



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Statement of Grant Award (SOGA) Instructions

The Statement of Grant Award is included within the Award Package. It include the DCJS, federal, and/or state grant information, the three contact persons of record, and the approved budget. Please have this document signed by the County Administrator or City Manager. A Signature Power form will need to be submitted if someone other than the assigned person signs the SOGA. For more information, please contact grantsmgmt@dcjs.virginia.gov.

☐ Project 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 locality or state agency to complying with all the terms of the grant application including the provision of the required cash match. 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; 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.

STATEMENT OF GRANT AWARD (SOGA)

Virginia Department of Criminal Justice Services
 1100 Bank Street, 12th Floor
 Richmond, Virginia

VOCA		
Subgrantee: ABCOneTwoThree DUNS Number: 123456789 DCJS Grant Number: 20-A1234VP18 Grant Start Date: 07/01/2019 Grant End Date: 06/30/2020		
Federal Grant Number: 2016-VA-GX-0039, 2017-VA-GX-0018, and/or 2018-V2-GX-0011 Federal Awardee: OVC Federal Catalog Number: 16.575 Project Description: To provide direct services for crime victims.		
Federal Funds: \$960,000 Indirect Cost Rate: ____% State General Funds: \$54,000 *If applicable State Special Funds: \$0 Local Match: <u>\$186,000</u> Total Budget: \$1,200,000		
Project Director	Project Administrator	Finance Officer
Ms. Jane Doe Executive Director ABCOneTwoThree P. O. Box 111111 Richmond, VA 23226 (804) 123-4567 jane@ABCOneTwoThree.com	Ms. Elizabeth Doe Board President ABCOneTwoThree P. O. Box 111111 Richmond, VA 23226 (804) 123-4567 elizabeth@ABCOneTwoThree.com	Mr. John Doe Director of Finance ABCOneTwoThree P. O. Box 111111 Richmond, VA 23226 (804) 123-4567 john@ABCOneTwoThree.com
<p>*Please indicate your ICR in the space provided, if applicable. As the duly authorized representative, the undersigned, having received the Statement of Grant Awards (SOGA) and Special Conditions attached thereto, hereby accepts this grant and agree to the conditions and provisions of all other Federal and State laws and rules and regulations that apply to this award.</p> <p style="text-align: right;">Signature: _____ <small>Authorized Official (Project Administrator)</small></p> <p style="text-align: right;">Title: _____</p> <p style="text-align: right;">Date: _____</p>		