



# COMMONWEALTH of VIRGINIA

## *Department of Criminal Justice Services*

The Honorable Jackson H. Miller  
Director

Tracy Louise Winn Banks, Esq.  
Chief Deputy Director

Washington Building  
1100 Bank Street  
Richmond, Virginia 23219  
(804) 786-4000  
[www.dcjs.virginia.gov](http://www.dcjs.virginia.gov)

June 24, 2025

Mr. Christian Goodwin  
County Administrator  
1 Woolfolk Avenue, Suite 301  
Louisa, Virginia 23093

RE: 548105-SFY26 Victim Witness Grant Program

Dear Mr. Christian Goodwin:

Congratulations on being a recipient of the above referenced grant program! Your DCJS grant award number is **26-O1225VW23** and was approved for a total award of **\$81,440**, funded through Award Number **15POVC-23-GG-00472-ASSI, 15POVC-24-GG-00732-ASSI and/or 15POVC-22-GG-00681-ASSI**. The project period is **7/1/2025** through **6/30/2026**.

Included with this letter is your Statement of Grant Award/Acceptance (SOGA), Special Conditions, Reporting Requirements, and Projected Due Dates. In addition, there may be "Action Item" Special Conditions related to your grant award called *Encumbrances* that require your immediate attention. If there are any, please submit those documents via the On-line Grants Management System (OGMS) at <https://ogms.dcjs.virginia.gov>. Additionally, if you cannot access your grant in OGMS, your application may be under negotiation. Please check your email and/or spam for OGMS correspondence and follow up with your DCJS Grant Monitor.

If you have not previously done so, you must register to use this web-based system. The instructions on *Registering for a New Account* and *Submitting Action Item Encumbrances* are posted here [www.dcjs.virginia.gov/grants/ogms-training-resources](http://www.dcjs.virginia.gov/grants/ogms-training-resources) along with other resources and training videos. All registrants will be approved within 3–5 business days.

We will be happy to assist you in any way we can to assure your project's success. To indicate your acceptance of the award and conditions, please sign the included SOGA and return it electronically within the next 60 days to [grantsmgmt@dcjs.virginia.gov](mailto:grantsmgmt@dcjs.virginia.gov). If you have questions, contact your DCJS Grant Monitor **Chrissy Smith** at **(804) 339-9137** or via email at **Chrissy.Smith@dcjs.virginia.gov**.

Sincerely,

A handwritten signature in black ink, appearing to read "Jackson Miller".

Jackson Miller  
Director

## STATEMENT OF GRANT AWARD (SOGA)

Virginia Department of Criminal Justice Services  
1100 Bank Street, 12<sup>th</sup> Floor  
Richmond, VA 23219

## **548105-SFY26 Victim Witness Grant Program**

Subgrantee: Louisa, County  
DCJS Grant Number: 26-O1225VW23 UEI Number: XRUYEHF9FBV8  
Grant Start Date: 7/1/2025 Grant End Date: 6/30/2026  
Federal Grant Number: 15POVC-23-GG-00472-ASSI, Indirect Cost Rate: \_\_\_\_\_%  
15POVC-24-GG-00732-ASSI and/or  
15POVC-22-GG-00681-ASSI  
Federal Awardee: OVC  
Federal Catalog Number: 16.575  
Federal Start Date: 10/1/2022, 10/1/2023 and  
10/01/2021  
Project Description: To provide direct services for crime victims.  
Federal Funds: **\$37,055**  
State General Funds: **\$44,385**  
State Special Funds: **\$ 0**  
Total Budget: **\$81,440**

Project Director	Project Administrator	Finance Officer
Ms. Patrice Sandridge Victim Witness Assistance Program Director 102 W. Main Street Louisa, Virginia 23093 540-967-2432 psandridge@louisacounty.gov	Mr. Christian Goodwin County Administrator 1 Woolfolk Avenue, Suite 301 Louisa, Virginia 23093 540-967-3400 cgoodwin@louisacounty.gov	Mrs. Wanda Colvin Deputy County Administrator/Director of Finance 1 Woolfolk Avenue, Suite 304 Louisa, Virginia 23093 540-967-3413 wcolvin@louisacounty.gov

**\*Please indicate your ICR in the space provided, if applicable.** As the duly authorized representative, the undersigned, having received the Statement of Grant Awards (SOGA) and reviewing the Special Conditions, hereby accepts this grant and agree to the conditions and provisions of all other Federal and State laws and rules and regulations that apply to this award.

Signature: \_\_\_\_\_  
*Authorized Official (Project Administrator)*

Title:

Date: \_\_\_\_\_