

**Oklahoma Department of Corrections
Notice of Funding Support**

Project/Program Title _____

Funding Source _____

Project /Funding Period _____

Funding Amount _____

ODOC Staff Reporting _____

Signature: _____

Title: _____

Phone/Email: _____

Submit this form by fax or email to the grants manager within five calendar days of knowledge of outside funding support.

FAX: (405) 962-6102 EMAIL: docgrants@doc.ok.gov