Oklahoma Department of Corrections
Request for Grant Application

Obtaining an approved Request for Grant Application" (Attachment A) form is the first step in the grant application process.

This form is used to secure authorization from the unit to pursue the funding and match funds if required.

This form is also used to create a basic/preliminary program design that will be used later in the application process.

A new form will be submitted for each grant application.

Project/Program Title: _____

SME Name(s): _____

Point of Contact Name: _____

Facility/Unit: _____

Address: _____

Phone and E-mail: _____ _____@_____

PROBLEM STATEMENT

Please describe the nature and extent of the problem to be addressed and improvements needed to address the problem. The purpose of this section is for the grants manager to develop a clear, concise picture of the problem or gap in services or benefits that will be addressed using grant funds. This section will also describe approaches taken thus far to address the problem. The description of the problem will be supported by an analysis of statistical information and/or other factual information or relevant literature.

_____

PROGRAM DESCRIPTION

Please provide a description of the proposed solution to the problem, including the scope and intent of the proposed grant project relative to the agency mission.

_____

GOALS & OBJECTIVES/EVALUATION/PERFORMANCE MEASURES

Please outline how the program will be evaluated, including what performance measures will be used to evaluate the program. Performance measures are used to determine the impact of the program's activities. They provide quantifiable information on the status of achievement on each objective. Performance measures clearly indicate if the objectives have been achieved; or, using increments, measure the degree to which the objectives have been accomplished.

_____

*Once approved, this form is to be submitted to the Grants Manager via e-mail docgrants@doc.ok.gov, US mail to: 3400 N Martin Luther King Ave., Oklahoma City, OK, 73111 ATTN: Grants Manager.

PROGRAM / PROJECT COSTS

Please meet with the grants accountant to verify costs prior to submitting this section.
This section outlines the total annual cost for the project or program. Summary details in each area will be included in the table below:

Area	Description	Total Cost
Personnel		$
Equipment		$
Travel		$
Supplies/Operating Expenses		$
Contractors/Consultants		$
Facilities/Rental		$
Other		$
	TOTAL	$

Are Matching Funds required? ☐ Yes ☐ No

If yes, how much: $_____ OR _____%

From where will matching funds be derived? _____

SIGNATURES/ENDORSEMENTS

UNIT OR FACILITY HEAD SIGNATURE

This "Request for Grant Application" is approved by the undersigned on behalf of the point of contact and the proponent(s) listed herein.

_____ _____

Signature and Title Date

ENDORSER COMMENTS AND SIGNATURE

Endorser Comments: _____

_____ _____

Signature and Title:* Date

FINAL APPROVAL TO PERSUE

Approved* ☐ Not Approved ☐

_____ _____

*Signature and Title:** *Date*

INSTRUCTIONS FOR COMPLETING GRANT PROPOSAL PRE-APPLICATION

*Once approved, this form is to be submitted to the Grants Manager via e-mail docgrants@doc.ok.gov, US mail to: 3400 N Martin Luther King Ave., Oklahoma City, OK, 73111 ATTN: Grants Manager.

Project/Program Title - Enter the name of the grant program proposed. The name will include the facility or unit sponsoring the program, e.g., "WS Key RID Video Court."

SME Name(s) - Enter the name of the subject matter expert (SME) proposing the grant project/program; if more than one person, list each person's name.

Point of Contact Name – Enter the name of the person who will communicate with the grants manager on behalf of the SME(s).

Facility/Unit, Address, Phone and Email - Enter the complete address and phone number for the facility or unit completing the application.

Problem Statement - Complete this section as outlined under that heading on the application form.

Program Description - Complete this section as outlined under that heading on the application form.

Goals & Objectives/Evaluation/Performance Measures - Complete this section as outlined under that heading on the application form.

Program/Project Costs - Complete this section summarizing the annual total costs for the program in the areas indicated. If the grant requires matching funds, list the amount of the match and from where those funds will derive.

Matching Funds Required – indicate if the application requires matching funds.

If yes, how much - indicate the dollar amount or percentage of matching funds required

Source of Matching Funds - Indicate what Oklahoma Department of Corrections unit the matching funds will be budgeted from.

Signature/Endorsements - The first signature is the application submittal signature, which is the signature of the unit or facility head. The signer's title will be indicated, e.g., Warden, JLCC.

Endorser Comments and Signature - This section lists the comments and signature of the senior staff member responsible for the facility, district or unit applying for the grant.

Final Approval to Pursue – This section is to be completed by the affected administrator/division head as the final approval to pursue the proposed grant or funding opportunity.

***Note:* All applications are to be submitted through your chain of command for review and approval.**

Questions regarding this application form will be directed to the grants manager at docgrants@doc.ok.gov.

(R 05/26)