



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services**

Grant Application

Grant Program:		Congressional District(s)	
Applicant:		Faith Based Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant Federal ID Number:		Best Practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jurisdiction(s) Served and Zip Codes:			
Program Title:		Certified Crime Prevention Community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant Period:		DUNS NUMBER:	
Type of Application:	<input type="checkbox"/> New <input type="checkbox"/> Continuation of Grant Number _____ <input type="checkbox"/> Revision of Grant Number _____		<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban

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

Signature of Project Administrator:

Brief Project Description:

Project Budget	DCJS Funds		Local Match	Total Requested
	Federal	State		
Personnel				
Consultants				
Travel				
Equipment				
Supplies/Other				
Indirect Costs				
Total Requested				