



Request for Support/Commitment for External Grant Applicants

APPLICANT/REQUESTOR INFORMATION	
Applicant Name:	
EIN:	DUNS:
Type of Organization (choose one): <input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other:	
Organization Contact for questions regarding the application and request:	
Name:	Title:
Phone Number:	Email Address:
Does your organization have written policies and procedures, which comply with 2CFR 200 et al, the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> In Development	
GRANT OPPORTUNITY INFORMATION	
Name of funding organization:	
Title of opportunity:	
Type of funding organization (choose one): <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	
Grant application due date:	
Does the grantor <i>require</i> the DOC Director to sign the support document: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Link to opportunity (or provide as attachment):	
PROJECT INFORMATION	
Project start date:	Project end date:
Is the project eligible for continuation funding after the project period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How much funding will be requested (provide an estimate if still finalizing the budget)?	
Does the project provide a direct service to inmates or probationers/parolees in or under supervision of DOC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the project include services to non-DOC inmates or probationers/parolees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly identify who else will be served	





Provide a summary of the project, its primary goal(s), and how it will benefit DOC: (include target population, number to be served, geographic area served, specific facilities and P&P Districts)

Describe/list expectations of DOC should the application be successful (resources, data, access to facilities, etc.):

Will DOC be required to provide any of the following (check all that apply)?

- Financial Management Services
- Cash match If yes, how much?
- In-kind match (Reportable) If yes, provide the dollar value and explanation:
- N/A

Will DOC receive any cash funds through this grant? Yes No If yes, how much?

We have have not spoken with a DOC representative about the proposed project. If yes, please provide the following information of the DOC staff member:

Name:
Title:
Location:

Please read and indicate agreement with the following by marking each box:

- Should a letter or memorandum be executed with DOC, the applicant/requestor agrees to: (1) provide DOC a complete copy of the application narrative once submitted; (2) notify the DOC Grant Administrator or designated DOC point-of-contact of the granting organization's decision within 10 working days of notification; and (3) provide DOC a copy of award letter and conditions if the application is successful.
- I understand DOC has the right to review the organization's policies and procedures to ensure compliance with state or federal laws and regulations.
- I understand DOC has the right to withdraw support upon review of the application.
- I understand that this serves as my signature.

Please email this form and the following information to the DOC Grant Administrator at:

grants@vadoc.virginia.gov

- ❖ The solicitation/RFP (if link not provided earlier)
- ❖ A draft letter/memorandum of agreement or understanding as required containing:
 - All required language as directed in the solicitation/RFP; and
 - An objective and factual description of how the project meets the mission and goals of DOC. Please include the target population and geographic location if the project is specific to a particular population or area.
 - Do NOT include any language which specifically endorses the applicant organization.





DOC Use Only

Grant Administrator: _____

Grant Administrator did did not speak with requesting organization.

Proposal does does not conflict with a DOC application.

Project does does not support the mission and strategic plan goals of DOC.

Comments:

Internal Point of Contact: _____

Internal Point of Contact did did not speak with requesting organization.

Project does does not duplicate existing projects or work.

Project does does not advance work in the proposed area.

Comments:

As applicable, the following have also reviewed the letter/agreement:

Director of Administrative Compliance Date: _____

Chief Financial Officer or designee Date: _____

Procurement Date: _____

