

**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](mailto:docgrants@doc.ok.gov)**