

VSTOP: Virginia Services, Training, Officers, Prosecution

CY 22-23 Continuation Grant Program Application Training

Tierra Smith

VSTOP & VSDVVF Grant Program Coordinator

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Victims Services Grant Monitoring Team Supervisor

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State Crisis Response Coordinator & Federal VAWA Grant Administrator







- Thank you for joining us today. The Virginia Department of Criminal Justice Services (DCJS) is excited that the launch of the new Online Grant Management System (OGMS) is underway.
- DCJS is committed to keeping all constituents informed to ensure a smooth transition for everyone.
- The new system provides the ability to manage different aspects of your DCJS grants to include managing users, submitting grant applications, programmatic and financial reports, reimbursement claims, budget amendments and more.





Q and A Button: During the training, please type your questions in the Q&A feature and we'll answer them as we go along.









Training Agenda

- **Tierra Smith,** VSTOP & VSDVVF Grant Program Coordinator: Provide an overview of the VSTOP Grant Program as well as a review of the grant guidelines and application process for the CY22-23 funding cycle.
- Amia Barrows, Grant Monitor Supervisor: Provide an overview of the Online Grant Management System (OGMS) application process.

*This session is being recorded and will be available on the DCJS website.





VSTOP Grant Program

- In 1994, the United States Congress passed the Violence Against Women Act (VAWA) as part of the Violent Crime Control and Law Enforcement Act (codifies at 42 U.S.C. 3796gg through 3796gg-5). VAWA includes the Services, Training, Officers, Prosecution (STOP) grant program.
- DCJS is the administering agency for the STOP Violence Against Women grant in Virginia, known as VSTOP.
- VSTOP offers grant funds to successful applicants for activities which increase the apprehension, prosecution, and adjudication of persons committing violent crimes against women.



Categories for Funding

- Law Enforcement (25%)
- Prosecution (25%)
- Victim Services (30%)
- Courts (5%)
- Discretionary (15%)







CY 22-23 VSTOP Eligibility

Only those subgrantees who received funding in Calendar Year (CY) 2019-2021 are eligible for continuation funding.

Due to the limited amount of funds, DCJS will **NOT** be accepting NEW applications for NEW initiatives for the 2022-2023 funding cycle through **this** solicitation.





Goal of VSTOP

Establish programs that enhance the criminal justice system's response to violence against women by promoting the identification, apprehension, prosecution, and adjudication of persons committing violent crimes against women. In addition, VSTOP will also support programs that develop and enhance victim services in cases involving violent crimes against women.

- Projects must fit under one or more of the 20 Purpose Areas (pages 3-6)
- Due to this continuation process, grant goals and objectives cannot change without prior approval
- In addition, changes in sponsorship also require prior DCJS approval.





VSTOP Unallowables

- Cannot serve victims that are younger than 11 years old
- Cannot serve more than 15% male victims
- Cannot be used to pay for:
 - any criminal defense work (women who assault or kill partner)
 - moving household goods to a new location or acquiring furniture or housing in a new location
 - voucher programs for housing or counseling
 - substance abuse counseling
 - automobiles
 - immigration fees for battered immigrant women
 - Renovations, construction, land acquisition, lobbying, fund-raising, or formation of corporations





- 2-Year Grant Cycle: January 1, 2022 through December 31, 2023.
- Second year awards are contingent upon:
 - funds allocated to support the Violence Against Women Act,
 - program performance, and
 - \succ the availability of funds.







Funding Level

All current VSTOP Continuation grantees are eligible to apply for LEVEL FUNDING.

Please see the Maximum Funding Spreadsheet on the **Attachments Tab** of the OGMS Application





Cost Assumption

VSTOP grants that are currently implementing their tenth VSTOP grant program are required to reduce their VSTOP budget requests by 15% from their 2017 award.

The VSTOP Coordinator will notify these programs of this in the future.





CY 22-23 Funding Opportunity

 Funding Opportunity 3255 - CY 22-23 VSTOP Formula Grant Program for Continuation Applicants.





VSTOP Application

- Applications must be submitted in the DCJS Online Grants Management System (OGMS) <u>no later than 12:00 p.m. on</u> <u>August 26, 2021.</u>
- The system will not allow you to submit an application after the deadline and, therefore it will not be considered. Plan time for any possible technical difficulties you may experience since the application will not be accepted after the deadline.
- Each application form in OGMS must be marked as complete before you can submit the application. If you receive an alert, you will need to review the form for any missing required information.





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OGMS Terminology

Online Grant Management System (OGMS) Terminology

Current Terminology	New Terminology
Budget amendment request	Contract Amendment
Email messages to DCJS	Correspondence
Email notification	Alert
Financial Report	Detailed Expenditures
Grant award approval	Final Approval
Grant Award/Statement of Grant Award	Contract
Grant Coordinator	Program Coordinator/Officer – program specific*
Grant Monitor	Grant Monitor
Grant Program	Program Area
Grant Solicitation/Guideline	Funding Opportunity
Holds on the release of funds	Encumbrances – program specific*
Agency, department, or non-profit under the authority of the Organization	Agency – department or office under the Organization
Progress Report	Status Report
Project Administrator's Organization	Organization
Project change or amendment	Contract Amendment
Project Director	People – members of the Organization or Agency
Request for Funds	Claims/reimbursement
Site Visit correspondence and requests	Monitoring Activities
Solicitation posting	Announcement

* Some terms and activities in the new Online Grant Management System (OGMS) are defined and used differently depending on the funding opportunity / program area. Please contact your grant monitor for clarification. If you have any questions about OGMS, please email <u>OGMSsupport@dcjs.virginia.gov</u> and include your program area in the subject line.





Technical Assistance and Support

- After the training, feel free to contact <u>ogmssupport@dcjs.virginia.gov</u> if you have any additional questions regarding OGMS.
- When sending an email to OGMS, please include your grant program and grant # in the subject line so that your question(s) can be answered by the appropriate DCJS staff.
- For programmatic technical assistance, please contact your Victims Services Grant Monitor.
- For this training, we will be using a sample funding opportunity (formerly known as a grant solicitation). This is not an official funding opportunity but contains the same components as your application.



Required Application Components

Required application elements include:

- ✓ General Information
- ✓ Face Sheet
- ✓ Project Narrative
- ✓ Goals and Objectives
- ✓ Budget and Budget Narrative
- ✓ Indirect Costs
- ✓ Attachments
- ✓ Non-Supplantation
- ✓ Civil Rights Certification
- Engagement and Evaluation, to include a list of current Cooperative Agreements with implementation and review dates, signed and dated after July 1, 2020
- ✓ Authority Certification







General Information

- This section includes the high level information about the Application
- All areas application components that are in red with an asterisks are <u>required</u>



Face Sheet

Complete the Face Sheet Component by entering the requested information following **information in OGMS**:

- **Congressional Districts**: Choose all that apply.
- **Best Practice:** This section is currently not applicable to VSTOP.
- Jurisdiction(s) Served: Select all jurisdiction(s) to be served; or select "STATEWIDE" if applicable.
- **Program Title:** List the name of your program.
- Certified Crime Prevention Community (CCPC): Select Yes only if your locality is a CCPC.
- **Type of Application:** Select **Continuation of Grant**.
- **Grant Number**: Enter your CY 2021 grant number.
- **Performance Statement:** Please provide information on past performance. Examples: *This program served 100 victims CY2020.*
- Community Setting: Check the box(es) that best describes the applicant service area.
- D Brief Project Overview:
- Provide a short description of the proposed project. Estimate the number of people that will be impacted by your program in the proposed grant period. This number can be the anticipated number of victims served by the program, the anticipated number of participants in a training initiative, or another specific, determinate outcome.







Face Sheet

- Project Director: The person who will have day-today 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 city, county, or town manager; the chief elected officer of the locality, such as the Mayor or Chairman of the Board of Supervisors; the president of the board of directors; 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 as an attachment.
- **Finance Officer:** List the person who will be responsible for fiscal management of the funds.





Signatory Authorization

 The General Grant Conditions & Assurances document, Nonsupplantation statement, and Authority Certification are to be signed by the Project Administrator or designee, not the Project Director, program staff or any other individual without submitted documentation.



Project Narrative

- Demonstration of Need
- Project Description
- Service Area Demographic/Target Population
- Sustainment Plan







Goals and Objectives

- Provide goals, objectives, activities and performance measures for your project
- Objectives should include numerical targets for 2022 and 2023.
- Allows us to compare EXPECTED
 results with ACTUAL results
- Do not change your goals and objectives without speaking to your grant monitor first





Example

Goal 1: To improve the safety of victims living in Taylor County who are experiencing domestic violence, sexual assault and/or stalking by providing trauma informed direct services and coordinating with partner agencies to enforce and enhance the prosecution of persons committing violent crimes against women.

Example

Objective 1: Provide comprehensive direct services and resource referrals to partner agencies to 115 victims of domestic violence in Taylor County in CY 2022 and 2023.

Example

Activities: Provide direct services to primary and secondary victims of domestic violence by providing victims with hotline services, counseling/support groups, transportation, shelter, coordinating with community partners for services, providing education, crisis intervention and education.

Example

• Month: January 2022







Budget and Budget Narrative

- Refer to the CY 22 VSTOP Max Award Totals document
- Itemize all budget amounts and place in the appropriate category and column for each line item.
- Match must be thoroughly documented
- Round all figures to the nearest dollar.



Budget Narrative

Applicants are encouraged to:

- be frugal to the extent possible without seriously affecting program quality,
- utilize existing personnel and volunteers instead of paid staff or consultants,
- request a minimum of non local travel,
- request a minimum of expensive equipment,
- rent rather than purchase expensive equipment when more cost effective, and
- investigate the availability of used, reconditioned or surplus equipment when appropriate.

Requested items not thoroughly justified may be deleted from budgets.

Match should also be addressed in your narrative







Match Requirements

- The match requirement is waived for programs funded from the victim services category or for tribal subgrantees
- All other grantees are required to provide a 25% match, which has the same restrictions as federal funds





- All funds designated as match must be expended in the same period.
- Match cannot be derived from other Federal funds.





In Kind Match

In-kind match may include:

- donations of expendable equipment (cell phones, computers),
- office supplies,
- workshop or classroom materials,
- work space, or
- the monetary value of time contributed by professional and technical personnel and other skilled and unskilled labor (including volunteers), if the services they provide are an integral and necessary part of a funded project.







In-Kind Match

- The value placed on loaned or donated equipment may not exceed its fair rental value.
- The value placed on donated services must be consistent with the rate of compensation paid for similar work in the organization or the labor market.



Indirect Costs

Indirect costs are costs of an organization that are <u>not readily assignable to a particular</u> <u>project</u>, but are <u>necessary to the operation of</u> <u>the organization and the performance of the</u> <u>project</u>.

Indirect costs are those that <u>benefit more</u> than one activity and are <u>common or joint</u> purpose costs.

For example:

CRIMINAL USAL CE SERVICES

Virginia Department of Criminal Justice Services www.dcjs.virginia.gov costs of an office manager/receptionist position that answers general phone calls, greets clients, etc. are considered indirect costs.



Indirect Costs

The salaries of administrative and clerical staff should generally be treated as indirect costs. Salaries of administrative/clerical staff may be appropriate to include as direct costs **ONLY** if **ALL** of the following conditions are met:

- 1. Administrative or clerical services are integral to a project or activity;
- 2. Individuals involved can be specifically identified with the project or activity;
- 3. Such costs are explicitly included in the budget or have the prior written approval of the awarding agency; and
- 4. The costs are not also recovered as indirect costs.







Indirect Costs

If Indirect Costs are requested, you must submit two additional documents with your grant application:

1. MTDC Worksheet (Excel document)

<u>AND</u>

Certification of De Minimis Indirect Cost Rate form
 OR

A copy of your agency's Indirect Cost Rate Agreement letter/documentation



Indirect Costs Reporting Requirements

The MTDC Worksheet must be completed each quarter, based on <u>actual expenses</u>.

The MTDC Worksheet should be uploaded to OGMS each quarter.







Required Attachments

- Certification Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements Form, signed by the Program Administrator
- ✓ General Grant Conditions and Assurances Form, signed by the Program Administrator
- ✓ 501(c)(3) confirmation letter <u>(nonprofit</u> <u>agencies only)</u>
- ✓ Modified Total Direct Cost (MTDC) Worksheet (if applicable)
- ✓ Certification of De Minimis Indirect Cost Rate form (if applicable)
- Engagement and Evaluation Section Attachments





Non-Supplantation

VSTOP funds may not be used to supplant state, local or other funds which would otherwise be available for the same purpose. Instead, grant funds must be used to increase the total amount of funds used to combat violence against women. State, local or other funds currently allocated to combat violence against women may not be reallocated to other purposes if a VSTOP grant is made.




Civil Rights Certification of Compliance

- The Office for Civil Rights at the Office of Justice Programs ensures that recipients of financial assistance from OJP, as well as the Office of Community **Oriented Policing Services and the** Office on Violence Against Women, comply with federal laws that prohibit discrimination in employment and the delivery of services or benefits based on race, color, national origin, sex, religion, age, and disability information.
- <u>Training for Grantees</u>





Civil Rights Certification of Compliance

Required Modules:

- ✓ Civil Rights Overview
- ✓ Standard Assurance Modules
- ✓ Services to Limited English
 Proficient (LEP) individuals.
- The sub-grantee must review these training modules at least <u>once per</u>
 <u>grant cycle.</u>





Engagement and Evaluation

- Evaluation Plan: Provide DCJS with information on how you evaluate your program's effectiveness.
- Attach a copy of the survey your program uses or plans to use to obtain feedback from victims who receive service





Engagement and Evaluation

Evidence of Community

Collaborations: All applicants must document how their agency actively participates as a part of a coordinated community response.

- Answer 4 questions <u>thoroughly</u>
- Provide a <u>list</u> of current cooperative agreements
- All current agreements have been signed after on or after July 1, 2020.





Authority Certification

 The Authority Certification is to be signed by the Project Administrator or designee, not the Project Director, program staff or any other individual without submitted documentation



On-line Grant Management System (OGMS) Training & Resources Page:

https://www.dcjs.virginia.gov/grants/ogms-trainingresources

Virgin	1a.gov Agencies G	overnor			Search Virginia.Gov
OF CRIMINAL HIS	9	epartmen	-	ustice Services	Q
ABOUT 👻	LICENSING / REGULATION	LAW ENFORCEMENT	SCHOOL-CAMPUS SAFETY -	JUVENILE / VICTIMS / ADULT JUSTICE 🝷	GRANTS RESEARCH
	S is fully operational,	but the majority o	of staff are working ren	notely. DCJS is not able to acco	mmodate in-

person visitors at this time. Thank you for your patience while we adjust to the circumstances.

Grants
Expired Grant Opportunities
GMIS Online
Forms
Training
599
OGMS Training & Resources
DCJS Funding Profiles

OGMS Training & Resources

The Virginia Department of Criminal Justice Services (DCJS) is excited to announce the official launch of the new On-line Gra Management System (OGMS)! To ensure that future grant applicants and existing grantees have the training and resources need to navigate the new website successfully. DCIS will create a series of self-guided videos and training materials to be po on this page. These training resources will provide a global overview of OGMS functionality as well as high-level instructions how to perform various tasks.

To access the On-line Grants Management System (OGMS) click here https://ogms.dcjs.virginia.gov/. For questions ar technical assistance, contact ogmssupport@dcjs.virginia.gov. Please include your grant number and grant program a the Subject line (Example: 20-A1234CC20 - CCCA/PSA Grant Program).

In addition, DCJS will host a series of virtual program specific webinars geared towards more in depth training with question answer sessions and live technical assistance to supplement the self-guided training materials. All sessions will be recorded the links will be posted below.

Training Documents

- · Completing your registration in OGMS
- · Terminology Crosswalk Between the Old and New System

Training Videos

Training Videos







On-line Grant Management System (OGMS) <u>https://ogms.dcjs.virginia.gov/</u>



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DEPARTMENZ





Registration

DCJS On-line Grant Management System
Jejo on mic Grant Management System

I Registration

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Personal Contact Information					
Name*:	~	First Name	Middle	Last Name	
	Salutation	First Name	Middle Name	Last Name	Suffix
Title*:	Title				
Email*:	Email				
Address*:	Address 1				
	Address 2				
	Address 3				
	City	Virginia	~ Zip	+4	
	City	State/Province	Postal Code/Zip	Zip +4	
Phone*:	Phone	Ext			
	Phone ####-################################	Ext.			

Save Registration Information





- As a reminder, every user that manages a DCJS grant will need to register to receive a login account.
- When registering, the Program Area of Interest is only used to process registration and it doesn't restrict your ability to apply for other funding opportunities
- Registration approval takes approximately 3-5 business days.
- You will receive a confirmation email from: <u>VAgrantsDCJS@webgrantsmail.com</u> with your user id and temporary password to login to OGMS.
- To update your personal contact information, select My Profile, update the information and select save. For organization profile changes, contact grantsmgmt@dcjs.virginia.gov.
- For technical assistance contact: <u>ogmssupport@dcjs.virginia.gov</u>





Navigating the System









 Use the system buttons within the window or the menu on the left side panel to navigate to different components







Funding Opportunities



DCJS On-line Grant Management System

Monitor User Tester	15	Test	Virginia Department of Criminal Justice Services	Juvenile Justice and Delinquency Prevention	Juvenile Justice and Delinquency Prevention
Grantee, Tester Role	17	Test	Virginia Department of Criminal Justice Services	Local L.E. Block Grant	Local L.E. Block Grant
Ch Dashboard	343	5 Test	Virginia Department of Criminal Justice Services	Sexual Assault Services Program	Sexual Assault Services Program - CY2022
Funding Opportunities	> 228	6 Test	Virginia Department of Criminal Justice Services	Training Program	VCSCS & LE Test FO
Applications	27	Posted	Virginia Department of Criminal Justice Services	Victims Services Grant Program	Victims Services Grant Program FY22-23
Grants	342	3 Test	Virginia Department of Criminal Justice Services	Victims Services Grant Program	Test Victims Services Grant 8.3.21
	325	5 Posted	Virginia Department of Criminal Justice Services	Violence Against Women Grant Program	CY 22-23 VSTOP Formula Grant Program for Continuation Applicants
	24	Test	Virginia Department of Criminal Justice Services	Virginia Beach Victims Recovery	Virginia Beach Victims Recovery
	31	Test	Virginia Department of Criminal Justice Services	Virginia Sexual and Domestic Violence Victim Fund	Virginia Sexual and Domestic Violence Victim Fund - Continuation Prosecution FY22-24
	Sh	owing 1 to 19	of 19 entries		





Starting a Grant Application







FAQ Feature in OGMS

Monitor User Tester Grantee, Tester Role			Inding (Opportuni	ities				
Dashboard	>	Sack	🛱 Print 🔻	Online Help	⊡ Log Out				
Funding Opportunities	>	i≣ Curre	ent Applicatio	ns					
Applications	>			ations, for this opportun Existing Application but		a new application for this oppo	t the Star	rt New Application button or to c	copy data from an existing
Grants	>	ID	 Application 	n Title		 Organization 		-	Status
My Profile	>	다 Fundi	ing Opportun	ity Details			? Ask a Question	인 Copy Existing Application	Start New Application
			CY 22-23 Opportunity		mula Grant Pr	ogram for Contin	uation App	olicants	
				nen Grant Progra dline: Aug 26, 202					
		Status:		Posted		Program Off	icer: T	Fierra Smith	



Virginia Department of Criminal Justice Services www.dcjs.virginia.gov

The answers to your questions will be posted to the bottom of the Funding Opportunity Details

Questior	IS	
Submitted		
Date	Question	Answer
Aug 3, 2021	Is match	Nonprofit/non-governmental applicants that are funded under the Victim Services category are exempt from the match requirement. For the categories of Courts, Discretionary, Law
2:45 PM	required?	Enforcement, and Prosecution, VSTOP funds may not be used to pay more than 75% of the total costs of proposed projects. The remaining 25% must be provided by the applicant as cash
		or in-kind match. All funds designated as match are restricted to the same uses as the VSTOP funds and must be expended during the same project period. Match cannot be derived from
		other federal funds. Please see page 7 of the guidelines for additional information. Thank youl



Starting a Grant Application

Application Creation Wizard - Step: 1

- · The Application creation process is a short wizard.
- Step 1: Enter your Application title and select your primary contact.
- Step 2: Select the Organization for which you will be submitting this Application
- · Step 3: This is an optional step. Select any additional contacts with which you would like to share your Application

Application - General Information

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.

Save Form Information

Select the organization, if you belong to more than one, for which you will be submitting this application.

Application Title*:	VSTOP Test Application
Primary Contact*:	Monitor User
Organization*:	
Additional Applicants*:	







Application Details		Q Preview Applications	? Ask a Question	× Withdraw
Applications cannot be Submitted Currently Application components are not complete 				
Component	Complete?	Last Edited		
General Information	×	Aug 6, 2021 2:06 AM - Monitor User		
Face Sheet		÷.		
Project Narrative Form		-		
Goals and Objectives		-		
Budget		2		
Personnel and Employee Fringe Benefits				
Consultants		2		
Travel		*		
Subsistence/Other Travel Costs		-		
Equipment		-		
Supplies & Other Expenses		-		
Indirect Costs		-		
Attachments		-		
Non-Supplantation		2		
Civil Rights Certification of Compliance		2		





Editing the Application – Face Sheet







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Editing the Application – Face Sheet (cont'd.)

•	me:	esponsibility for managing the project.	
Prefix First Name Middle Name	E Project Admin	istrator	
.ast Name Suffix		has authority to formally commit the organization, locality, or state agency to complying with all the terms of the grant g the provision of the required match.	
Add	Prefix First Name Middle Name	Name:	
Address Line 2	Last Name Suffix	E Finance Officer	🛛 Edit F
City State	А		
Zip Code +4	Address Line 2	Name: Prefix First Name	
Phone Nur	City	Middle Name Last Name	
Fax Nu Email Add	State Zip Code +4	Suffix Title*:	
Is the mailing address the sa	Phone N	Address*:	
Mailing Add	Fax	Address Line 2	
Mailing Ad	Email A Is the mailing address the Mailing A	City	
	Mailing /	Zin Code	
		Phone Number*:	
		Fax Number:	
		Email Address*: Is the mailing address the same as the physical address?	
		Mailing Address*:	
		Mailing Address:	





If a question does not apply to	your application, enter N/A in the box.
Demonstration of Need*:	
Project Description*:	5000 character(s) left
Service Area Demographic/Target Population*:	5000 character(s) left





Editing the Application – Goals & Objectives

E Requested							Save Form
If this is not requested, please indicate	e that here	and then r	nark this form as com	plete.			
Are Goals and Objectives	Yes	No					
required by the funding opportunity?*:			_				
							Save Form
							8
Goals and Objectives -	Multi-List						
-					014077		
-		A chievab	le, R elated to the pr	oject goal, and Time-bound (SMART)		
Each objective must be S pecific, M e		A chievab	le, Related to the pr Objective	oject goal, and Time-bound (Mo	nth	
Goals and Objectives - Each objective must be Specific, Me	easurable,	A chievab			Mo (in	which	
Each objective must be S pecific, M e	easurable,	Achievab			Mo (in im)		





Editing the Application – Budget

I Budget - Grid					✓ Mark as Complete	🗹 Edit Grid
Budget Categories	Federal	State	Special	Cash Match	In-Kind Match	Total Program
Personnel	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.0
Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Subsistence	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies/Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00





Editing the Application







Editing the Application – Personnel

Employee Name	Position Title	Position	Total Hours Per Week (if applicable)	Total Hours Per Year	Total Annual Salary (grant-funded plus other sources)	Percent being requested	Number of Grant- Funded Hours (hours per year)	Grant-Funded Full Time Equivalent ("FTE")	Total Salary Amount Requested from Grant	New Position?	Federal Funds	State Funds	Special Funds		In- Kind Match	Personn Tot
Patricia User	Director	Full Time		2080	\$39,417.00	100.0%	2080	1.00	\$39,417.00	No	\$39,417.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,417.
			0	2080	\$39,417.00		2080	1.0	\$39,417.00		\$39,417.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,417.

Employee	FICA	Retirement	Group	Health	Workers'	Unemployment	Disability	Other	Requested Employee	If Other,	Federal	State	Special		In-	Employee
Name			Life	Insurance	Comp				Fringe Benefits Total	Please Describe	Funds	Funds	Funds	Match	Kind Match	Fringe Benefits Total
Patricia User	\$3,016.00	\$5,101.00	\$101.00	\$13,541.00	\$50.00	\$0.00	\$0.00	\$0.00	\$21,809.00		\$21,809.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,809.00
	\$3,016.00	\$5,101.00	\$101.00	\$13,541.00	\$50.00	\$0.00	\$0.00	\$0.00	\$21,809.00		\$21,809.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,809.00





Editing the Application – Personnel (Cont'd)

E Personnel	💼 Delete Row 📔 Save Row
The "Total Salary Amount Request	ed from Grant" refers to grant-funded salary amounts requested from the grant.
Personnel	
Employee Name*:	Patricia User
Position Title*:	Director
Position*:	Full Time 🔻
Total Hours Per Week (if applicable):	
Total Hours Per Year*:	2080
Total Annual Salary (grant-funded plus other sources)*:	\$39,417.00
Percent being requested*:	100.0
Number of Grant-Funded Hours (hours per year)*:	2080
Grant-Funded Full Time Equivalent ("FTE"):	1.00





Editing the Application – Personnel (Cont'd)







Editing the Application – Fringe Benefits, Position Description & Justification

Employee Fringe Benefits - Multi-List + Add Row Employee FICA Retirement Group Health Workers' Unemployment Disability Other Requested Employee If Other, Federal State Special Cash In-Employee Name Life Insurance Comp Fringe Benefits Total Please Funds Funds Funds Match Kind **Fringe Benefits** Describe Match Total \$3,016,00 \$5,101,00 \$101,00 \$13,541,00 \$21,809.00 Patricia \$50.00 \$0.00 \$0.00 \$0.00 \$21 809 00 \$0 00 \$0.00 \$0.00 \$21.809.00 \$0.00 User \$0.00 \$0.00 \$21,809.00 \$21.809.00 \$0.00 \$0.00 \$0.00 \$0.00 \$21.809.00 \$3.016.00 \$5.101.00 \$101.00 \$13.541.00 \$50.00 \$0.00 Last Edited By: Patricia User - Feb 27, 2021 2:03 PM + Add Row

E Position and Justification

The position description should briefly describe grant-related duties performed. The justification should explain how the position is essential and allowable under the Grant Guidelines. New positions and pay increases require more detailed justification.

Employee Name*:	Patricia User 🗸
Description of Position*:	The VSTOP director will devote 2080 hours overseeing daily program operations and grant activities of all grant-funded staff. The functions include but are not limited to program management, court advocacy, coordinated community response, victims services, training, outreach, and education programs in efforts to prevent violent crime; respond to the needs of crime victims; learn more about crime; and change public attitudes through a collaborative effort by the criminal justice system and community partners.
	236 character(s) left
Justification for Position*:	The director's position is essential to overseeing program management functions to ensure compliance with grant guidelines and federal regulations; oversee performance of grant-funded staff; provide guidance on agency policies and protocols; maintain reporting compliance with the funding agency; develop and maintain partnerships within the community to further advance the agency's mission in accordance with the VSTOP priority areas.
	314 character(s) left



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Editing the Application – Total Requested







Editing the Application – Consultants, Consultants Subsistence & Travel

	nsultar	nt - Multi-	-List											✓ N	lark as Co	mplete	+	Add Row
Name of Consultant		Consu	Itant Hourl Rat		I Numbe Hours	er of	Tota	l Consulta	ant ost	Federal Funds	Sta Fund		Specia Funds		Cash Match	In-M	(ind atch	Consultan Tota
Consultant					Hours													
			\$0.0	0				\$0		\$0.00	\$0.0		\$0.00		\$0.00		00.0	\$0.0
					0			\$0	.00	\$0.00	\$0.0	00	\$0.00	0	\$0.00	\$1	0.00	\$0.0
			s istence							s established	d trave	l policy	1.	✓ M	lark as Co	mplete	÷	Add Row
	Number	Lodging	Total	Number	Per		Number	5		Other	Travel		Federal	State	Special	Cash	In-	
Name of Consultant	Number of Nights	Lodging Rate		Number of Days	Per Diem Rate		Number of Miles	Mileage Rate		Other Subsistence/		Total Other Travel	Federal Funds	State Funds	Special Funds		In- Kind Match	Subsistence
	of				Diem			Rate		Subsistence/		Other					Kind	Subsistence & Trave
	of				Diem			Rate	Travel	Subsistence/		Other Travel	Funds	Funds		Match	Kind Match	Subsistenc
Consultant	of Nights	Rate	Lodging	of Days	Diem Rate	Meals	of Miles	Rate No D	Travel	Subsistence/		Other Travel	Funds	Funds	Funds	Match	Kind Match	Subsistence & Trav Tot
Consultant	of Nights	Rate		of Days	Diem Rate	Meals	of Miles	Rate No D	Travel	Subsistence/		Other Travel	Funds	Funds	Funds	Match	Kind Match	I Subsistend & Trav Tot
Consultant	of Nights nsultar	Rate nt Role	Lodging Descrij	of Days Difference of Days	Diem Rate	Meals stifica bilities	of Miles ation - N	Rate No D Multi-List	Travel ata for T	Subsistence/	st Edited	Other Travel I By: Pat	Funds	Funds	Funds , 2021 11:	Match 37 PM	Kind Match	Subsistend & Trav Tot





Editing the Application – Consultants

E Consultant	Save
Name of Consultant*:	
Consultant Hourly Rate:	\$0
Total Number of Hours:	
Total Consultant Cost:	
Consultant Funding	
Federal Funds:	\$0
State Funds:	\$0
Special Funds:	\$0
Cash Match:	\$0
In-Kind Match:	\$0
Consultant Total:	





Editing the Application – Consultants Total Requested

Consultant Subsister	ce & Travel Totals	✓ Mark as Complete
DCJS FUNDS		
Federal Funds:	\$0.00	
State Funds:	\$0.00	
Special Funds:	\$0.00	
Match Funds		
Cash Match:	\$0.00	
In-Kind Match:	\$0.00	
Consultant Subsistence & ⁻	ravel Total	
TOTAL:	\$0.00	





Editing the Application – Travel (Mileage)

		nmediate service area).					
lumber of Miles	Mileage Rate	Total Local Mileage	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Local Mileage Tota
360	0.540	\$194.40	\$194.40	\$0.00	\$0.00	\$0.00	\$0.00	\$194.4
360		\$194.40	\$194.40	\$0.00	\$0.00	\$0.00	\$0.00	\$194.4
Non-Loc	al Mileage - Mu	lti-List			Last Edited By	: Patricia User - Fe	eb 27, 2021 2:11 PM	+ Add Row
	-	Iti-List	vice area).		Last Edited By	: Patricia User - Fe	ab 27, 2021 2:11 PM	
	-			ds Special	_			





Editing the Application – Travel (Mileage)

E Local Mileage		🛍 Delete	Row 🗳 Save Row
Local Mileage (travel within th	e immediate service area).		
Number of Miles*:	360		
Mileage Rate:	0.540		
Total Local Mileage:	\$194.40		
Local Mileage Funding			
Federal Funds:	\$194.40		
State Funds:	\$0.00		
Special Funds:	\$0.00		
Cash Match:	\$0.00		
In-Kind Match:	\$0.00		
Local Mileage Total:	\$194.40		
			Save Row





Editing the Application – Travel (Mileage)

and Milanes (from	al miélain élas inanasis							
ocal Mileage (trav	el within the immedia	ate service area).						
Number of Miles	Mileage Rate	Total Local Mileage	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Local Mileage Tot
360	0.540	\$194.40	\$194.40	\$0.00	\$0.00	\$0.00	\$0.00	\$194.4
360		\$194.40	\$194.40	\$0.00	\$0.00	\$0.00	\$0.00	\$194.4

	escription should include grant-related travel to include meeti y travel by explaining why costs are necessary and essential t	ngs, presentations, community visits, client-related travel, training, etc. o achieving the goals and objectives of the grant.
Туре	Description of Mileage	Justification for Mileage
Local	We are requesting local mileage due to the large geographical area in which	We are requesting local mileage due to the large geographical area in which this program is located. The
Mileage	this program is located. The County covers over 566 miles of various terrain. This would be mileage for meetings with direct service victims, assisting law enforcement who are on scenes with victims in crisis, promotion of the program within the community, and meeting with direct service provides involved in MDTs.	County covers over 566 miles of various terrain. This would be mileage for meetings with direct service victims, assisting law enforcement who are on scenes with victims in crisis, promotion of the program within the community, and meeting with direct service provides involved in MDTs. Per VOCA Rule 94.121(d) Allows for costs necessary and essential to providing direct services such as transportation co for victims to receive services.





Editing the Application – Travel Total (Mileage)

<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header>





Editing the Application – Subsistence (Lodging & Meals)

E Subsistence Description and Justification - Multi-List								🗸 м	ark as Con	nplete	+ Add Row			
	de a description o y travel by explai	-		ary and	essential to a	chieving the go	oals and	d objective	es of the	grant.				
Event	Event Description of Costs						Justification for Costs							
					N	o Data for Table								
							Las	st Edited By:	Patricia U	ser - Feb 20,	2021 11:4	B PM	+ Add Row	
:=	Other Travel C	osts - Multi-List								🗸 м	ark as Con	nplete	+ Add Row	
Itemia	e costs associate	d with airfare and	l other tra	avel cost	s necessary	for grant-relate	d activi	ties.						
Event Title	Number of People Attending	Number of Airfare Tickets	Airfare Rate	Total Airfare	Other Travel Costs	Total Cost for A Other	Air and Fares	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Other Trav Costs Tot	
					N	o Data for Table								
							Las	st Edited By:	Patricia U	ser - Feb 20,	2021 11:4	B PM	+ Add Row	
	Other Travel C	osts Descript	ion and	Justifi	cation - Mu	lti-List				🗸 м	ark as Con	nplete	+ Add Row	
	de a description o y travel by explai	-		ary and	essential to a	chieving the go	oals and	d objective	es of the	grant.				
Event Description of Other Costs				Justification for Other Costs										
					N	o Data for Table								
							Las	st Edited By:	Patricia U	ser - Feb 20,	2021 11:4	B PM	+ Add Row	







E Subsistence	Save Row
Itemize costs associated with	lodging, meals and transportation necessary for grant-related activities.
Event Title*:	
Number of People Attending*:	
Lodging	
Number of Nights:	
Lodging Rate:	\$0
Total:	
Meals	
Number of Days:	
Per Diem Rate:	\$0
Total:	
Total Subsistence:	
Subsistence Funding	
Federal Funds:	\$0
State Funds:	\$0




Editing the Application – Subsistence Totals

DCJS FUNDS		
Federal Funds:	;0.00	
State Funds:	;0.00	
Special Funds:	0.00	
Match Funds		
Cash Match:	;0.00	
In-Kind Match:	;0.00	
Subsistence/Other Travel Co	sts Total	
TOTAL:	0.00	





Editing the Application – Equipment

Equipment - Multi-List

✓ Mark as Complete + Add Row

List major items to be purchased or leased separately with unit cost. See your grant funding opportunity for more information. Grant funds cannot support the entire cost of an item that is not used exclusively for grant project-related activities; however, grant funds can support a pro-rated share of such an item.

Equipment Item	Cost Per Item/Monthly Rate	Total Number of Items/Number of Months	Total Cost	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Equipmen Tota
			No Data for Tab	ble					
				La	st Edited By: P	atricia User - Fel	b 20, 2021 11:	52 PM	Add Row
i Equip	oment Description	and Justification - Multi-List					Mark as Co	omplete	+ Add Row
	hat the item is and how	14 - 111 h							
		It will be used. It to completing the goals and obje	ectives of the	e grant.					
Explain how	v the request is essentia		ectives of the	e grant.	Justification	for Equipment			
Explain how	v the request is essentia	I to completing the goals and obje	ectives of the	-	Justification	for Equipment			
	v the request is essentia	I to completing the goals and obje		ble		for Equipment atricia User - Fel		52 PM	Add Row
Explain how	v the request is essentia	Il to completing the goals and obje Description of Equipment		ble			b 20, 2021 11:		Add Row
Explain how	v the request is essentia	Il to completing the goals and obje Description of Equipment		ble	st Edited By: P	atricia User - Fel	b 20, 2021 11:: complete		

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Last Edited By: Patricia User - Feb 20, 2021 11:52 PM



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Editing the Application – Equipment

pro-rated share of such an ite	of an item that is not used exclusively for grant project-related activities; how n.	wever, grant funds can support a
Equipment Item*:		
Cost Per Item/Monthly Rate:	\$0	
otal Number of Items/Number of Months:		
Total Cost:		
quipment Funding		
Federal Funds:	\$0	
State Funds:	\$0	
Special Funds:	\$0	
Cash Match:	\$0	



Editing the Application – Equipment Totals

DCJS FUNDS		
Federal Funds:	0.00	
State Funds:	0.00	
Special Funds:	\$0.00	
Match Funds		
Cash Match:	00.03	
In-Kind Match:	0.00	
Equipment Total		





Editing the Application – Supplies & Other

re cost of an item tha	at is not used exclusively for gr	ant projec	t-related ac	tivities; ho	owever, gra	nt funds c	an support a pr	o-rated share
Cost Per Item/Monthly Rate	Total Number of Items/Number of Months	Total Cost	Federal Funds	State Funds	Special Funds	Cash Match	In-Kind Match	Supplies & Oth Expenses Tot
		No Data fo	or Table					•
em Requested D	escription and Justificat	ion Mult	i Liet				lark as Complete	+ Add Row
he item is and how it	will be used.							
Descriptio	on of Supply/Item			Justificatio	on for Supply	/Item		
	Cost Per Item/Monthly Rate em Requested D ne item is and how it request is essential	Cost Per Item/Monthly Rate Total Number of Items/Number of Months Total Number of Items/Number of Months Months Tem Requested Description and Justification the item is and how it will be used.	Cost Per Item/Monthly Rate Total Number of Items/Number of Months Total Cost No Data for No Data for Image: State of the	Cost Per Item/Monthly Rate Total Number of Items/Number of Months Total Cost Federal Funds No Data for Table No Data for Table Em Requested Description and Justification - Multi-List ne item is and how it will be used. request is essential to completing the goals and objectives of the grant.	Cost Per Item/Monthly Rate Total Number of Items/Number of Months Total Cost Federal Funds State Funds No Data for Table No Data for Table Last Edited tem Requested Description and Justification - Multi-List te item is and how it will be used. request is essential to completing the goals and objectives of the grant. te grant.	Cost Per Item/Monthly Rate Total Number of Items/Number of Months Total Cost Federal Funds State Funds Special Funds No Data for Table No Data for Table Last Edited By: Patricia U em Requested Description and Justification - Multi-List request is essential to completing the goals and objectives of the grant.	Cost Per Item/Monthly Rate Total Number of Items/Number of Months Total Cost Federal Funds State Funds Special Funds Cash Match No Data for Table No Data for Table Last Edited By: Patricia User - Feb 20 rem Requested Description and Justification - Multi-List Image: Completing the goals and objectives of the grant.	Rate Months Cost Funds Funds Match Match No Data for Table Last Edited By: Patricia User - Feb 20, 2021 11:57 PM reem Requested Description and Justification - Multi-List ✓ Mark as Complete request is essential to completing the goals and objectives of the grant.





Editing the Application – Supplies & Other

	vithin this category by major types. See your grant funding opportunity for more information. Grant funds canr
support the entire cost of an i share of such an item.	tem that is not used exclusively for grant project-related activities; however, grant funds can support a pro-rat
Supply/Item Requested*:	
Cost Per Item/Monthly Rate*:	\$0
Total Number of Items/Number of Months*:	
Total Cost:	
Total Cost: Supplies & Other Expenses	Funding
	Funding \$0
Supplies & Other Expenses	
Supplies & Other Expenses Federal Funds:	\$0
Supplies & Other Expenses Federal Funds: State Funds:	\$0 \$0





Editing the Application – Supplies Total

Supplies & Other Exp	Ses Iotais	✓ Mark as Complet
DCJS FUNDS		
Federal Funds:	0.00	
State Funds:	0.00	
Special Funds:	0.00	
Match Funds		
Cash Match:	0.00	
In-Kind Match:	0.00	
Supplies & Other Expenses	otal	
TOTAL:	0.00	
		Last Edited By: Patricia User - Feb 20, 2021 11:57 PM





Editing the Application – Indirect Costs

🖽 Direct Expenditures - Edit

Save Grid

DIRECT EXPENDITURES (Excluding Match) FOR MODIFIED TOTAL DIRECT COSTS (MTDC) CALCULATION

Salaries and Wages: In order for Salaries and Wages to be allowable for the calculation of MTDC the following must apply:

- · Must be integral to the Program.
- · Individuals involved can be specifically identified with the project or activity.
- Such costs are explicitly included in the budget.
- The costs are not also recovered as indirect costs.
- The costs must not be used as match. References: 2 CFR 200.413; FSR Instructions

Fringe Benefits: Fringe Benefits related to Salaries and Wages (above) that are reasonable and required by: law, non-Federal entity employee agreement, or an established policy of the non-Federal entity. Such benefits must be allocated to Federal awards and all other activities in a manner consistent with how fringe benefits are charged throughout the organization. Any match portion is not to be included. *References: 2 CFR 200.431; DOJ 2015 Section 3.9; FSR Instructions*

Travel Costs: Travel costs are the expenses for transportation, lodging, subsistence, and related items incurred by employees who are assigned to the Program. Travel costs are allowable with prior written approval of the awarding agency (e.g. be in the budget) and when they are specifically related to the Federal award. Travel costs must also be reasonable, in accordance with the non-Federal entity's written travel policy, and proper documentation must be kept. Any match portion is not to be included. *References*: 2 *CFR* 200.474; *FSR* Instructions

Supplies and Other: Costs incurred for materials, supplies and fabricated parts necessary to carry out the Federal Program are allowable and must be

charged at their actual prices net of applicable credits. This category is applicable for all consumable and short-term items with an acquisition cost of less than \$5,000 each. Any match portion is not to be included. *References: 2 CFR 200.453; FSR Instructions*





Editing the Application – Budget

Budget - Current Version						
I Budget - Grid						🗹 Edit Grid
Budget Categories	Federal	State	Special	Cash Match	In-Kind Match	Total Program
Personnel	\$61,226.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,226.0
Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Travel	\$194.00	\$0.00	\$0.00	\$0.00	\$0.00	\$194.0
Subsistence	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Equipment	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.0
Supplies/Other	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.0
Indirect Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
	\$63,030.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63,030.0



🗹 Edit Grid





Editing the Application – Attachments

Are additional attachments required by the funding opportunity?*:	Yes No	
opportunity?*:		Save Fo





Editing the Application – Non Supplantation

E Non-Supplantation

	Form

Applicants under this grant program are required to certify to DCJS, that the funding requested in this application does not supplant or replace, in whole or in part, federal, state, or local funds already supporting current program services.

I certify that the grant funds requested under this grant program will be used to supplement existing funds and will not replace (supplant) funds that have been appropriated for the same purposes.

Certification*:	Yes No		
Project Administrator*:			
	First Name	Last Name	
	Title	Date	
			Save Form





Editing the Application – Certification of Compliance with Civil Rights

Certification of Compliance - Project Information	🗎 s.
Is This Applicable to Your Yes No Project?*:	
	Sa Sa
Project Director Certification	Sa Sa
Is This Applicable to Your Project?*: Yes No	





Editing the Application – Engagement & Evaluation

Please describe how you evaluate your pro	ogram's effectiveness.	
Evaluation Plan:		
Evidence of Community Collaboration:	1500 character(s) left	
	1500 character(s) left	





Editing the Application – Authority Certification

, ,	d belief, all data in this application is t will comply with all grant requirements	rue and correct, the document has been duly a if funding is awarded.	uthorized by the governing body of
Your typed name, in lieu of your representations made in this ap	0 1 0	ng acceptance of the terms of this application a	and the accuracy of the
system on behalf of the person	who has authority to formally commit	nority of official, to provide the information requence of a second to contract of the organization, locality, or state agency to contract of such authority, has been placed in a file	mplying with all the terms of the gra
review.			
Authorized Individual*:	- First Manage		
	First Name	Last Name	





Editing the Application – Application List

Application Details Q Preview Applications Submit Applications component Component Complete? Last Edited General Information Aug 6, 2021 2.06 AMI - Monitor User Face Sheet Aug 6, 2021 2.06 AMI - Monitor User Project Narrative Form Aug 6, 2021 2.57 AMI - Monitor User Budget Aug 6, 2021 2.57 AMI - Monitor User Personnel and Employee Fringe Benefits Aug 6, 2021 2.57 AMI - Monitor User Consultants Aug 6, 2021 2.57 AMI - Monitor User Budget Aug 6, 2021 2.57 AMI - Monitor User Tavel Aug 6, 2021 2.57 AMI - Monitor User Aug 6, 2021 2.57 AMI - Monitor User Subsistence/Other Travel Costs Aug 6, 2021 2.57 AMI - Monitor User Subsistence/Other Travel Costs Aug 6, 2021 2.56 AMI - Monitor User Aug 6, 2021 2.56 AMI - Monitor User Subsistence/Other Travel Costs Aug 6, 2021 2.56 AMI - Monitor User Indirect Costs Aug 6, 2021	Application Preview Alert History Map		
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Face Sheet ✓ Aug 6, 2021 3:00 AM - Monitor User Project Narrative Form ✓ Aug 6, 2021 2:58 AM - Monitor User Goals and Objectives ✓ Aug 6, 2021 2:57 AM - Monitor User Budget ✓ Aug 6, 2021 2:57 AM - Monitor User Personnel and Employee Fringe Benefits ✓ Aug 6, 2021 2:57 AM - Monitor User Consultants ✓ Aug 6, 2021 2:57 AM - Monitor User Travel ✓ Aug 6, 2021 2:57 AM - Monitor User Subsistence/Other Travel Costs ✓ Aug 6, 2021 2:56 AM - Monitor User Equipment ✓ Aug 6, 2021 2:56 AM - Monitor User Supplies & Other Expenses ✓ Aug 6, 2021 2:56 AM - Monitor User Indirect Costs ✓ Aug 6, 2021 2:56 AM - Monitor User Aug 6, 2021 2:56 AM - Monitor User ✓ Aug 6, 2021 2:56 AM - Monitor User	Component	Complete?	Last Edited
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Travel Aug 6, 2021 2:56 AM - Monitor User Subsistence/Other Travel Costs Aug 6, 2021 2:57 AM - Monitor User Equipment Aug 6, 2021 2:56 AM - Monitor User Supplies & Other Expenses Aug 6, 2021 2:56 AM - Monitor User Indirect Costs Aug 6, 2021 2:56 AM - Monitor User Attachments Aug 6, 2021 2:56 AM - Monitor User	Personnel and Employee Fringe Benefits	×	Aug 6, 2021 2:34 AM - Monitor User
Subsistence/Other Travel Costs ✓ Aug 6, 2021 2:57 AM - Monitor User Equipment ✓ Aug 6, 2021 2:56 AM - Monitor User Supplies & Other Expenses ✓ Aug 6, 2021 2:56 AM - Monitor User Indirect Costs ✓ Aug 6, 2021 2:56 AM - Monitor User Attachments ✓ Aug 6, 2021 2:56 AM - Monitor User	Consultants	✓	Aug 6, 2021 2:57 AM - Monitor User
Equipment ✓ Aug 6, 2021 2:56 AM - Monitor User Supplies & Other Expenses ✓ Aug 6, 2021 2:56 AM - Monitor User Indirect Costs ✓ Aug 6, 2021 2:56 AM - Monitor User Attachments ✓ Aug 6, 2021 2:56 AM - Monitor User	Travel	✓	Aug 6, 2021 2:56 AM - Monitor User
Supplies & Other Expenses Aug 6, 2021 2:56 AM - Monitor User Indirect Costs Aug 6, 2021 2:56 AM - Monitor User Attachments Aug 6, 2021 2:56 AM - Monitor User Aug 6, 2021 2:56 AM - Monitor Aug 6, 2021 2:56 AM - Monitor	Subsistence/Other Travel Costs	✓	Aug 6, 2021 2:57 AM - Monitor User
Indirect Costs ✓ Aug 6, 2021 2:56 AM - Monitor User Attachments ✓ Aug 6, 2021 2:56 AM - Monitor User	Equipment	×	Aug 6, 2021 2:56 AM - Monitor User
Attachments Aug 6, 2021 2:56 AM - Monitor User	Supplies & Other Expenses	✓	Aug 6, 2021 2:56 AM - Monitor User
	Indirect Costs	✓	Aug 6, 2021 2:56 AM - Monitor User
Non-Supplantation 🗸 Aug 6, 2021 2:55 AM - Monitor User	Attachments	×	Aug 6, 2021 2:56 AM - Monitor User
	Non-Supplantation	×	Aug 6, 2021 2:55 AM - Monitor User





Editing the Application – Application Preview

🕈 Back 📅 Print 👻	Ø Online Help		
Application Preview Ameri	History Map		\frown
Application Detai	ls		? Ask a Question 🛛 Edit Applications 🗙 Withdra
	Test Application		
Application Details	Test Application	Initial Submit Date:	
Application Details	Test Application	Initial Submit Date: Initially Submitted By:	
Application Details Funding Opportunity: 3255-CY 22-23 VSTOP Form Funding Opportunity Due			
Application Details Funding Opportunity: 3255-CY 22-23 VSTOP Form Funding Opportunity Due Date:	ula Grant Program for Continuation Applicants Aug 26, 2021 12:00 PM	Initially Submitted By:	
Application Details Funding Opportunity: 3255-CY 22-23 VSTOP Form Funding Opportunity Due Date:	ala Grant Program for Continuation Applicants	Initially Submitted By: Last Submit Date:	
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- As you edit the application, save your work!
- Once you complete a form select 'Mark As Complete'
- Applications cannot exceed the maximum award amount.
- Enter the total amount requested from each of the itemized budget forms to the main Budget Component.
- An application cannot be submitted until all forms are completed.
- Once submitted, you cannot edit an application.







Virginia Department of Criminal Justice Services www.dcjs.virginia.gov

Technical Assistance

- For assistance with OGMS, contact: <u>ogmssupport@dcjs.virginia.gov</u> and include the name of the agency/locality, application ID number, and the current grant number in your message.
- For detailed instructions and videos, refer to the <u>OGMS Training & Resources</u> page.
- For questions regarding VSTOP, contact: <u>tierra.smith@dcjs.Virginia.gov</u>.

A copy of this solicitation is available on OGMS and the DCJS website. For additional resources, refer to the details under the Funding Opportunity tab: <u>https://ogms.dcjs.virginia.gov/</u>



Review Process

Application Received

Application Reviewed by Grant Monitor and Grant Coordinator

Programmatic and budgetary recommendations made to the Grants subcommittee Final recommendations made to the full Criminal Justice Services Board







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Contact Your Monitor

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