, postage, telecommunications. If the item includes more than one component, identify subcomponents under Description.

- a. Indicate if supplies and other expenses is included in your budget – yes or no. If “yes” enter the item requested, the cost per item or monthly rate, and the total number of items or months for each item.
- b. 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. Under description, explain what the item is and provide a basis of computation that explains how the total cost of the item was determined. Under justification, explain why the item is needed to meet the goals of the grant. If the item is replacing an older item, include the age of the older item and explain why it must be replaced.

Also under Description, explain 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 program; however, grant funds can support a prorated share of such an item. Prorating calculations must be provided under Description.

Applicants are encouraged to limit computer purchase requests to \$1,500 per workstation.

Membership fees should be requested under this category. Grant funds may support a maximum of three memberships per year. Memberships must be in the name of the organization, not an individual. Under Description, describe the organization or association, membership rate, and the benefits the applicant will receive with membership. Under Justification, explain how the membership is essential to the goals in the proposed project.

7. **Indirect Costs** (If no indirect costs are funded by this project use \$0.00 on the budget grid.)

Indirect costs are not permitted under this grant program.

F. Attachments

Upload in OGMS the following attachments.

1. If applicable, a letter designating signing authority is required if someone other than the specified individual signs any of the certifications in the application. The letter must be on official organization letterhead, include an effective date, list applicable grant numbers or application titles, and include the contact information of the person being granted signatory authority.
2. Applicants seeking funding under Personnel must attach job descriptions for each new staff position for which they are requesting funding. Job

descriptions must correspond to each new position listed on the application.

G. General Conditions and Assurances

All applicants must complete this form. It must be signed by the Project Administrator.

H. Non-Supplantation

All applicants must complete the Non-Supplantation form. The form must be signed by the Project Administrator.

Note: State funds must be used to **supplement** existing federal and local funds for program activities and must not **supplant (replace)** those funds that have been appropriated for the same purpose. Additionally, requests for “new” staff positions must be justified, must not supplant other funds, and must result in significant additional service delivery.

I. Authority Certification

All applicants must complete this form. It must be signed by the Project Administrator.

X. 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.

- A. Financial Reports (called Claims and Detail of Expenditures in OGMS)
Grant recipients must submit quarterly financial reports in (OGMS). All grant recipients are required to complete financial 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 Financial Report Due Dates for SFY Grants:

1 st Quarter, July – Sept.	October 15
2 nd Quarter, Oct. – Dec.	January 15
3 rd Quarter, Jan. – March	April 15
4 th Quarter, April – June	July 15

- B. Progress reports (called Status Reports in OGMS)
Grant recipients must submit quarterly status reports through the OGMS.

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

Projected Quarterly Status Report Due Dates for SFY Grants:

1 st Quarter, July – Sept.	October 15
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2 nd Quarter, Oct. – Dec.	January 15
3 rd Quarter, Jan. – March	April 15
4 th Quarter, April – June	July 15

XI. How and Where to Submit Application

Submit applications and required attachments through the DCJS Online Grants Management System (OGMS) by 5:00PM on March 14, 2025. After such time, OGMS will no longer permit applications to be submitted.

For technical issues and questions regarding OGMS, email ogmssupport@dcjs.virginia.gov (and include your grant name and application number) or visit OGMS Training & Resources at <https://www.dcjs.virginia.gov/grants/ogms-training-resources>.

DCJS staff are available to provide technical assistance and support during the application process via email at patricia.shaw@dcjs.virginia.gov or (804) 908-1749.