



## 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 <u>require</u> 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 will be applied for (provide an estimate if still finalizing the budget)?	
Does the project provide a direct service to offenders in or under supervision of DOC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the project include services to non-DOC offenders? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly identify who else will be served	



**Provide a brief 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 what will be expected 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  
☐ In-kind match (Reportable)  
☐ N/A
- If yes, how much?  
If yes, provide the dollar value and explanation:

**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 this has been done, please provide the following information of the DOC staff member you spoke with:

Name:

Title:

Location:

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

- ☐ Should a letter or memorandum be agreed to by 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 that the DOC has the right to review the organization's policies and procedures to ensure compliance with state or federal laws and regulations.
- ☐ I understand that the 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](mailto: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 tie to 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: \_\_\_\_\_