VICTIM OFFENDER DIALOGUE (VOD) GRANT 2026-2028 APPLICATION

Applications will only be accepted via online submission. All applications must be submitted by **11:59pm**, **January 9**, **2026**. Note: Only one application is to be submitted per program.

* In	dicates required question	
1.	Date *	
	Example: January 7, 2019	
2	Applicant Name: Enter name of paperofit organization submitting application *	
2.	Applicant Name : Enter name of nonprofit organization submitting application. *	
•		
3.	Telephone Number : Enter the phone number of the nonprofit organization submitting application.	*
4.	Email Address: Enter the email address of the nonprofit organization submitting	*
	application:	

ing Address: Enter the mailing address of the nonprofit organization nitting application.
profit Status: Check Yes if your organization is a 501(c)(3) non-profit
nization. Check No if your organization is not a 501(c)(3) organization.
c only one oval.
) Yes) No
, .
eral Employer Identification Number (FEIN): *

Northern Region Parole Units Southern Region Parole Units

10.	Applicant Contact Person : Enter the name and Title of the person who will have * day-to-day responsibility and working knowledge of the proposed program(s).					
11.	Telephone Number : Enter the telephone number for the Applicant Contact Person.					
12.	Email Address: Enter the email address for the Applicant Contact Person. *					
13.	Upload Project Narrative (Please refer to the VOD Grant RFA 2026-2028, pages * 13-15) Files submitted:					
14.	Upload Proposed Budget (Please refer to the VOD Grant Program RFA 2026- * 2028, pages 15-16). Files submitted:					
15.	Upload STD 204 Payee Data Record (Please refer to the VOD Grant Program * RFA 2026-2028, page 16). Link: <a blue;"="" color:="" href="https://style=">STD 204 - Payee Data Record Files submitted:					
16.	Supplement Vendor Payee Data Record (Please refer to the VOD Grant * Program RFA 2026-2028, page 16). Link: Payee-Data-Record-Supplement.pdf Files submitted:					

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