



## Virginia Department of Criminal Justice Services

### Prerelease and Post Incarceration Services (PAPIS) Grant Program Guidelines and Application Procedures Award Period State Fiscal Year 2027

State Funds Solicitation

**Online Grants Management Funding Opportunity Number**  
566415

**Application Deadline**

March 16, 2026, at 5:00pm

Late applications will not be accepted.

Guidelines Issued February 9, 2026

Virginia Department of Criminal Justice Services  
1100 Bank Street, Richmond, VA 23219  
[www.dcjs.virginia.gov](http://www.dcjs.virginia.gov)

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## General Information

The Virginia Department of Criminal Justice Services (DCJS) is accepting applications through the On-line Grants Management System (OGMS) ([www.ogms.dcjs.virginia.gov/index.do](http://www.ogms.dcjs.virginia.gov/index.do)) for state fiscal year (SFY) 2027, Prerelease and Post Incarceration Services (PAPIS).

The purpose of this grant program is to facilitate case management, reentry planning, transitional housing, treatment, employment readiness, and employment placement for individuals returning to the community from a local or regional jail. Ideally, services start while an individual is incarcerated in a local or regional jail and continue after release. In addition to providing resources for basic needs, programs should incorporate research-informed practices that target individual criminogenic risk factors, needs, and strengths associated with both recidivism and successful reentry.

| Funding Details                      |                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grant Award Period                   | SFY 2027, 7/1/2026 – 6/30/2027<br>Grant period extensions will not be considered.                                                                                                                                                                                                                                                                                      |
| Funding Source                       | Funding for this grant program is made available from general state funds.                                                                                                                                                                                                                                                                                             |
| Expected Total Amount of Funding     | DCJS anticipates \$3,596,429 in state general funds will be available for awards under this funding opportunity. Applicants may request the same amount for SFY2027 as awarded 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. |
| Availability of Continuation Funding | The award of a PAPIS grant does not guarantee funding awards in subsequent years. In addition to the availability of funds, a project's implementation, performance, and compliance with reporting requirements, and any special conditions placed on the grant are key factors in determining eligibility for continued funding.                                      |
| Match Requirement                    | Recipients of these funds are not required to provide matching funds under this funding opportunity; however, additional funds to support programs must be documented in the Funds From Other Sources section in the DCJS Online Grants Management System (OGMS).                                                                                                      |
| Disbursement of Funds                | Disbursement of funds will occur on a cost-reimbursement basis for actual funds expended.                                                                                                                                                                                                                                                                              |

|                                     |                                                                                                             |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------|
|                                     | Grantees that need advances to maintain program operations should contact their grant monitor for approval. |
| OGMS Funding Opportunity Number     | 566415                                                                                                      |
| <b>Application Deadline in OGMS</b> | <b>March 16, 2026, at 5:00pm</b>                                                                            |

## **Application Assistance**

DCJS staff are available to provide technical assistance regarding the funding announcement and application procedures. The following resources are available for guidance on preparing and submitting a grant application:

| <b>Application Assistance</b> |                                                                                                                                |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| DCJS Contact                  | Cynthia Nwarache<br><a href="mailto:Cynthia.Nwarache@dcjs.virginia.gov">Cynthia.Nwarache@dcjs.virginia.gov</a>                 |
| OGMS Assistance               | <a href="http://www.dcjs.virginia.gov/grants/ogms-training-resources">www.dcjs.virginia.gov/grants/ogms-training-resources</a> |
| OGMS Contact                  | <a href="mailto:ogmssupport@dcjs.virginia.gov">ogmssupport@dcjs.virginia.gov</a>                                               |

## **Applicant Eligibility Requirements**

### **Types of Organizations**

Current PAPIS programs are eligible to apply for funds under this grant. The following organizations are eligible:

|                                              |                                                |
|----------------------------------------------|------------------------------------------------|
| Colonial Community Corrections               | OAR-Jefferson Area Reentry Transition Services |
| Northern Neck Regional Jail                  | OAR-Richmond                                   |
| Northwestern Regional Adult Detention Center | STEP-UP, Inc.                                  |
| OAR-Arlington                                | Virginia CARES Inc                             |
| OAR-Fairfax                                  |                                                |

### **Other Eligibility Requirements**

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

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

## Grant Project Requirements

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### Grant Conditions and Requirements

By applying for these grant funds, the applicant asserts that they read, understand, and will comply with the following state requirements and policies:

- PAPIS Grant Specific Conditions  
<https://www.dcjs.virginia.gov/filebrowser/download/2637?fid=2637#block-uswds-base-subtheme-page-title>

The above linked document is for PAPIS SFY 2026 conditions. Conditions for SFY 2027 will be provided upon award but are not expected to differ significantly.

### Non-Supplantation

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

### Match

Recipients of these funds are not required to provide matching funds under this funding opportunity.

### Failure to Abide by Terms and Conditions

DCJS may suspend (in whole or in part) or terminate funding, require a Corrective Action Plan, or impose other sanctions on a grantee for any of the following:

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

### Non-allowable Expenses

PAPIS grant recipients may not use these grant funds to pay for any of the following:

- Any portion of salary for time not dedicated to approved, grant-funded activities,
- Capital construction, renovation, remodeling, or land acquisition,
- The purchase or lease of any vehicles,
- Firearms, ammunition, or related equipment,
- Political contributions or lobbying,

- Honoraria,
- Personal entertainment, personal calls, or alcohol,
- Indirect costs,
- Equipment unless it is a necessary part of, and incidental to, an approved project,
- Duplicate services in geographical areas where services are already established by a PAPIS-funded program,
- Professional grant writing and report writing services, or
- Executive and administrative salaries and benefits that exceed 20% of the total grant award.

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.

### **Data Reporting Requirements**

Quarterly, grant recipients will report grant expenditures, the number of participants served, grant activities, program changes, grant goals and objectives, and any challenges implementing the grant project.

For details about reporting deadlines, see the Grant Reporting Requirements section in these grant guidelines.

## **Application Review Process**

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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 without an approved extension. DCJS may waive this provision for good cause, which may be submitted via a contract amendment reporting extension in OGMS through the applicant's current award.

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 (CJSB) is expected to make award determinations at its May meeting. Award determinations are final and may not be appealed.

DCJS will issue grant awards based on approval from the CJSB. Fiscal and or programmatic revisions may be required as a condition of funding. Such revisions must be submitted in OGMS prior to project initiation unless otherwise indicated by DCJS.

## Before Applying

Grant applications must be entered in OGMS ([www.ogms.dcjs.virginia.gov/index.do](http://www.ogms.dcjs.virginia.gov/index.do)). Register or confirm existing registration at least two weeks prior to the application due date to ensure the individual who will be submitting the application has access to OGMS.

To be eligible for funding under this grant program, organizations must have a current and active Unique Entity Identifier (UEI) number. This can take up to ten days or longer to complete. Applicants without a UEI registration should begin this process as soon as possible. Applicants without a UEI registration will not be considered.

## Application Instructions

OGMS instructions for **registering for a new account** and OGMS instructions for **applying for funding** are found at [www.dcjs.virginia.gov/grants/ogms-training-resources](http://www.dcjs.virginia.gov/grants/ogms-training-resources).

To apply for this grant, select Funding Opportunity 566415, Prerelease and Post Incarceration Services SFY2027 in OGMS.

### A. Face Sheet (in OGMS)

| Face Sheet Instructions (in OGMS)    |                                                                                                                                                                                     |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Congressional District(s)            | Select all congressional districts ( <a href="http://www.census.gov/mycd">www.census.gov/mycd</a> ) served by the agency.                                                           |
| Best Practice                        | Not applicable to this grant program.                                                                                                                                               |
| Jurisdiction(s) Served               | Select all jurisdictions proposed to be served by this grant program.                                                                                                               |
| Program Title                        | Program titles must include the organization's name, name of the grant program, and the state fiscal year.<br><br>Example, DCJS, Prerelease and Post Incarceration Services SFY2027 |
| Certified Crime Prevention Community | Not applicable to this grant program.                                                                                                                                               |
| Type of Application                  | Enter "Continuation of Grant."                                                                                                                                                      |
| Community Setting                    | Check all that apply.                                                                                                                                                               |

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brief Project Overview | <p>Provide a description of the proposed project and the anticipated implementation 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 (include position titles).</p> <p>For example, PAPIS funds will be used for the following: salary and benefits for two reentry advocates, a percentage of the program coordinator, and a qualified mental health professional; Narcan kits, hygiene and self-care kits, gender-responsive curriculum, and staff development training. For the upcoming fiscal year, we anticipate providing trauma informed reentry services to 175 individuals reentering back into our locality post incarceration.</p>                                                                                                                                                                                                                                                                                                                                                     |
| Project Director       | <p>Provide the 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Project Administrator  | <p>The Project Administrator is the person who has authority to formally commit the organization, locality, or state agency to comply with all the terms of the grant application, including the provision of the required match. 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.</p> <p>Someone other than the Project Administrator can sign grant documents if they have been delegated the authority to sign and provide their signature on grant documents. This person should not be the Project Director or Finance Officer listed on the face sheet.</p> <p>The Project Administrator listed on the grant should meet the definition above and cannot be the person who has been given signing authority.</p> <p>See the section of these guidelines titled, "Attachments in OGMS" for details about what must be attached to the application in OGMS to delegate</p> |

|                 |                                                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | signing authority.                                                                                                                                                                                                                       |
| Finance Officer | Provide the name and contact information for the person responsible for fiscal management of the funds associated with this grant, such as the treasurer of the agency's board, the locality financial manager, or the hired accountant. |

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

## B. Project Narrative Form (in OGMS)

The project narrative describes the need for the project, the project itself, the goals of the project, and how the applicant will measure the project's performance.

| Project Narrative Instructions (in OGMS)                                 |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Demonstration of Need (Maximum of 5,000 characters)                      | <p>Provide a description of the problem, need, or issue specific to the service population that this grant project will address.</p> <p>Describe the existing resources and services that are available to address the identified problems.</p> <p>Explain why these grant funds are necessary to address the needs.</p> <p>Describe how the proposed project will address the identified problem, need, or issue.</p> |
| 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.                                                                                                                               |

**C. 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.

| <b>Project Specific Goals and Objectives Form Instructions (in OGMS)</b> |                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goal (Maximum of 100 characters per goal)                                | Applicants must enter three to four goals. Goals must reflect the work anticipated to occur in the grant period with awarded funds. Select “Add Entry” to enter each goal.                                                                                                                   |
| Objectives (Maximum of 500 characters per objective)                     | Under each goal, enter two to three objectives. Each objective must be “SMART,” meaning they must be specific, measurable (i.e. quantifiable), attainable, related to items in the budget, and time-based.<br><br>Goals and objectives must address the purpose of this funding opportunity. |
| Intended Outcome/Impact (Maximum of 2000 characters)                     | Describe the intended outcome anticipated should each goal be reached.                                                                                                                                                                                                                       |
| Data Collection (Maximum of 2000 characters)                             | Describe the data that will be tracked to determine whether grant goals have been met and the method to store and analyze the data.                                                                                                                                                          |
| Time Frame (Maximum of 250 characters)                                   | Describe the time frame needed for each goal. Time frames should not exceed the grant period.                                                                                                                                                                                                |

**Example:**

**Goal:** To co-develop trauma-informed reentry success plans alongside 90% of PAPIS program participants within their first three office/virtual visits. Each individualized reentry success plan will be a living document.

**Objective 1:** Within three office and/or virtual visits, the PAPIS funded staff and the PAPIS program participant will co-develop a reentry success plan that centers the reentering person’s self-identified goals, strengths, input/feedback, aspirations, responsivity factors, and Risk-Need-Responsivity (RNR) assessment results.

**Objective 2:** The PAPIS funded staff and the PAPIS program participant will begin each visit with a wellness check-in and hold space for the program participant to both give and receive feedback about their progression towards achieving their goals; to include but not limited to wins/celebratory moments, presented challenges, triggers, strengths, motivational level(s), and bouts of stagnation.

**D. Budget and Related Narratives**

1. The budget grid is a form located on OGMS. The budget grid summarizes the total amount of funding requested in each budget category, and the amount being requested from federal funds, state funds, and special funds.

| Budget Grid Instructions                                                                                                |                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Report the amount of funds requested by category. Funding reported on the grid should represent the whole grant period. | <ul style="list-style-type: none"> <li>• Personnel</li> <li>• Fringe Benefits</li> <li>• Consultants</li> <li>• Travel</li> <li>• Subsistence (lodging and per diem) and Other Travel</li> <li>• Equipment</li> <li>• Supplies and Other Expenses</li> <li>• Indirect Costs</li> </ul> |
| Match                                                                                                                   | Match is not required under this grant program. Do not add matching funds to the budget.                                                                                                                                                                                               |
| Place requests for funding under the "State" column.                                                                    | Funding for this grant program comes from state general funds. Place requests for funding under the "State" column.                                                                                                                                                                    |
| Ensure that each itemized budget form aligns with the total amount requested on the budget grid.                        | Each budget line must correspond to the itemized budget forms. Round all amounts to the nearest dollar.                                                                                                                                                                                |
| Funds from Other Sources                                                                                                | Enter all funds from other sources that support the project applying for funding.                                                                                                                                                                                                      |

2. Itemized budget forms are located in OGMS. There is an itemized budget form for each of the budget categories. Information entered into these forms must include a description and justification for items included in the budget.

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

Requirements for itemized budget forms:

- All items requested in each budget form must be allowable per grant guidelines, reasonable, and justified as clearly necessary for the project to succeed.

- In general, a cost will be considered reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
- At the bottom of each itemized budget form, the applicant must identify the funding source for the budgetary items. Allocate all expenses under state funds.
- 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. 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.

**How to Prorate:**

- Proration Based on Budget: If the request for funding is 15% of the total operating budget, prorate items that are not used exclusively for this proposed project by 15%.
- Proration Based on Grant Funded Staff: If staff is funded 50% by this grant, prorate their computer, office supplies, office furniture, cellphone, or other assigned items by 50%.

- a. Personnel and Employee Fringe Benefits Itemized Budget Form** (If personnel are not 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 supported by grant funds may only be spent on approved grant activities.

| Personnel and Employee Fringe Benefits Itemized Budget Form Instructions |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indicate if personnel costs are included in the budget – “Yes” or “No.”  | If “Yes,” complete remainder of the form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Personnel                                                                | <p>Enter the employee’s name, position title, whether the position 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” instead of an employee name.</p> <p>All requested amounts must be reasonable given the complexity of work and consistent with the agency’s approved compensation plan. For funding requested for a position that provides services</p> |

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           | outside of these grant activities, prorate the request to only include time spent on this grant project.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Employee Fringe Benefits                  | <p>Select the employee's name.</p> <p>Enter the fringe benefit costs (FICA, retirement, group life, health insurance, workers' compensation, unemployment, disability, and other).</p> <p>If fringe benefits for individual employees cannot be determined, create an employee named "Fringe Benefit" and enter the total amounts for each fringe benefit and enter zero for the salary. If this process is elected, leave the fringe amounts for each individual employee at zero.</p> <p>Fringe benefit amounts must be proportional to the requested salary.</p> |
| Description (maximum of 500 characters)   | <p>Select the employee's name.</p> <p>Under "Description of Position," include:</p> <ul style="list-style-type: none"> <li>• Grant-related duties performed (do not list job duties that are not under this grant)</li> <li>• Whether and how the position was prorated</li> <li>• The basis of computation for fringe benefits</li> </ul>                                                                                                                                                                                                                          |
| Justification (maximum of 500 characters) | <p>Select the employee's name.</p> <p>Under "Justification for Position," include:</p> <ul style="list-style-type: none"> <li>• How the position is essential to the goals in the proposed project</li> <li>• State that the rate of compensation is approved by the Board of Directors or aligned with the organization's compensation plan for similar positions that perform similar work.</li> </ul>                                                                                                                                                            |
| Application Attachments                   | Attach a job description for each new position for which funding is being requested in the Attachments section of the OGMS application.                                                                                                                                                                                                                                                                                                                                                                                                                             |

**Example:****Description**

PAPIS funding is requested to cover 50% of the salary and benefits for Reentry Advocate, John Doe. John is a full-time employee (40 hours/week) who provides services to individuals returning to the community after incarceration. PAPIS funding will support John's work with PAPIS program participants, supported by weekly

timecards. \$60,000 (total annual salary) x 50% = \$30,000. \$9,050 (total fringe benefits) x 50% = \$4,525.

### Justification

John's salary and benefits are consistent with similar positions in the surrounding area and the organization's compensation plan. This position will provide evidence-based case management, create reentry service plans, assist PAPIS program participants obtaining identification documentation, basic needs, employment, and housing, and referrals to other community partners, as allowable with PAPIS funding.

- b. Consultants Form** (If consultants are not 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 the Consultants form (e.g., training facilitators, consulting firms, employment agencies, interpreters, translation services, property management, daycare providers, etc.)

Supporting documentation (i.e., time sheets, invoices, evidence of completed deliverables) for consultants must be maintained onsite and made available upon request.

Do not include membership fees under the Consultants form. Membership fees must be placed in the Supplies and Other Expenses form.

| Consultants Form Instructions                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indicate if consultants are included in the budget – “Yes” or “No.” | If “Yes,” complete remainder of the form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Consultant Rates                                                    | <p>The rate of compensation for individual consultants must be reasonable and consistent with that paid for similar services in the marketplace; however, if the rate exceeds \$650.00 per day (\$81.25 per hour, exclusive of travel and/or subsistence (lodging and per diem), additional approval is required. For additional approval, complete the form linked here and attach it to your application under the Attachment section.</p> <p><a href="https://www.dcls.virginia.gov/content/consultant-rate-justification-form">https://www.dcls.virginia.gov/content/consultant-rate-justification-form</a> The rate may not exceed the consultant’s usual and customary fee.</p> |
| Consultant Subsistence (lodging and                                 | Consultant subsistence (lodging and per diem) and travel are generally not allowable unless it is necessary, reasonable, and justified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                                              |                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| per diem) and Travel                         | Reimbursable costs must adhere to the recipient's established travel policy.                                                                                                                                                                                                                                                                                             |
| Description<br>(maximum of 500 characters)   | <p>Select the name of the consultant.</p> <p>Under "Description of Consultant's Role," include:</p> <ul style="list-style-type: none"> <li>• A description of the consultant's role</li> <li>• Each service contracted for</li> <li>• The total budgeted amount for each service</li> <li>• A basis of computation for the requested amount</li> </ul>                   |
| Justification<br>(maximum of 500 characters) | <p>Under "Justification for Use of Consultant," include:</p> <ul style="list-style-type: none"> <li>• The number of clients benefiting from each type of service</li> <li>• How use of the consultant is necessary to meet the goals and objectives of the grant.</li> </ul> <p>Applicants are encouraged to attach supporting documentation to justify the request.</p> |

**Example:****Description**

Applicant requests funding for 52 hours of counseling services contracted with ABC Counseling. 52 hours of counseling services will allow the organization to provide weekly in-house, and/or jail based MRT groups and other cognitive behavioral exercises. (52 weeks x 1 hour per session= 52 hours). All counseling sessions will be for PAPIS program participants and are exclusive to this project, so this request is not prorated. The ABC Counseling rate is \$80/per hour. 52 hours x \$80/hour = \$4,160.

**Justification**

Our in-house counselor cannot keep up with the need for counseling services. By contracting with ABC Counseling, we can provide the services needed to more program participants. \$80/hour is the contracting limits and is the actual hourly rate ABC charges its program participants.

**c. Travel Form** (If travel is not funded by this project, use \$0.00 on the budget grid.)

Grant funds may be used for mileage costs to assist grant staff or volunteers with meeting grant goals. Applicants must use the federal mileage reimbursement rate if they do not have a local travel policy. The federal mileage reimbursement rate can be found at this link: <https://www.gsa.gov/travel/plan-a-trip/transportation-airfare-rates-pov-rates-etc/privately-owned-vehicle-pov-mileage-reimbursement?topnav=travel>.

The OGMS travel form is for mileage only. Mileage is separated in OGMS because many programs have differing mileage rates for local and non-local mileage.

- *Local mileage* is travel within the immediate service area (satellite offices, court, meetings, etc.).
- *Non-local mileage* is travel outside of the immediate service area (trainings, conferences, meetings, etc.).

| Travel Form Instructions                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indicate if travel (mileage) costs are included in the budget – “Yes” or “No.” | If “Yes,” under “Local Mileage” or “Non-local Mileage,” enter the number of miles and the mileage rate. Continue the form.                                                                                                                                                                                                                                                                                                 |
| Description (maximum of 500 characters)                                        | <p>Select the mileage being requested.</p> <p>Under “Description of Mileage,” include:</p> <ul style="list-style-type: none"> <li>• A description of the requested mileage per each item</li> <li>• A basis of computation for the requested amount</li> <li>• Whether the request is based on the federal rate or the applicant’s policy</li> </ul>                                                                       |
| Justification (maximum of 500 characters)                                      | <p>Under “Justification for Mileage,” include:</p> <ul style="list-style-type: none"> <li>• A description of how the mileage is necessary to meet the goals and objectives of the grant</li> <li>• If the applicant’s travel policy differs from the federal rate, provide an explanation of the applicant’s policy as it relates to the request. Please make this policy available upon request by DCJS staff.</li> </ul> |

**Example:****Description**

Agency requests mileage for our PAPIS funded Reentry Advocate to travel to the correctional facilities to meet with clients. We anticipate the case manager will make 40 trips based on 2025 statistics. A round-trip to our correctional facility is 20 miles. 40 trips x 20 miles each= 800 miles. We reimburse mileage at the federal rate of 70 cents per mile. 800 miles x .70 = \$560. Mileage used by the PAPIS funded Reentry Advocate is used exclusively for this PAPIS project, so this request is not prorated.

**Justification**

Mileage is needed so that our PAPIS funded staff person can meet with prerelease program participants and provide intervention services that prepares incarcerated persons for a successful release.

- d. Subsistence and Other Travel Costs Form** (If subsistence (lodging and per diem) and other travel costs are not funded by this project, use \$0.00 on the budget grid.)

Grant funds may be used for subsistence (lodging and per diem) and other travel costs to assist grant staff or volunteers with meeting grant goals. Applicants must use federal travel rates if they do not have a local travel policy. Federal travel rates can be found at this link: <https://www.gsa.gov/travel?topnav=travel>.

| Subsistence (lodging and per diem) and Other Travel Costs Form Instructions                                       |                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indicate if subsistence (lodging and per diem) and other travel costs are included in the budget – “Yes” or “No.” | If “Yes,” complete the remainder of the form.                                                                                                                                                                                                                                                                                                      |
| Other Travel Costs                                                                                                | Under “Other Travel Costs,” enter: <ul style="list-style-type: none"> <li>• The event title</li> <li>• The number of people attending</li> <li>• The number of trips with airfare</li> <li>• The airfare rate</li> <li>• Other travel costs</li> </ul>                                                                                             |
| Description (maximum of 500 characters)                                                                           | Select the event item being requested.<br>Under “Description of Costs,” include: <ul style="list-style-type: none"> <li>• A description of the costs</li> <li>• A basis of computation for each cost</li> <li>• Whether the request is based on the federal rate or the applicant’s policy</li> </ul>                                              |
| Justification (maximum of 500 characters)                                                                         | Under “Justification for Costs,” include: <ul style="list-style-type: none"> <li>• A description of how the expense is necessary to meet the goals and objectives of the grant</li> <li>• If the applicant’s travel policy differs from the federal rate, provide an explanation of the applicant’s policy as it relates to the request</li> </ul> |

**Example:**

**Description**

Agency requests 2 nights of hotel stay and 3 days of lodging for two PAPIS funded staff to attend the Virginia Justice Conference in Richmond, VA, September 14-16, 2026. According to the GSA, the daily lodging rate in Richmond for the month of September is \$157 (2 nights x \$157 x 2 staff = \$628) and each complete day of per diem is \$80 (\$80 x 3 days x 2 staff = \$480). The total subsistence (lodging and per

diem) request is  $\$628 + \$480 = \$1,108$ . This request is not prorated because each staff attending the conference will provide services under this grant program.

### Justification

Attendance at this conference will give the PAPIS funded staff the tools and knowledge to work with program participants served under the PAPIS program. It is our agency policy to provide subsistence (lodging and per diem) in accordance with the U.S. General Services Administration (GSA).

- e. Equipment Form** (If equipment is not funded by this project, use \$0.00 on the budget grid.)

Grant funds may be used to purchase equipment needed to meet 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 grantee's policies.

*Equipment* is considered tangible personal property, including information technology systems, having a useful life of more than one year, and 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.

| Equipment Form Instructions                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indicate if equipment is included in the budget – "Yes" or "No." | If "Yes," complete the remainder of the form.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Description (maximum of 500 characters)                          | <p>Select the equipment item being requested.</p> <p>Under "Description of Equipment," include:</p> <ul style="list-style-type: none"> <li>• The basis of computation for the requested amount</li> <li>• Whether and how the item is prorated</li> <li>• An explanation of how the amount being requested is reasonable</li> <li>• An explanation for how the cost of an item was determined (e.g., a quote from a vendor)</li> </ul> <p>Attach applicable documentation of estimated costs.</p> |
| Justification (maximum of 500 characters)                        | Under "Justification for Equipment," include how the item is essential to the                                                                                                                                                                                                                                                                                                                                                                                                                     |

|  |                                                                                                                                                                                                         |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>goals in the proposed project.</p> <p>If equipment is requested to replace outdated or “old” equipment, briefly describe why replacement is necessary and when the “old” equipment was acquired.</p> |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Example:****Description**

Applicant is seeking funding to purchase a scanner/copier. The total cost for the item is \$5,000. The scanner/copier will be used by all twenty staff and will not be exclusive to the PAPIS funded staff. As PAPIS funding makes up 15% of the agency’s budget, the applicant is seeking PAPIS funding for 15% of the scanner/copier. \$5,000 (total cost) x 15% = \$750.

**Justification**

The scanner/copier will replace the current one which is approximately 15 years old. The current one is unreliable and often breaks down. This new scanner/copier will be used to copy materials provided to PAPIS program participants and documents needed for PAPIS programming. Similar products cost \$4,500-7,500. The selected item is at the lower end of this range.

- f. Supplies and Other Expenses Form** (If supplies and other expenses are 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 or conference registration
- Telephone services
- Cell phone services
- Equipment maintenance
- Internet provider contracts
- Membership fees
- Printing projects
- Leases for or purchasing copy machines, under \$5,000\*
- Leases for or purchasing printers, under \$5,000\*
- Computers for grant funded staff\*
- Cell phones for grant funded staff\*

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, etc.). If the item includes more than one component, identify subcomponents under “Description.”

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.

Computers purchased with DCJS grant funds must be equipped with updated anti-virus protection software. Applicants are encouraged to limit computer purchase requests to \$1,500 per workstation.

\*All major supplies purchased with grant funds must be tracked on an inventory list.

| Supplies and Other Expenses Form Instructions                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indicate if supplies and other expenses are included in the budget – “Yes” or “No.” | If “Yes,” complete the remainder of the form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Description (maximum of 500 characters)                                             | <p>Select the supply or item being requested.</p> <p>Under “Description,” include:</p> <ul style="list-style-type: none"> <li>• An explanation of what the item is</li> <li>• A basis of computation that explains how the total cost of the item was determined</li> <li>• Whether and how the item is prorated</li> </ul> <p>For membership fees, include the above listed requirements and following:</p> <ul style="list-style-type: none"> <li>• A description of the organization or association</li> <li>• The membership rate</li> </ul> |
| Justification (maximum of 500 characters)                                           | <p>Under “Justification,” include:</p> <ul style="list-style-type: none"> <li>• Why the item is needed to meet the grant goals</li> <li>• Whether the item is replacing an older item</li> <li>• The age of the older item</li> <li>• An explanation as to why it must be replaced</li> <li>• For membership fees, include the following: <ul style="list-style-type: none"> <li>○ The benefits the applicant will receive from the membership</li> <li>○ Why the membership is needed to meet the grant goals</li> </ul> </li> </ul>            |

#### Examples:

##### Description

Applicant is seeking funding to purchase a laptop computer for PAPIS funded Reentry Advocate, John Doe. The laptop identified for purchase costs \$900. The laptop includes the programming and security features needed, including anti-virus protection software. John is funded by PAPIS (80%) to serve reentry clients.

Therefore, we have prorated this request to 80%. \$900 (total cost) x 80% = \$720.

#### Justification

The laptop computer will give John the ability to provide individualized support services and care coordination, provide referrals, and assist PAPIS program participants with securing housing and employment. John's current laptop is five years old and no longer able to function appropriately. Similar items cost \$700-1200. This is at the mid/lower end of that range and is approved by our IT department.

- g. Indirect Costs Form** (If indirect costs are not funded by this project, use \$0.00 on the budget grid.)

Indirect costs are not permitted under this grant program.

### Attachments in OGMS

| Upload the following attachments in OGMS, if required. |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        | When is it required?                                                                                                                                           | Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Letter Designating Signing Authority</b>            | If someone other than the Project Administrator signs certifications on their behalf in the application, a document designating signing authority is required. | <p>Provide a letter, memorandum, or other document, on agency letterhead, signed by the Project Administrator.</p> <p>It must include an effective date, list the applicable grant programs, and include the name and contact information of the person being granted signatory authority.</p> <p>The received letter, memorandum, or other document shall be valid for three (3) years from the effective date.</p> <p>A new authority delegation document is required when there are changes to the Project Administrator or to the person receiving authority.</p> <p>The document must be provided for any newly submitted applications or issued DCJS grants.</p> |

|                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                              |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           |                                                                                                                                                         | Organization bylaws can be accepted if the name or title of the person giving and receiving authority matches the names or titles listed in OGMS. The bylaws should indicate that they have the authority to sign/commit the organization to grant guidelines, restrictions, and conditions. |
| <b>Job Descriptions</b>                   | Applicants seeking funding under "Personnel" must attach job descriptions for each new staff for which they are requesting funding.                     | Position titles on the job descriptions must correspond to the Personnel form.                                                                                                                                                                                                               |
| <b>Consultant Rate Justification Form</b> | Applicants seeking to exceed the consultant rate of \$650.00 per day (\$81.25 per hour, exclusive of travel and/or subsistence (lodging and per diem)). | Applicants must complete the Consultant Rate Justification Form and upload the attachment.                                                                                                                                                                                                   |

## Certifications in OGMS

| Certifications                 |                                         |                                                                   |
|--------------------------------|-----------------------------------------|-------------------------------------------------------------------|
|                                | Who                                     | Action Needed                                                     |
| <b>Non-Supplantation</b>       | All applicants must complete this form. | It must be signed by the Project Administrator or their designee. |
| <b>Authority Certification</b> | All applicants must complete this form. | It must be signed by the Project Administrator or their designee. |

## Fund Request and 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.

### Disbursement of Funds

- Disbursement of funds will occur on a cost-reimbursement basis for actual funds expended through a “claim” process. Grantees that need advances to maintain program operations should contact their grant monitor for approval.
- Actual expenditures must be reported quarterly and invoiced pursuant to approved line-item budget categories in the approved grant application.
- Grantees 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, including matching 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 unless the 4<sup>th</sup> quarter claim is marked final by the grantee.
- Claims and financial reports must be submitted through OGMS.
- Status reports must be submitted prior to financial claims or the claim will be held until the status report is submitted.

### Financial Reports (referred to as “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 the next business day.

Projected Financial Report Due Dates for State Fiscal Year 2027 Grants

| Reporting Period                      | Report Due Date |
|---------------------------------------|-----------------|
| 1 <sup>st</sup> Quarter, July – Sept. | October 15      |
| 2 <sup>nd</sup> Quarter, Oct. – Dec.  | January 15      |
| 3 <sup>rd</sup> Quarter, Jan. – March | April 15        |
| 4 <sup>th</sup> Quarter, April – June | July 15         |

### Progress reports (referred to as “Status Reports” in OGMS)

Grant recipients must submit quarterly status reports through OGMS. If the status report due date falls on a weekend or state recognized holiday, the reports are due the next business day.

Status reports must be submitted prior to financial claims or the claim will be held until the status report is submitted.

Projected Quarterly Status Report Due Dates for State Fiscal Year 2027 Grants

| Reporting Period                      | Report Due Date |
|---------------------------------------|-----------------|
| 1 <sup>st</sup> Quarter, July – Sept. | October 15      |
| 2 <sup>nd</sup> Quarter, Oct. – Dec.  | January 15      |
| 3 <sup>rd</sup> Quarter, Jan. – March | April 15        |
| 4 <sup>th</sup> Quarter, April – June | July 15         |

## Submit Application

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Submit your application with required attachments through OGMS by **March 16, 2026, at 5:00pm**. After such time, OGMS will no longer permit applications to be submitted.

For technical issues and questions regarding OGMS, email [ogmssupport@dcjs.virginia.gov](mailto:ogmssupport@dcjs.virginia.gov), include the grant name and application number, or visit OGMS Training & Resources at [www.dcms.virginia.gov/grants/ogms-training-resources](http://www.dcms.virginia.gov/grants/ogms-training-resources).

DCJS staff are available to provide technical assistance and support during the application process via email at [cynthia.nwarache@dcjs.virginia.gov](mailto:cynthia.nwarache@dcjs.virginia.gov). Applicants may also use the “Question” feature under the Funding Opportunity in OGMS. A response will be sent within two business days.