



Hospital-Based Violence Intervention and Prevention Program (HVIPP) Grant Firearm Violence Intervention and Prevention (FVIP) Fund

**Program Guidelines and Application Procedures
for New Applications
Fiscal Years 2026 and 2027
July 1, 2025-June 30, 2027**

**Application Due Date
May 2, 2025, 5:00 p.m.
Late applications will not be accepted**

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

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I. Introduction

The Virginia Department of Criminal Justice Services (DCJS) is accepting applications through the On-line Grants Management System (OGMS) (www.ogms.dcjs.virginia.gov/index.do) for the Hospital-Based Violence Intervention and Prevention Program (HVIPP) grant. This grant is funded through the Firearm Violence Intervention and Prevention (FVIP) Fund.

The purpose of this initiative is to support the implementation of proven strategies that will result in reducing violent crime within the Commonwealth while implementing effective and sustainable solutions to intercept and eliminate local cycles of violence. HVIPPs are multidisciplinary programs that combine the efforts of medical staff with trusted community-based partners to provide safety planning, services, and trauma-informed care to victims injured in gun violence and their families.

A. Grant Period

This solicitation is for state fiscal years (SFY) 2026 and 2027, July 1, 2025—June 30, 2027.

B. Award Amount

DCJS anticipates awarding approximately \$3,500,000, with a maximum individual award of \$700,000 per hospital for a two-year grant period.

C. Match Requirement

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

D. 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. Subgrantees will only be reimbursed for costs incurred within the grant period and which are reported on the detail of expenditures (financial report). Grant funds must only be obligated during the grant period, and all obligations must be fulfilled no later than 45 days after the end of the grant period. Claims and financial reports must be submitted through the DCJS On-line Grant Management System (OGMS).

II. Applicant Eligibility

This funding opportunity is open to individual hospitals and non-profit organizations on behalf of hospitals.

III. Grant Program Requirements

Proposed projects should be consistent with the HVIPP model. HVIPPs employ four major components that alter risk trajectories by operating at multiple levels of the social ecology.

- 1. Hospital Intervention:** A brief intervention in the emergency department (rapport-building)
- 2. Care:** Working with survivors and family members to provide individualized and coordinated care
- 3. Follow up Services (Case Management):** Crisis intervention and resource linkage
- 4. Community Reintegration:** 6- to 12-month follow-up to increase protective factors with the intent to reduce injury recidivism

IV. Application Deadline

Applications must be submitted in OGMS by **5:00 p.m. on May 2, 2025**. Applications received after the deadline will not be considered.

V. Restrictions

Grant funds cannot be used to supplant state or local funds that would otherwise be available for the same purposes. *Supplanting* occurs when an entity reduces or reallocates federal, state, or local funds for a particular activity or purchase specifically because other funds are available. Indirect costs are not available under this solicitation.

Allowable Costs: Requested funds must be utilized to prevent and reduce gun violence. Allowable projects and purchases include, but are not limited to:

- Hiring additional personnel,
- Overtime,
- Supplies,
- Training,
- Travel expenses, and
- Equipment and necessary items related to violence reduction.

Unallowable Costs: HVIPP grant recipients may not use grant funds to pay for:

- Weapons and ammunition,
- Construction or renovation,
- The purchase or lease of vehicles,
- Land acquisition,
- Indirect costs,
- Lobbying and political contributions,
- Honoraria,
- Bonuses, or
- Alcohol.

VI. Application Review Process

DCJS reviews applications to ensure the information presented is reasonable, understandable, measurable, and achievable as well as consistent with the solicitation.

The Criminal Justice Services Board (CJSB) Grants Committee will review application summaries as presented by DCJS and make recommendations for funding to the CJSB. The CJSB is expected to make

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final grant award decisions at its meeting on **June 12, 2025**. Funding decisions made by the CJSB are final and may not be appealed.

DCJS will issue grant award packages based on the final approval of the CJSB. Fiscal and programmatic revisions may be required as a condition of funding.

VII. Submission Instructions

Grant applications must be entered in OGMS (<https://ogms.dcjs.virginia.gov>). Follow these steps to begin an application for this funding opportunity.

- Log into OGMS. For new users, select the “Registration” button on the OGMS home page. Web address: <https://ogms.dcjs.virginia.gov/>.
- Select “Funding Opportunities.”
- Select ID “#549713, Hospital Violence Intervention and Prevention Program (HVIPP).”
- Select “Start New Application.”
- Under “Application Title,” enter the name of the proposed project, such as, “St. Elsewhere HVIPP.”
- Under “Primary Contact,” select the name of the organization’s primary contact for this grant application. This can be changed later in the application process if needed. Select “Save Form Information.” A new screen will appear.
- Under “Organization,” select the organization. Then, select “Save Form Information.” A new screen will appear.
- Under “Additional Applicants,” select any of the organization’s members who should have access to this application and to the grant if it is awarded. People can be added or subtracted after the grant is awarded. If the name of the person who should have access to the application or grant does not appear, they may not be registered in OGMS. Select “Save Form Information.” A new screen will appear.
- Under the “Application Details” screen, complete all sections by clicking on each line. The application cannot be submitted until all sections are complete. A green checkmark indicates the section is complete.

The following sections are incorporated into the OGMS application system:

A. Face Sheet

- **Congressional District(s):** List the [congressional district\(s\)](#) that will benefit from the program.
- **Jurisdiction(s) Served:** Select all jurisdiction(s) served by this grant program.
- **Certified Crime Prevention Community:** This is not applicable to this program.
- **Type of Application:** Select “New.”
- **Brief Project Description:** Provide a short description of the project and anticipated

implementation activities, including the hospital(s) to be served, staff supported by this grant, anticipated purchases, and approximate number of patients to be served. This description will be shared with the committees making funding decisions.

- **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:** List the person who has authority to formally commit the organization to complying with all the terms of the grant application. This must be the leader of the agency/organization or the president of the Board of Directors of a non-profit organization. For a locality, this must be the city, county, or town manager or the chief elected officer of the locality, such as the Mayor or Chair of the Board of Supervisors. 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 and memorandum or other document by which the signing authority was delegated.
- **Finance Officer:** List the individual who will be responsible for fiscal management of the funds.
***Note:** Appropriate internal controls necessitate that three separate individuals fill the roles of the Project Director, Project Administrator, and Finance Officer. Confirm that the information provided is up to date.

B. Budget

An itemized budget and budget narrative for the full two-year grant period must be completed using templates provided in OGMS. Applicants must explain the reasons for each requested budget item and how requested amounts were determined. Itemize all budget amounts and place them in the appropriate category for each line item. The cells will automatically round amounts to the nearest dollar. Funding for this grant program comes from state special funds. Place requests for funding under the “Special” column.

Budget Narrative (located in the “Budget” tab)

The budget narrative should detail anticipated expenses. Report the amount of funds requested by category, including personnel, fringe benefits, consultants, travel, subsistence and other travel, equipment, and supplies and other expenses. Funding reported on the grid should represent the whole grant period. Applicants must explain the reasons for each requested budget item.

Complete all applicable budget categories the program needs. Fill in the auto-generated fields required in OGMS for the following budget categories. Only list the requested amount in the “Special” fund category.

Itemized Budget Form

Complete an Itemized Budget form for each section for which funding is requested. Total amounts on each itemized budget form must match amounts listed on the applicant’s budget grid.

Requirements:

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- All items requested in each budget form must be allowable, reasonable, and clearly necessary for the project to succeed.
- For all items, under “Item Justification,” explain how the item is needed to support this grant project and the goals and objectives of the grant. Items not considered allowable, reasonable, or clearly necessary for the project will not be approved.
- All items must include a basis of computation in the description of the item and an explanation of how the requested cost was determined.
- At the bottom of each itemized budget form, the applicant must identify the funding source for the budgetary items. For this solicitation, all grant funds will be state funds.
- For all budgeted items, the applicant must indicate in the description whether the item is used exclusively for the proposed project. Items that are not used exclusively for the project must be prorated, and the applicant must include an explanation of how the items were prorated.
 - *Prorating* means the request for funding is proportional to the use of each item for this grant program.
 - If an item is used exclusively for this proposed project, prorating is not needed. If the item is used to support other projects in the agency, prorating is needed.
 - How to prorate:
 - **Proration Based on Budget:** If the request for funding is 15% of the total operating budget, the applicant can prorate items not used exclusively for this proposed project by 15%.
 - **Proration Based on Grant Funded Staff:** If the staff is funded 50% by this grant, the applicant can prorate this person’s computer, office supplies, office furniture, or other assigned items by 50%.

1. Personnel Budget Category

(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 that is supported by grant funds may only be spent on approved grant activities.

All salaries must meet a living wage requirement. To determine this requirement, visit <https://livingwage.mit.edu/states/51/locations>.

All requested amounts must be reasonable given the complexity of work and consistent with the applicant’s staff compensation plan. If requesting funding for a position that provides services outside of these grant activities, prorate the request to only include time spent on this grant project.

- a. Indicate if personnel costs are included in the budget – “Yes” or “No.” If “Yes,” under “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

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new position. If the position is vacant, enter “Vacant” in lieu of an employee name.

- b. All requested amounts must be reasonable given the complexity of work and consistent with the applicant’s staff compensation plan. Applicants requesting funding for a position that provides services outside of these grant activities should prorate the request to only include time spent on this grant project.
- c. Under “Employee Fringe Benefits” select the employee’s name and 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 aggregate amounts for each fringe benefit but enter zero for the salary. If this process is elected, leave the fringe amounts for each individual employee at zero. Fringe benefits must be prorated to the amount of time the individual works on grant related activities.
- d. Under “Description and Justification,” select the employee’s name and enter in a description of the position (maximum of 500 characters) and a justification for the position (maximum of 500 characters) for each item.
- e. Under “Description,” describe grant-related duties performed (do not list job duties that are not under this grant), how the position was prorated, assurance that the salary meets or exceeds the living wage requirement, and a basis of computation for fringe benefits.
- f. Under “Justification,” explain how the position is essential to the goals of the proposed project. Justify the rate of compensation by providing assurance that the rate is approved by the Board of Directors or aligned with the locality compensation plan and similar to other positions in the geographic area that perform similar work.
- g. Attach a job description for each position for which funding is being requested in the attachment section of the OGMS application.

2. Consultant Budget Category

(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 “Consultants” (e.g., training facilitators, consulting firms, employment agencies, interpreters, translation services, property management, daycare providers, etc.). Supporting documentation (i.e., time sheets, invoices, evidence of deliverables) for consultants must be maintained onsite and made available upon request.

Do not include membership fees in consultants. Membership fees must be placed in “Supplies and Other Expenses,” and must be in the name of the applicant organization.

- a. Indicate if consultants or consultant subsistence and travel costs are included in the budget – “Yes” or “No.” If “Yes,” under “Consultant” and “Consultant Subsistence (lodging + meals) & Travel,” enter the information required and the amounts under the funding source(s) as appropriate.
- b. For individuals reimbursed for personal services on a fee basis, enter each type of consultant or service (with numbers in each category and names of consultants when available), the

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proposed daily fee rate, and the amount of time to be devoted to such services. The rate of compensation for individual consultants must be reasonable and consistent with that paid for similar services in the marketplace; however, the rate may not exceed \$650.00 per day (\$81.25 per hour, exclusive of travel and/or subsistence) and may not exceed the consultant's usual and customary fee.

- c. For organizations, including professional associations and educational institutions performing professional services, enter the type of services being performed and estimated contract prices. Requests for contracted services and consultants will be very carefully screened. Consultant and contracting fees will be approved only when it is justified that the use of outside contract agencies and consultants will significantly and permanently enhance project effectiveness.
- d. Consultant Travel and Subsistence: This is generally not allowable unless it is necessary, reasonable, and justified. Reimbursable costs must adhere to the recipient's established travel policy.
- e. Under "Description and Justification," select the name of the consultant and enter in a description of consultant's role (maximum of 500 characters) and a justification for use of the consultant (maximum of 500 characters). Include a description of each service contracted for, the number of clients benefiting from each type of service, the total budgeted amount for each service, and a per client/group cost. Applicants are encouraged to attach supporting documentation to justify the request.

3. Travel

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

The OGMS travel form is for mileage only. Mileage reimbursement must be for staff or volunteers of this grant project to assist with meeting the goals of the grant. Mileage is separated in this grant solicitation because many programs have differing mileage rates for local and non-local mileage.

Local mileage is considered travel within the immediate service area (e.g., satellite offices, court, meetings, etc.).

Non-local mileage is outside of the immediate service area (e.g., trainings, conferences, meetings, etc.).

DCJS will strongly scrutinize requests to support attendance, subsistence, or travel for out-of-state trainings or conferences. Training or conference registration fees should only be detailed in the "Supplies and Other Expenses" category.

- a. 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.
- b. Itemize total travel expenses of program personnel by local mileage and non-local mileage. Unless a local policy governs, mileage is reimbursed at the federal rate (<https://www.irs.gov/tax-professionals/standard-mileage-rates>).
- c. Under "Description and Justification," select the mileage being requested and enter in a

description of mileage (maximum of 500 characters) and a justification for mileage (maximum of 500 characters) for each item. If local travel policy differs from the federal or state travel policy, please provide or describe the policy in the justification. State in the description whether the request is based on the federal or state travel policy or the agency's policy.

4. Subsistence and Other Travel Costs

(If subsistence and other travel is not funded by this project, use \$0.00 on the budget grid.)

Subsistence and other travel costs must assist staff or volunteers of this grant project with meeting grant goals.

- a. Indicate if subsistence and other travel costs are included in the budget – “Yes” or “No.” If “Yes,” under “Subsistence,” enter the event title. Under “Lodging,” enter the number of rooms required, number of nights, and rate cost. Under “Meals,” enter the number of people, number of days, and the per diem rate.
- b. Recipients must follow the federal per diem rates (<https://www.gsa.gov/travel/plan-book/per-diem-rates>) unless there is a written local travel policy. Transportation costs, such as air and rail fares, are at coach rates. Subsistence is paid according to a per diem rate.
- c. Under “Other Travel Costs,” enter the event title, number of people attending, number of trips with airfare, the rate, and other travel costs.
- d. Under “Description and Justification,” select the event item being requested and enter in a description of costs (maximum of 500 characters) and a justification for costs (maximum of 500 characters) for each item. If local travel policy differs from the federal or state travel policy, please provide or describe the policy in the justification. State in the description whether the request is based on the federal or state travel policy or the agency's policy.

5. Equipment (items \$5,000 per unit and greater)

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

Grant funded equipment must be tracked, managed, and disposed of in a manner consistent with the subrecipient's policies. Further, applicants must maintain property records and an inventory of equipment and major supplies purchased with grant funds onsite and available upon request.

Grant funds cannot support the entire cost of an item that is not used exclusively for project-related activities. If an item is used exclusively for this proposed project, prorating is not needed. If the item is used to support other projects in the agency, prorating is needed.

- a. *Equipment* means 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.
- b. Indicate if equipment is included in the budget – “Yes” or “No.” If “Yes,” enter the item requested, the cost per item or monthly rate, and the total number of items or months for

each item.

- c. Under “Description and Justification,” select the equipment item being requested and enter in a description (maximum of 500 characters) and a justification (maximum of 500 characters) for each item.
- d. Under “Description,” provide the basis of computation for the requested amount and explain how the item is prorated to its support of the grant project. Provide an explanation of how the amount being requested is reasonable. Grant reviewers will want to know whether the cost of the item is typical for similar items. Explain how the cost of an item was determined, such as a quote from a vendor. Attach applicable documentation of estimated cost.
- e. Under “Justification,” explain 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.

6. Supplies and Other Expenses (items under \$5,000 per unit)

(If not funded by this project, use \$0.00 on the budget grid.)

Major supplies and property purchased with grant funds must be tracked on an inventory list.

Supplies are all other items of tangible personal property that are not equipment, include but are not limited to:

- Computing devices that cost less than \$5,000 per unit (or the organization’s capitalization threshold, if it is less than \$5,000),
- Rent and utilities,
- Public relations and advertising,
- Office supplies,
- Postage,
- Training registration,
- Phone and data services,
- Equipment maintenance,
- Membership fees, and
- Printing projects.

All computers purchased with DCJS grant funds must be equipped with updated anti-virus protection software.

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. Under “Description,” describe the organization or association, the membership rate, and the benefits of membership. Under “Justification,” explain how the membership is essential to the goals of the proposed project.

All costs must be itemized within this category by major types (e.g., office supplies, equipment use fees [which must be supported by usage logs], printing, postage, telecommunications). If the item includes more than one component, identify subcomponents under “Description.”

If an item is used exclusively for this proposed project, prorating is not needed. If the item is used to support other projects in the agency, prorating is needed.

- a. Indicate if supplies and other expenses are included in the budget – “Yes” or “No.” If “Yes,” enter the item requested, the cost per item or monthly rate, and the total number of items or months for each item.
- b. Under “Description and Justification,” select the supply or item being requested and enter in a description (maximum of 500 characters) and a justification (maximum of 500 characters) for each item.
- c. Under “Description,” explain what the item is and provide a basis of computation that explains how the total cost was determined. State whether an item was prorated. Provide an explanation of how the requested amount is reasonable and how the cost was determined (e.g., a quote from a vendor).
- d. Under “Justification,” explain why the item is needed to meet the goals of the grant. If the item is replacing an older item, include the age of the older item and explain why it must be replaced.

C. Project Narrative

***Note:** This may be uploaded as an attachment, not to exceed 10 pages double-spaced, as long as all of the sections are covered.

The project narrative educates the reviewer about the applicant’s community and organization, describes the severity of violent crime or gun violence issues and their impact on the community, provides statistics that support the existence and extent of the problem, clearly justifies the need for the grant, and describes existing resources and services currently available to address the problem, including any other funding and an explanation as to why the resources are inadequate. This narrative should include the following sections:

- **Needs Statement:** Provide a description of the communities served, including the severity of violent crime or gun violence issues. Provide specific statistics that support the existence and extent of the problem as defined in the eligibility section of these guidelines. Identify whether a strategic comprehensive assessment has been completed, and if so, what the assessment shows.
- **Population Served:** Describe the intended population served by the project. Be specific about the *localities, neighborhoods, communities, or types of individuals* that will be served by the program.
- **Project Description:** Describe how gun violence and violent crime have impacted the communities to be served and how the proposed project will expand HVIPP work. Provide a clear summary of the proposed programs. In the summary, describe the proposed aftercare/follow-up services for patients after leaving the hospital.

- **Sustainment Plan:** Describe, in detail, how the program will achieve financial sustainability to ensure continuation of services when the funding period ends. Be specific in identifying additional funding sources and strategies for each hospital to support the program long-term.
- **Evaluation Plan:** Provide copies of surveys or assessment instruments used to evaluate program performance as well as an annual summary of results. A Word or PDF document addressing these components may be attached to the application.
- **IRS Tax Exempt Organization Search Link:** For non-profit organizations only, include a link to your organization in the IRS Tax Exempt Organization Search.

C. Project Goals and Objectives Form

List and describe the program's goals. Each goal must have objectives. Each objective must be measurable and directly related to one or more items requested in the grant proposal budget.

Goals and objectives must be reflective of the work anticipated to occur in the grant period with awarded funds. Each goal should have two to three objectives. Each objective must be "SMART," meaning they must be specific, measurable (i.e. quantifiable), action-oriented, realistic, and time-based. Additionally, objectives must be directly related to one or more items requested in the grant proposal budget.

D. Additional Components

- **Non-Supplantation**
All applicants must complete this form. The form must be signed by the Project Administrator.
***Note:** Grant funds must be used to *supplement* existing state and local 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 other funds, and must result in significant additional service delivery.
- **General Conditions and Assurances**
All applicants must complete this form. It must be signed by the Project Administrator.
- **Lobbying and Debarment Form**
All applicants must complete this form. It must be signed by the Project Administrator.
- **Authority Certification:** The Authority Certification must be signed by the Project Administrator or designee and may not be signed by the Project Director, program staff, or any other individual unless signed designation is included.

VIII. Attachments

Upload the following attachments in OGMS:

- A letter designating signing authority is required if someone other than the specified individual signs any of the certifications in the application. The letter must be on official organization letterhead, include an effective date, and include the contact information of the person being granted signatory authority.

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- Applicants seeking funding under “Personnel” must attach job descriptions for each staff person for whom they are requesting funding. Job descriptions must correspond to each staff person listed on the application.
- Nonprofit organizations applying on behalf of one or more hospitals must attach a letter of support from each hospital administrator.
- Non-profit organizations only: Upload a copy of the most recent 990-series return (990, 990-EZ, 990-PF, 990-T, or 990-N e-postcard).

Additional documentation required in this funding opportunity must be uploaded using the “Attachments” tab in OGMS. Upload only the required documentation. The description of the attachment should explain the information provided in the uploaded file.

IX. Grant Reporting Requirements

Grant recipients must submit quarterly financial and status reports through OGMS. Failure to comply in a timely manner may result in DCJS withholding disbursement of grant funds and/or termination of the grant. DCJS will provide grant reporting requirements at the time of grant award.

Required reports include:

1. Quarterly financial expenditures (detailed quarterly claims) and
2. Quarterly status reports (describe activities supported with these funds).

Financial Reports (called “Claims and Detail of Expenditures” in OGMS)

Grant recipients must submit quarterly financial reports in OGMS. All grant recipients are required to complete financial reports by the 15th of the month following the close of each quarter. If that date falls on a weekend or state recognized holiday, the reports are due on the next business day.

Projected Quarterly Financial Report Due Dates for SFY 2026 Grants:

1 st Quarter, July – Sept.	October 15
2 nd Quarter, Oct. – Dec.	January 15
3 rd Quarter, Jan. – March	April 15
4 th Quarter, April – June	July 15

Status Reports

Grant recipients must submit quarterly status reports in OGMS. All grant recipients are required to complete status reports, which include performance measures reporting, by the 15th of the month following the close of each quarter. If the status report due date falls on a weekend or state recognized holiday, the reports are due on the next business day.

Projected Quarterly Status Report Due Dates for SFY 2026 Grants:

1 st Quarter, July – Sept.	October 15
2 nd Quarter, Oct. – Dec.	January 15
3 rd Quarter, Jan. – March	April 15
4 th Quarter, April – June	July 15

X. Grant Application Training and Technical Assistance

Applications must be submitted in the On-line Grant Management System (OGMS). To access OGMS, visit <https://ogms.dcjs.virginia.gov/>. DCJS provides a series of self-guided videos and training materials designed to assist applicants and current grantees with navigating the OGMS website at www.dcjs.virginia.gov/grants/ogms-training-resources.

For questions and technical assistance related to the OGMS system, contact ogmssupport@dcjs.virginia.gov.

Technical Assistance

DCJS staff is available to provide technical assistance regarding the funding announcement and the application procedures. For guidance on preparing and submitting a grant application, please contact Greg Hopkins at gregory.hopkins@dcjs.virginia.gov or (804) 692-0977.