Virginia Department of Criminal Justice Services

Virginia Opioid Use Reduction and Jail-Based Substance Use Disorder Treatment and Transition Fund Grant Program Guidelines and Application Procedures Calendar Year 2027 - 2029

State Funds Competitive Solicitation

Online Grants Management Funding Opportunity Number
579019

Application Deadline
October 13, 2026, at 12:00 p.m. (noon)
Late applications will not be accepted.

Guidelines Issued September 11, 2026

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

Table of Contents

General Information

The Virginia Department of Criminal Justice Services (DCJS) is accepting applications through the On-line Grants Management System (OGMS) (https://ogms.dcjs.virginia.gov/) for the calendar years (CY) 2027 - 2029, Virginia Opioid Use Reduction and Jail-Based Substance Use Disorder Treatment and Transition Fund (JSUT) Grant Program.

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

Funding Details	
Grant Award Period	CY 2027, January 1, 2027, through December 31, 2029 (36 months). Grant period extensions will not be considered.
Funding Source	Funding for this grant program is made available through the 2026 Appropriation Act, which includes funding from the Commonwealth Opioid Abatement and Remediation Fund.
Expected Total Amount of Funding	DCJS anticipates $900,000 in special funds will be available for awards under this funding opportunity. Subgrant Award amounts may not exceed $150,000 for the grant award period (36 months). 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 JSUT 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 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.
OGMS Funding Opportunity Number	579019
Application Deadline in OGMS	**October 13, 2026, at 12:00, noon**

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:

Application Assistance	
DCJS Contact	Cynthia Nwarache (804) 659-2264 Cynthia.Nwarache@dcjs.virginia.gov
Optional Live Webinar*	October 2, 2026 10:00 a.m. https://www.zoomgov.com/webinar/register/WN_QkxMo_-3SJm3X4e8L4TrSw
OGMS Assistance	www.dcjs.virginia.gov/grants/ogms-training-resources
OGMS Contact	ogmssupport@dcjs.virginia.gov

*A link to the recording of the webinar will be added to the funding opportunity in OGMS within 1-2 business days after the live webinar.

Applicant Eligibility Requirements

Types of Organizations
This funding opportunity is open to local and regional jails.

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 hold current professional and state licenses and certifications as needed for individual grant-funded projects, and

- Must be planning and implementing, expanding, or enhancing SUD treatment programs or transition services for those with SUD within a local or regional jail.
- If awarded, any changes from your approved application must be approved by DCJS through a contract amendment. Please see your grant conditions for more information.
- 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.

Grant Project Requirements

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

- Jail-Based Substance Use Treatment (JSUT) Specific Conditions
  https://www.dcjs.virginia.gov/filebrowser/download/2687?fid=2687#block-uswds-base-subtheme-page-title
  (The above linked document is for JSUT SFY 2026 - 2028 conditions. Conditions for CY 2027 – 2029 will be provided upon award but are not expected to differ significantly.)

Non-Supplantation
This funding opportunity is supported with special funds that must be used to supplement existing 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 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 subgrantee 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 and Out-of-Scope Activities
JSUT 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 or calls;
- Alcohol; or
- 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 a regional jail.

Data Reporting Requirements

- **Financial Reports** (referred to as "Claims and Detail of Expenditures" in OGMS)
  Grant recipients must submit quarterly financial reports in OGMS.

  A Claim Certification Form must be submitted if a grant recipient earns program income. Program income is defined as any income earned as a result of grant funded activities. Subrecipients must use program income to offset total allowable costs of the grant project; thus, reducing the federal award and non-federal entity contributions. Please, see the DOJ Financial Guide for more information on program income: https://www.justice.gov/ovw/media/1375646/dl?inline.

- **Progress reports** (referred to as "Status Reports" in OGMS)

  Grant recipients must submit quarterly status reports through OGMS. Each report must provide a clear and thorough description of the grant-funded services and activities completed during the applicable reporting period, progress toward program goals and objectives, accomplishments, challenges, and technical assistance needs.

  Grant recipients will also be required to report programmatic data as applicable, which may include:
  - Number of individuals screened for substance use disorders;
  - Number of individuals determined eligible for, referred to, enrolled in, and completing treatment programming;
  - Types and frequency of substance use disorder treatment and programming

provided;
- Number of program sessions conducted;
- Number of individuals receiving medications for opioid use disorder (MOUD/MAT), including those who continued an existing medication and those who started medication treatment during incarceration;
- Number of individuals receiving overdose prevention education and naloxone before release;
- Number of individuals with documented treatment, recovery, or reentry plan before release;
- Number of individuals referred to community-based treatment and recovery-support providers prior to release;
- Number of individuals connected to health insurance, medication, housing, transportation, peer support, and other recovery-support services;
- Development of a plan of safe care for pregnant and parenting participants when applicable; and
- Barriers affecting program access, participation, completion, or continuity of care.

Final data elements, definitions, reporting instructions, and the required status report template will be provided upon award.

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

Application Review Process

This is a competitive grant application process. Applications will be reviewed, evaluated, and scored based on adherence to these grant guidelines and the clarity, substance, and strength of the request made for funding.

Reviewers may 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.

Each application can earn a maximum score of 100 points. The primary grant program elements are evaluated based on ratings of *excellent*, *acceptable, marginal,* or *unacceptable*.

Application Scoring	
Required Application Components	**Number of Possible Points**
Project Narrative	40
Goals and Objectives	25
Budget Grid and Itemized Budget Forms	25

Technical Compliance	10

Bonus points are not available for this funding opportunity.

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 meeting in December 2026. 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

- *OGMS Registration*
  Grant applications must be entered in OGMS (https://ogms.dcjs.virginia.gov/). 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. 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.

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

- Preapplication Webinar
  An optional webinar for potential applicants is available on October 2, 2026, 10:00 a.m. To attend, register in advance here: https://www.zoomgov.com/webinar/register/WN_QkxMo_-3SJm3X4e8L4TrSw

Application Instructions

To apply for this grant, select Funding Opportunity 579019, Jail-Based Substance Use Treatment CY2027-2029 in OGMS. Read the description of the grant program to ensure you have selected the correct funding opportunity.

Your application will consist of the following components:

A. General Information

B. Face Sheet

C. Project Narrative Form

D. Goals and Objectives Form

E. Budget and Related Narratives

F. Attachments

G. Certifications

A. General Information

From the funding opportunity landing page, select "Start New Application." To complete the general information section of the application, follow these steps:

1. Enter a title for the application and select the name of the person who will serve as the primary contact point on the application.
2. Select "Save Form Information."
3. Select the name of the organization applying for funding.
4. Select "Save Form Information."
5. Under "Additional Contacts," select all people who will need access to the application and grant documents if the grant is awarded. Include the individuals who will be listed on the Face Sheet.
6. Select "Save Form Information." You will be directed to a list of application components.

B. Face Sheet (in OGMS)

Face Sheet Instructions (in OGMS)	
Congressional district(s)	Select all congressional districts (www.census.gov/mycd) 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, the name of the grant program, and the calendar year. Example, "*DCJS Jail-Based Substance Use Treatment CY2027 – 2029*"
Certified crime prevention community	Not applicable to this grant program.
Type of application	Enter "New."
Community setting	Check all that apply.

Brief project overview	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).
Project Director	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.
Project Administrator	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. Someone other than the Project Administrator can sign all application certifications and submit the grant application if they have been delegated the authority to do so. See the section of these guidelines titled, "Attachments in OGMS" for details about what must be attached to the application in OGMS to delegate 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.

Example of a Brief Project Overview:
The project seeks to significantly enhance and broaden the scope of Medication Assisted Treatment (MAT) services by integrating and expanding the availability of Sublocade, a long-acting injectable form of buprenorphine, into the current offerings and induction processes for

program participants requiring opioid use disorder treatment. Grant funds will be used to purchase Sublocade and we anticipate serving 80 program participants.

C. 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. This section is worth 40% of the applicant's score.

Project Narrative Instructions, 40% of Applicant's Score	
Demonstration of need (maximum of 5,000 characters)	• Provide a description of the problem, need, or issue specific to the service population that this grant project will address. • Describe the existing resources and services that are available to address the identified problems. • Explain why these grant funds are necessary to address the needs. • Describe how the proposed project will address the identified problem, need or issue.
Project description (maximum of 5,000 characters)	Provide a description of the proposed project. 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 contributing to the reduction of recidivism and other successful outcome measures.
Service area demographic/target population (Maximum of 5,000 characters)	Using recent data, describe the target population and the demographics of the service area.
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. The goals and objectives section is worth 25% of the applicant's score. Awarded applicants will report on the status of their goals and objectives quarterly.

Project Specific Goals and Objectives Form Instructions, 25% of Applicant's Score	
Goal (maximum of 100 characters per goal)	Applicants must enter three goals. Goals must reflect the work anticipated to occur within the grant period using awarded funds. Select "Add Entry" to enter each goal.
Objectives (maximum or 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. qualifiable), attainable, related to items in the budget, and time-based. Goals and objectives must address the purpose of this funding opportunity.
Intended outcome/impact (maximum of 2,000 characters)	Describe the intended outcome anticipated should each goal be reached.
Data collection (maximum of 2,000 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 and Objective:

Goal: Integrate MAT with individual counseling and behavioral health interventions.

Objective 1: Within the first 18-months of the grant period, at least 75% of enrolled participants will receive integrated, evidence-based SUD and mental health services, including medication assisted treatment and a minimum of four individual and/or group counseling sessions (i.e. cognitive behavioral therapy, motivational interviewing, trauma-informed care), resulting in improved emotional regulation and coping skills, as measured by pre/post assessments or validated screening tools.

E. Budget and Related Narratives

The project budget, composed of all budget forms, is worth 25% of the applicant's score. A complete budget includes, 1) a budget grid form and 2) itemized budget forms for each budget category.

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 special funds.

Budget Grid Instructions	
Report the amount of funds requested by category. Funding reported on the grid should represent the whole grant period. For any category for which you are not requesting funds, enter $0.00 on the budget grid.	• Personnel • Fringe Benefits • Consultants • Travel • Subsistence (lodging and per diem) and Other Travel • Equipment • Supplies and Other Expenses
Match	Match is not required under this grant program. Do not add matching funds to the budget.
Place requests for funding under the "Special" column.	Funding for this grant program comes from special funds. Place requests for funding under the "Special" 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.

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	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. 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 outside of these grant activities, prorate the request to only include time spent on this grant project.
Employee fringe benefits	Select the employee's name. Enter the fringe benefit costs (FICA, retirement, group life, health insurance, workers' compensation, unemployment, disability, and other).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. Fringe benefit amounts must be proportional to the requested salary.
Description (maximum of 500 characters)	Select the employee's name. Under "Description of Position," include: • Grant-related duties performed (do not list job duties that are not under this grant), • Whether and how the position was prorated, and • The basis of computation for fringe benefits.
Justification (maximum of 500 characters)	Select the employee's name. Under "Justification for Position," include: • How the position is essential to the goals in the proposed project, • State whether 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.

Application attachments	Attach a job description for each position for which funding is being requested in the Attachments section of the OGMS application.

Example:
Description
JSUT funding is requested to cover 100% of the salary and benefits for a JSUT Clinician, John Doe. John is a full-time employee (40 hours/week) who conducts substance use disorder screenings and assessments, co-develops treatment plans, and provides case management for incarcerated individuals with substance use disorders. This request is not prorated as John will spend all of his time focused on the JSUT program. Total annual salary = $60,000 and total fringe = $9,050.

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, mental health screening and assessment, and treatment plans as allowable with JSUT 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.).

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	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 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. The rate may not exceed the consultant's usual and customary fee.

	https://www.dcjs.virginia.gov/content/consultant-rate-justification-form
Consultant subsistence and travel	Consultant subsistence (lodging and per diem) and travel are generally not allowable unless it is necessary, reasonable, and justified. Reimbursable costs must adhere to the recipient's established travel policy.
Description (maximum of 500 characters)	Select the name of the consultant. Under "Description of Consultant's Role," include: • A description of the consultant's role, • Each service contracted for, • The total budgeted amount for each service, and • A basis of computation for the requested amount.
Justification (maximum of 500 characters)	Under "Justification for Use of Consultant," include: • The number of clients benefiting from each type of service and • How use of the consultant is necessary to meet the goals and objectives of the grant. Applicants are encouraged to attach supporting documentation to justify the request.

Example:

Description

Applicant requests funding for 52 hours of counseling services contracted with ABC Counseling. 52 hours of counseling services integrated with MAT to address co-occurring mental health and substance use challenges, will allow our jail-based program to provide weekly individual and group cognitive behavioral therapeutic sessions to program participants. (52 weeks x 1 hour per session= 52 hours). All counseling sessions will be for JSUT 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 clients.

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)	Select the mileage being requested. Under "Description of Mileage," include: • A description of the requested mileage per each item, • A basis of computation for the requested amount, and • Whether the request is based on the federal rate or the applicant's policy.
Justification (maximum of 500 characters)	• Under "Justification for Mileage," include a description of how the mileage is necessary to meet the goals and objectives of the grant. • 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.

Example:
Description
Agency requests mileage for our JSUT funded case manager to travel to reentry council and service provider meetings. We anticipate the case manager will make 40

trips based on 2025 statistics. A round-trip is estimated to be 20 miles. 40 trips x 20 miles each= 800 miles. We reimburse mileage at the federal rate of 76 cents per mile. 800 miles x .76 = $608. Mileage used by the JSUT funded case manager is used exclusively for this JSUT project, so this request is not prorated.

Justification
Mileage is needed so that our JSUT funded staff person can meet with community reentry service providers to facilitate a smooth transition for incarcerated individuals preparing for release.

d. Subsistence and Other Travel Costs Form (If lodging, 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 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: • The event title, • The number of people attending, • The number of trips with airfare, • The airfare rate, and • Other travel costs.
Description (maximum of 500 characters)	Select the event item being requested. Under "Description of Costs," include: • A description of the costs, • A basis of computation for each cost, and • Whether the request is based on the federal rate or the applicant's policy.
Justification (maximum of 500 characters)	Under "Justification for Costs," include: • A description of how the expense is necessary

	to meet the goals and objectives of the grant and, • 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.

Example:
Description
Agency requests 2 nights of hotel stay and 3 days of subsistence for two JSUT grant 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 subsistence is $80 ($80 x 3 days x 2 staff =$480). The total subsistence request is $628 + $480 = $1,108. This request is not prorated because each staff attending the conference will provide services under this grant project.

Justification
Attendance at this conference will equip the grant-funded staff with the tools and knowledge to work with participants served under the JSUT program. It is our agency policy to provide subsistence 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 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 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)	Select the equipment item being requested. Under "Description of Equipment," include:

	• The basis of computation for the requested amount, • Whether and how the item is prorated, • An explanation of how the amount being requested is reasonable, and • An explanation for how the cost of an item was determined (e.g., a quote from a vendor). Attach applicable documentation of estimated costs.
Justification (maximum of 500 characters)	Under "Justification for Equipment," include 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.

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 JSUT funded staff. As JSUT funding makes up 15% of the agency's budget, the applicant is seeking JSUT 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 incarcerated program participants and documents needed for case management. 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:

- Medications for MAT
- 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, 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.

If details on trainings/conferences are not available at the time of application, awarded programs will need to provide details after award, through a contract amendment.

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)	Select the supply or item being requested. Under "Description," include: • An explanation of what the item is, • A basis of computation that explains how the total cost of the item was determined, and • Whether and how the item is prorated. For membership fees, include the above listed requirements and following:

	• A description of the organization or association and • The membership rate.
Justification (maximum of 500 characters)	Under "Justification," include: • Why the item is needed to meet the grant goals, • Whether the item is replacing an older item, • The age of the older item, and • An explanation as to why it must be replaced. For membership fees, include the following: • The benefits the applicant will receive from the membership and • Why the membership is needed to meet the grant goals.

Examples:

Description

Applicant is seeking funding to purchase a laptop computer for JSUT funded Clinician, 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 JSUT (80%) to serve JSUT program participants. Therefore, we have prorated this request to 80%. $900 (total cost) x 80% = $720.

Justification

The laptop computer will give John the ability to document services, provide referrals, and assist incarcerated 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**
Letter authorizing signing, grant certification, and grant application submission	If someone other than the Project Administrator completes the OGMS certifications and application submission, a document granting permission to enter the Project Administrator's name is required.	Provide documentation from the Project Administrator authorizing a specific individual to enter the Project Administrator's name as the electronic signature in OGMS. This documentation must clearly state that the designated individual is permitted to submit the grant application and complete all required electronic certifications on the Project Administrator's behalf. It must include an effective date, the specific grant application to which the authorization applies, and the name and contact information of the person being granted signatory authority.
Job descriptions	Applicants seeking funding under "Personnel" must attach job descriptions for each staff for which they are requesting funding.	Position titles on the job descriptions must correspond to the Personnel form.
Consultant Rate Justification Form	Applicants seeking to exceed the consultant rate of $650.00 per day ($81.25 per hour, exclusive of travel and/or subsistence).	Applicants must complete the Consultant Rate Justification Form and upload the attachment.

***Note:** If an attachment is required and not provided, reviewers will subtract 5 points per missing attachment.

Certifications in OGMS

The Project Administrator's "signature" for grant certifications and application submission may be completed directly in OGMS by the Project Administrator, provided he or she has an individual OGMS account and is linked to the application. Alternatively, the signature may be entered in OGMS by the Project Director or another authorized individual who is preparing the application, as long as that person has been granted permission by the Project Administrator to submit the application and to enter the Project Administrator's name as the electronic signature.

The individual submitting the application should upload documentation demonstrating this authorization—such as a letter or email from the Project Administrator. It must include an effective date, the specific grant application to which the authorization applies, and the name and contact information of the person being granted signatory authority as noted under "Attachments in OGMS."

To ensure strong financial controls and appropriate documentation, the applicant should retain a copy of the certifications signed by the Project Administrator, or other proof that the Project Administrator is aware of the application and the certifications submitted on their behalf, as part of the organization's internal grant file.

Certifications		
	Who	**Action Needed**
General Conditions and Assurances	All applicants must complete this form.	It must be signed by the Project Administrator or their designee.
Lobbying and Debarment Certification	All applicants must complete this form.	It must be signed by the Project Administrator or their designee.
Non-Supplantation	All applicants must complete this form.	It must be signed by the Project Administrator or their designee.
Authority Certification	All applicants must complete this form.	It must be signed by the Project Administrator or their designee.

Fund Request

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, 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 fourth quarter claim is marked final by the subgrantee.
- 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.

Submit Application

Submit the application with required attachments through OGMS by 12:00 p.m. (noon) on October 13, 2026. After such time, OGMS will no longer permit applications to be submitted.

For technical issues and questions regarding OGMS, email ogmssupport@dcjs.virginia.gov, include the grant name and application number, or visit OGMS Training & Resources at 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 cynthia.nwarache@dcjs.virginia.gov or (804) 659-2264. Applicants may also use the "Question" feature under the Funding Opportunity in OGMS. A response will be sent within two business days.