

Grant Application

Virginia Department of Criminal Justice Services, 1100 Bank Street, Richmond, VA 23219

Grant Program:	
Applicant:	
Applicant Federal ID Number:	
Jurisdiction(s) Served:	
Program Title:	
Grant Period:	
Type of Application:	<input type="checkbox"/> New <input type="checkbox"/> Continuation of Grant Number: _____ <input type="checkbox"/> Revision of Grant Number: _____

	Project Director	Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-mail:			

Signature of Project Administrator: _____

Brief Project Description:

Project Budget Summary	DCJS Funds		Total
	General	Federal	
Personnel	\$	\$	\$
Consultants	\$	\$	\$
Travel/Subsistence	\$	\$	\$
Equipment	\$	\$	\$
Indirect Costs	\$	\$	\$
Supplies/Other Operating Expenses	\$	\$	\$
Totals:	\$	\$	\$
Grand Total: \$			