

Commonwealth of Virginia Virginia Department of Criminal Justice Services

- Grant Program List the grant program for which you are applying.
- **Congressional Districts** List the congressional districts that will benefit from this program.
- □ Applicant Use this space to provide the name of the locality or agency applying.
- **Faith Based Organization** Is the *applicant* a faith-based organization?
- **Applicant FIN** Use this space to provide the applicant's federal Identification number.
- **Best Practice** Not applicable for this grant program.
- **Jurisdiction(s)** Served List all localities to be served; or indicate "statewide" if that is appropriate.
- Program Title List the specific title of the grant program category, if any, under which you are requesting funds; for example "Multidisciplinary Partnerships."
- **Certified Crime Prevention Community** Not applicable for this grant program.
- Grant Period Provide the proposed grant period.
- DUNS Number Provide the Data Universal Numbering (DUNS) Number. DUNS number is a unique nine-character identification number provided by Dun and Bradstreet. If you do not have a number for the locality or organization, please go to the website http://fedgov.dnb.com/webform.
- **Type of Application** New or Continuation
- **Rural, Urban or Suburban** Check the box that best describes the applicant locality.
- Deroject Director, Project Administrator, and Finance Officer
 - Project Director The person who will have day-to-day responsibility for managing the project.
 - **Project Administrator** The person who has authority to formally commit the organization, locality or state agency to complying with all the terms of the grant application. This **must** be the president of the Board of Directors of a nonprofit organization; the city, county or town manager; the chief elected officer of the locality, such as the Mayor or Chairman of the Board of Supervisors; or, in the case of a state agency, the agency head. If someone other than one of these officials has been delegated the authority to sign, and signs the grant application, provide a copy of the letter, memorandum or other document by which the signing authority was delegated.
 - Finance Officer The person who will be responsible for fiscal management of funds.
- □ It is extremely important that you provide e-mail address, telephone and fax numbers for each person. Also please provide the zip +4 code for each person. You must list three different people in these roles.
- **Brief Project Description** A short description of the proposed project.
- Deroject Budget Summary Total figures from "Itemized Budget."