DEPUTY SHERIFF SALARY SUPPLEMENTATION FUND (DSSSF) 2016 LOCAL SOLICITATION

CFDA #N/A

Contract Period:

July 1, 2015 to June 30, 2016

WebGrants Deadline:

Applications must be submitted no later than 5:00 p.m. on April 30, 2015

https://dpsgrants.dps.mo.gov

Contact Information:

For assistance with eligibility and any program guidelines, contact:

Name	Title	Organization	Phone Number
Oliver Glen Boyer	MoSMART Board Chair	Jefferson County, Sheriff	(636) 797-5521
(Vacant)	MoSMART Board Vice Chair		
Jim Petty	MoSMART Board Secretary	Morgan County, Sheriff	(573) 378-5481
Chris Hughes	MoSMART Board Member	Chariton County, Sheriff	(660) 288-3277
Robert Hardwick	MoSMART Board Member	Adair County, Sheriff	(660) 665-4644

For technical assistance with WebGrants and submitting an application, contact:

Name	Title	Organization	Phone Number
Nancy Capps	Program Representative	MO Dept. of Public Safety	(573) 522-4094
Ashley Virgin	Program Representative	MO Dept. of Public Safety	(573) 522-3455

Release Date: April 1, 2015

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GENERAL PROGRAM GUIDELINES

I. OVERVIEW:

The Deputy Sheriff Salary Supplementation Fund (DSSSF) was created pursuant to Section 57.278 RSMo. The DSSSF consists of monies collected from charges for service received by county sheriffs under subsection 4 of Section 57.280 RSMo and deposited into the state treasury. The state treasurer shall be the custodian of the DSSSF, and consequently the monies are deemed state monies.

The DSSSF shall be used solely to supplement the salaries, and employee benefits resulting from such salary increases, of county deputy sheriffs.

The DSSSF program is administered by the Missouri Sheriff Methamphetamine Relief Taskforce (MoSMART) created under Section 650.350 RSMo. Technical assistance through administrative duties is provided to the MoSMART Board by the Missouri Department of Public Safety, Office of the Director, Criminal Justice/Law Enforcement (CJ/LE) Unit.

II. ELIGIBLE APPLICANTS:

A County Sheriff's Office may apply for monies from the DSSSF to supplement the salaries and subsequent benefits of its full-time county deputy sheriffs.

The applicant agency for DSSSF must be its respective unit of local government.

To be eligible for state funds, the applicant agency must be in compliance with the following state statutes[1]:

- ☐ **Section 43.505 RSMo –Uniform Crime Reports**
  Pursuant to 43.505.3 RSMo, every law enforcement agency in the state shall (1) submit crime incident reports to the department of public safety on forms or in the format prescribed by the department; and (2) submit any other crime incident information which may be required by the department of public safety.

  NOTE: It is the responsibility of the applicant to check the status and submission of such reports with the Missouri State Highway Patrol (MSHP) prior to submitting an application. Failure to submit and/or unresolved issues with 12 or more months of UCR Reports will result in the automatic denial of the application. A copy of such reports shall not be submitted with the application.

- ☐ **Section 590.650 RSMo –Racial Profiling Report**
  Pursuant to 590.650.3 RSMo, (1) every law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and (2) each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.

[1] The summaries provided above are reflective of language as of the time of solicitation posting. If changes occur with the state laws, applicants and grantees are required to abide by the respective changes.

NOTE: It is the responsibility of the applicant to verify the submission of this report with the Attorney General's Office prior to submitting an application. Failure to submit a 2014 Racial Profiling Report will result in the automatic denial of the application. A copy of such report shall not be submitted with the application.

☐ **Section 513.653 RSMo –Federal Forfeiture Report**
Pursuant to 513.653.1 RSMo, law enforcement agencies involved in using the federal forfeiture system under federal law shall file a report regarding federal seizures and the proceeds therefrom. Such report shall be filed annually by January thirty-first for the previous calendar year with the department of public safety and the state auditor's office.

NOTE: The form is available at http://www.dps.mo.gov/dir/federal-forfeiture-reporting.asp. It is the responsibility of the applicant to verify the submission of this report with the State Auditor's Office prior to submitting an application. Failure to submit a 2014 Federal Forfeiture Report will result in the automatic denial of the application. A copy of such report shall not be submitted with the application.

☐ **Section 590.700 RSMo – Written Policy on Recording of Custodial Interrogations**
Pursuant to 590.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of this section.

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy shall not be submitted with the application.

☐ **Section 577.005 RSMo – Written Policy on Forwarding Intoxication-Related Traffic Offenses**
Pursuant to 577.005.1 RSMo, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository as required by Section 43.503 RSMo and shall certify adoption of such policy when applying for any grants administered by the department of public safety.

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy shall not be submitted with the application.

III. ELIGIBLE BUDGET CATEGORIES:

Pursuant to Section 57.278 RSMo, monies shall be used solely to supplement the salaries, and employee benefits resulting from such salary increases, of county deputy sheriffs. Therefore, applicants may request funding under the following approved budget categories:

❑ **Personnel**

Funds may be used to supplement the salaries of county deputy sheriffs. The county deputy sheriffs must be full-time, licensed Peace officers, or be full-time deputies appointed pursuant to the authority set forth in RSMo. 57.530.

For purposes of this program, an employee is a full-time employee for a calendar month if he or she averages at least 30 hours of service per week, or 130 hours of service in a calendar month. Positions classified as part-time within the organization but working at least 30 hours of service per week or 130 hours of service in a calendar month would not be eligible due to their employment status classification of "part-time" within the organization.

- **Personnel Benefits**

  Funds may be used to supplement the subsequent employee benefits resulting from the supplemental salary of county deputy sheriffs.

  Eligible personnel benefits are generally limited to FICA/Medicare, Pension (e.g. LAGERS and/or CERF), and Workers Comp. Other employer benefits, such as Insurance and Unemployment Compensation, are not eligible because their premium/cost is not affected by the increased salary. Insurance premiums are based on the employee's plan and not their salary, and Unemployment Comp is calculated on the first $13,000 of salary. Therefore, the cost to the employer for either of these fringes is not increased by the supplemental funds.

IV. CONTRACT PERIOD:

The 2015 DSSSF contract period is July 1, 2015 through June 30, 2016 (12 months). Requests for extensions to this contract period are not allowed.

All funds must be obligated within this contract period. Funds are considered "obligated" when a legal liability to pay a determinable sum(s) for services is incurred, which will require payment during the same or future period.

Funds which have been properly obligated must then be expended no later than the last day of the pay period immediately following the end of the state fiscal year. Funds are considered "expended" when payment is made.

Any funds not properly obligated or properly expended will lapse and revert back to the DSSSF account.

V. LOCAL MATCH REQUIREMENT:

The DSSSF program is not subject to a local match requirement.

VI. SUPPLANTING:

Supplanting is defined as taking the place of or replacing with something else. Supplanting or shifting money to avoid the issue of supplanting is strictly prohibited.

DSSSF monies must be used to supplement existing funds for salaries. Potential supplanting will be the subject to monitoring by the MoSMART Board and/or Missouri Department of Public Safety.

Example of non-supplanting:
The County budgeted $200,000 in local funds to the Sheriff's Office for personnel costs, to include the salary and benefits for 5 deputies. The County is later awarded state DSSSF monies, which are used to provide supplemental salary to the 5 deputies. The County expends all of the $200,000 in local funds appropriated to the Sheriff's Office for personnel costs, in addition to the DSSSF monies awarded.

In this scenario, the County has not used DSSSF monies to supplant local funds, but rather has used the DSSSF monies to increase the amount of funds that would, in the absence of state funds, be made available for personnel costs.

Example of supplanting:
The County budgeted $250,000 in local funds to the Sheriff's Office for personnel costs, to include the salary and benefits for 5 deputies and a 2% salary increase for all Sheriff's Office employees. The County is awarded state DSSSF monies, which are used to provide supplemental salary to the 5 deputies, but in response to the availability of the state DSSSF funds, the County determines that it will only allow the 2% salary increase for employees not receiving supplemental salary from the DSSSF program.

In this scenario, there would have been a decrease in the amount of funds that would, in the absence of state DSSSF monies, be made available for personnel costs. The DSSSF monies are not increasing the amount of funds available for personnel costs but rather replacing the amount of funds available for personnel costs. The County has denied county-approved salary increases for individuals receiving supplemental salary because it would result in less financial assistance from the DSSSF program. This "shifting" of money is unallowable.

Documentation and Record Retention: If circumstances raise a question of possible supplanting, the County should retain whatever documentation is produced during the ordinary course of government business that will help substantiate that supplanting has not occurred. Depending on the circumstances, relevant documents might include annual appropriations acts, executive orders directing broad reductions of operating budgets, or county council resolutions or meeting minutes concerning budget cuts and layoffs.

APPLICATION INSTRUCTIONS

I. HOW TO APPLY:

Applications for DSSSF funding must be submitted online via the Missouri Department of Public Safety WebGrants System at https://dpsgrants.dps.mo.gov. WebGrants is a web-based computer application that will support the application and administration of the DSSSF program.

❑ **New Organizations**

If your organization has not yet registered with the WebGrants system:

1. **Acquire a DUNS (Data Universal Numbering System) Number**

   A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. Obtaining a DUNS number is a free, one-time activity. Ask the grant administrator, chief financial officer, or authorizing official of your organization to identify your DUNS number. If your organization does not know its DUNS number or needs to register for one, visit www.dunandbradstreet.com.

   The DUNS should be that of the applicant agency, but if the applicant agency does not have a DUNS number for the applicant agency, the Sheriff Office's DUNS will be accepted.

   NOTE: While the DUNS Number is necessary to track entities receiving federal funds, and DSSSF monies are state funds, the field is required of all organizations registered with WebGrants and therefore must still be completed.

2. **Complete the "Register Here" on the WebGrants login page**

   Personal Information

   The Personal Information section should contain work-related information for the individual registering in WebGrants.

   - **Name**: provide your proper salutation title (Mr., Ms., Sheriff, Chief Deputy, Lt., Sgt., Deputy, etc) and first and last name
   - **Job Title**: provide your job title
   - **Email**: provide an email address that will be checked regularly as WebGrants will send scheduled alerts pertaining to the application and grant processes.
     NOTE: The emails will be sent from dpswebgrants@dps.mo.gov so ensure this email address is added to your Contact List or selected as a safe sender to avoid the emails being filtered as junk or spam.
   - **Mailing Address**: provide your agency's mailing address (excluding the city, state, and zip code). If your agency has a PO Box, that information should be listed here. If your agency does not have a PO Box, then the street address should be listed here.
   - **Street Address 1**: provide your agency's physical street address where applicable and different than the Mailing Address provided above. Do not repeat the Mailing Address!
   - **Street Address 2**: provide additional information where applicable. Do not repeat the Mailing Address or Street Address 1 information!
   - **City/State/Zip**: provide your agency's city, state, and zip code

- **Phone/Extension**: provide a daytime telephone number and an extension, where applicable. If your telephone number is a direct line, leave the extension field blank.
- **Fax**: provide a fax number

<u>Organization Information</u>
The Organization Information section should contain information pertaining to the applicant agency.

- **Applicant Agency**: provide your unit of local government followed by a comma and the project agency. (For example, the Cole County Sheriff's Office would enter Cole County, Sheriff's Office.)
- **Organization Type**: select "Government"
- **Federal Tax ID #**: provide the 9-digit FEIN # of your unit of local government
- **DUNS #**: provide the 9-digit DUNS number of your unit of local government
- **CCR Code**: this field is not required; may leave blank
- **Organization Website**: provide the website of your unit of local government, where available. This field is not required; may leave blank.
- **Mailing Address**: provide the mailing address of your unit of local government. If your unit of local government has a PO Box, that information should be listed here. If your unit of local government does not have a PO Box, then the street address should be listed here.
- **Street Address 1**: provide the physical street address where applicable and different than the mailing address provided above for your unit of local government. Do not repeat the Mailing Address!
- **Street Address 2**: provide additional information where applicable. Do not repeat the Mailing Address or Street Address 1 information!
- **City/State/Zip/+4**: provide the city, state, zip code, +4 zip code extension of your unit of local government
- **County**: select the county in which your unit of local government is located
- **Congressional District**: select the congressional district in which your unit local government is located
- **Phone/Extension**: provide a daytime telephone number and an extension, where applicable, for your unit of local government. If the telephone number is a direct line, leave the extension field blank.
- **Fax**: provide a fax number of the unit of local government

Once the above fields are completed, click the "Register" link. A confirmation page will be displayed and you will receive a confirmation email to the email address provided under the Personal Information section of the registration form.

Once the registration is submitted, notification will be sent to the Missouri Department of Public Safety to approve the new user. The registrant will receive another email when the Missouri Department of Public Safety approves or disapproves the registration. If your registration is approved, your User ID and Password are active and you many log into the system. If your registration is disapproved, the email will contain the reason.

Once your registration is approved, you may add additional users from your organization to view application and/or contract information. To add registered users, log into WebGrants, click 'My

Profile' from the Main Menu, select the applicable name under the Associated Organization table, click 'Add' under the Registered Users table, and complete all the required fields on the form. Users which are added by an approved registered user will not be subject to approval by the Missouri Department of Public Safety.

NOTE: Only new organizations should complete the registration form on the login page. Returning organizations should not complete this form as it will re-register the existing organization. If you have forgotten your login information, do not re-register to obtain a new login. It will only create duplicate and unnecessary records in the system database and may not allow the user to see all appropriate grant records. If you are unsure if your organization has an existing profile, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation.

- **Returning Organizations**

If your organization is already registered within the WebGrants system, login with the UserID and Password previously provided to you during the registration process. If you have misplaced or forgotten your login information, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation. Complete the following steps before you start your application:

1. **Verify your Work Information**
   Under the 'My Profile' module, review all work-related information provided. Click 'Edit' where necessary to update or correct any of your work information.

2. **Verify your Organization Information**
   Under the 'My Profile' module, click on your Associated Organization's name and review all information provided for your applicant agency. Click 'Edit' where necessary to update or correct any organization information.

   NOTE: Do not change the entry of your organization name as it has been entered in such a manner to distinguish your project from other projects by the same applicant agency.

3. **Verify the Registered Users Associated with your Organization**
   Under the 'My Profile' module, click on your Associated Organization's name and review the registered users associated with your organization. If it is necessary to update or correct any information provided for a user, be sure to make those changes.

   If it is necessary to add additional registered users from your organization, click 'Add' under the Registered Users table. Additional users added by an already registered user are not subject to approval by the Missouri Department of Public Safety.

   NOTE: As users are added to WebGrants, they are not automatically associated as a contact to your organization's grant(s). Therefore, if you have an open grant(s) and want the additional registered user to receive notifications from WebGrants regarding the grant(s), you are required to submit a *Change of Information Form* (Appendix B) to your Missouri Department of Public Safety Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

If it is necessary to remove registered users from your organization, please contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation so the individual can be properly removed from contact lists and deactivated.

NOTE: For security reasons, do not share your UserID and Password with other users. Each individual should maintain his or her own login information. In addition, do not reuse the profile of a previously employed individual as it affects the record keeping within WebGrants for previous grants. Finally, if you have an open grant(s) and need to remove a registered user from WebGrants, you are required to submit a *Change of Information Form* (Appendix B) to your Missouri Department of Public Safety Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

- **All Organizations**

Once the above process has been completed, you are ready to start your application. On the Main Menu screen, click the 'Funding Opportunities' link and then click the appropriate funding opportunity.

New applicants must chose 'Start a New Application'.

Returning applicants have the option to 1) 'Copy an Existing Application' or 2) 'Start a New Application'. As presumed, copying an existing application will allow the applicant to copy forward information from a previously submitted application, thus reducing time re-entering same or similar information, and starting a new application will allow the applicant to create an application from scratch.

Please keep the following tips and instructions in mind while completing an application:

- ✓ **Only one application will be allowed per applicant agency. The application shall contain information and requested supplemental salary for the respective applicant agency.**

- ✓ **Do not use CAPS when filling out the application forms. The use of CAPS makes it difficult to review the application and creates issues when data is extracted from WebGrants and merged into external documents, reports, etc.**

- ✓ **Each form has required fields indicated by a red asterisk (*). Forms can be saved without completing each required field, but the form cannot be marked complete without completing each required field**

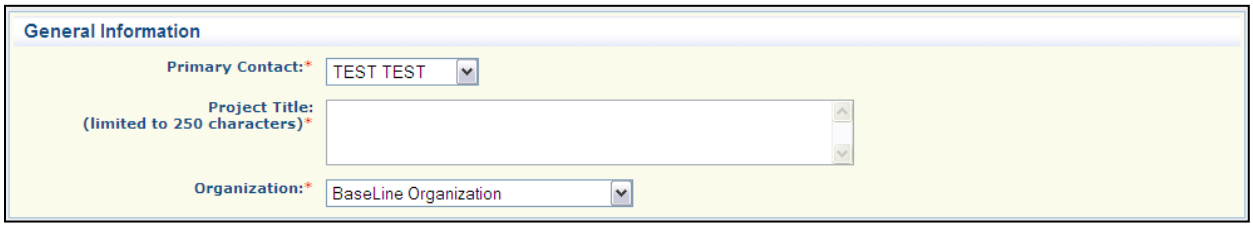
- ✓ **The DSSSF application consists of 6 forms. Each form must be 'Marked as Complete' before the application may be submitted.**

NOTE: A form that has been marked complete is still editable until the application is submitted. A checkmark in the 'Complete' column will not prevent you from editing information on the form.

II. APPLICATION FORMS:

FORM #1: GENERAL INFORMATION:

The purpose of this form is to identify the primary contact, project title, and organization.



- **Primary Contact:** this drop-down box will pre-populate with the name of the individual associated with the login information. This individual may be any person associated with the proposed project but will be the general point of contact regarding the written and submitted application.

  NOTE: This individual will be the ONLY recipient of emails generated by WebGrants during the application, review, and negotiation (revision) phases so choose carefully.

- **Project Title:** enter the following: Deputy Sheriff Salary Supplementation Fund

  NOTE: Enter the project title exactly as written above. Do not deviate from this titling.

- **Organization:** this drop-down box will pre-populate based on the organization associated with the selected primary contact person. If an individual is registered in WebGrants and is associated with multiple organizations (e.g. grant writer), the user may see more than one option for this question and will need to select the respective organization.

FORM #2: APPLICATION TYPE:

The purpose of this form is to establish the type of application being submitted.

- **Application Type:** indicate the type of application based on the following:

  - NEW = the project is not a continuation of a previously-funded DSSSF project (i.e. the applicant did not receive a 2015 DSSSF award).

  - CONTINUATION = the project is a continuation of a previously-funded DSSSF project (i.e. the applicant received a 2015 DSSSF award).

FORM #3: CONTACT INFORMATION:

The purpose of this form is to collect the names and contact information for the individuals that will be responsible for the oversight and administration of the proposed project.

- **Authorized Official:** the individual who has the authority to legally bind the applicant agency into a contract. The Authorized Official shall be the County Commissioner or County Executive, with the exception of the St. Louis City Sheriff's Office which should be the Mayor.

Authorized Official

The Authorized Official is the individual who has the ability to legally bind the applicant agency in a contract. The Authorized Official, therefore, shall be the County Commissioner or County Executive, except in the case of St. Louis City, which should be the Mayor.

Name:* Title | First Name | Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:* City | State: Missouri | Zip

Email:*

Phone:* Ext.

Fax:*

  - Name: enter the Title (e.g. Mr., Ms., Mayor), the First Name, and the Last Name of the proper Authorized Official.
  - Job Title: enter the Job Title (e.g. Presiding Commissioner, County Executive, Mayor) of the identified Authorized Official.
  - Agency: enter the Agency name (e.g. Cole County Commissioner's Office) of the identified Authorized Official.
  - Mailing Address: enter the Authorized Official's mailing address. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
  - Street Address 1: if a PO Box was entered in the Mailing Address field, enter the Authorized Official's physical street address. If the physical street address was entered in the Mailing Address field, leave this field blank.
  - Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
  - City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
  - Email: enter the Email address of the identified Authorized Official.
  - Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Authorized Official. Leave the Ext. field blank if the phone number is a direct line.
  - Fax: enter the Fax number of the identified Authorized Official.

- **Project Director:** the individual within the law enforcement agency who will have direct oversight of the proposed project. The Project Director shall be the Sheriff.

Project Director

The Project Director is the individual who will have direct oversight of the proposed project. The Project Director, therefore, shall be the Sheriff.

Name:* Title | First Name | Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:* City | Missouri State | Zip

Email:*

Phone:* Ext.

Fax:*

- Name: enter the Title (e.g. Sheriff), the First Name, and the Last Name of the proper Project Director.
- Job Title: enter the Job Title (e.g. Sheriff) of the identified Project Director.
- Agency: enter the Agency name (e.g. Cole County Sheriff's Office) of the identified Project Director.
- Mailing Address: enter the Project Director's mailing address. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- Street Address 1: if a PO Box was entered in the Mailing Address field, enter the Project Director's physical street address. If the physical street address was entered in the Mailing Address field, leave this field blank.
- Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- Email: enter the Email address of the identified Project Director.
- Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Project Director. Leave the Ext. field blank if the phone number is a direct line.
- Fax: enter the Fax number of the identified Project Director.

- **Fiscal Officer:** the individual who has responsibility for accounting and audit issues at the applicant agency level. The Fiscal Officer shall be the County Treasurer, Finance Director, or person of similar duty.

Fiscal Officer

The Fiscal Officer is the individual who has responsibility for accounting and audit issues at the applicant agency level. The Fiscal Officer, therefore, shall be the County Treasurer, Director of Finance, or person of similar duty.

Name:* Title | First Name | Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:* City | State: Missouri | Zip

Email:*

Phone:* Ext.

Fax*

- Name: enter the Title (e.g. Mr., Ms.), the First Name, and the Last Name of the proper Fiscal Officer.
- Job Title: enter the Job Title (e.g. County Treasurer, Director of Finance) of the identified Fiscal Officer.
- Agency: enter the Agency name (e.g. Cole County Treasurer's Office) of the identified Fiscal Officer.
- Mailing Address: enter the Fiscal Officer's mailing address. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- Street Address 1: if a PO Box was entered in the Mailing Address field, enter the Fiscal Officer's physical street address. If the physical street address was entered in the Mailing Address field, leave this field blank.
- Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- Email: enter the Email address of the identified Fiscal Officer.
- Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Fiscal Officer. Leave the Ext. field blank if the phone number is a direct line.
- Fax: enter the Fax number of the identified Fiscal Officer.

- **Claims Point of Contact:** the individual who will be the primary contact for day-to-day questions regarding the Claim reports.

Claims Point of Contact

The Claims Point of Contact is the individual who will be the primary contact for day-to-day questions regarding the Claim reports.

Name:* Title | First Name | Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:* City | State: Missouri | Zip

Email:*

Phone:* Ext.

Fax:*

- Name: enter the Title (e.g. Mr., Ms., Deputy, Chief Deputy), the First Name, and the Last Name of the proper Claims Point of Contact.
- Job Title: enter the Job Title of the identified Claims Point of Contact.
- Agency: enter the Agency name of the identified Claims Point of Contact.
- Mailing Address: enter the Claims Point of Contact's mailing address. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- Street Address 1: if a PO Box was entered in the Mailing Address field, enter the Claims Point of Contact's physical street address. If the physical street address was entered in the Mailing Address field, leave this field blank.
- Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- Email: enter the Email address of the identified Claims Point of Contact.
- Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Claims Point of Contact. Leave the Ext. field blank if the phone number is a direct line.
- Fax: enter the Fax number of the identified Claims Point of Contact.

FORM #4 BUDGET:

The purpose of this form is to collect the names, employment information, and requested supplemental costs associated with county deputy sheriffs within your organization. Refer to the "General Program Guidelines – Eligible Budget Categories" section of this solicitation for more information on eligible costs.

A. PERSONNEL:

Include all eligible positions for which supplemental salary funding is requested.

Personnel

1. Include all personnel to be funded on the proposed project.
2. The Total Cost will automatically calculate as "Supplemental Salary per Pay Period" x "Number of Pay Periods".

Provide the name of the deputy sheriff for which supplemental funding is requested. If the name is unknown, enter "TBH" (which means To Be Hired). The personnel budget category will sort based on alphabetical order of the name entered. Therefore, you must decide whether to enter last name, first name (i.e. Smith, John) or first name last name (i.e. John Smith).

Name* [ ]

Provide the job title of the individual (e.g. Road Deputy, Jail Deputy, Chief Deputy, Lieutenant, Sergeant, Captain, etc).

Job Title* [ ]

Select the employment status based on the individual's status with the department. Full-time is defined as averaging at least 30 hours of service per week, or 130 hours of service in a calendar month. Positions classified as part-time within the organization but working at least 30 hours of service per week or 130 hours of service in a calendar month would not be eligible due to their employment status classification of "part-time" within the organization.

Employment Status* [ ]

Select Yes if the position is licensed or No if the position is not licensed.

Licensed* [ ]

Enter in mm/dd/yyyy format the hire date of the individual. If the position is not filled, enter N/A.

Hire Date* [ ]

Provide the current, base annual salary for the position. The base annual salary shall not include allowances/stipends such as clothing, cell phones, fuel, etc.

Annual Salary* [$0.00]

Enter the requested supplemental salary per pay period for the individual.

Supplemental Salary per Pay Period* [$0.00]

Enter the number of pay periods for which funding is being requested at the above supplemental salary per pay period amount. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Number of Pay Periods* [ ]

- **Name** – enter the deputy sheriff's name. If the name is unknown, enter TBH (which means To Be Hired).
  NOTE: The personnel budget category will sort based on alphabetical order of the name entered. Therefore, you must decide whether to enter last name, first name (i.e. Smith, John) or first name last name (i.e. John Smith).
- **Job Title** – enter the individual's job title (e.g. Road Deputy, Jail Deputy, Chief Deputy, Lieutenant, Sergeant, Captain, etc.)
- **Employment Status** – from the drop-down box, select the employment status [full-time (FT) or part-time (PT)] for the individual.
  NOTE: For purposes of this program, an employee is a full-time employee if he or she averages at least 30 hours of service per week, or 130 hours of service in a calendar month. Positions with an employment status classification of "part-time" are still considered "part-time" within the organization, even if the deputy sheriff works at least 30 hours of service per week or 130 hours of service in any given calendar month.
- **Licensed** – from the drop-down box, select 'Yes' if the position is a licensed peace officer or 'No' if the position is not a licensed peace officer.
- **Hire Date** – using the mm/dd/yyyy format, enter the date the individual was hired. If the position is not filled, enter N/A.
- **Annual Salary** – enter the individual's current base annual salary, at the time of application.
  NOTE: The base annual salary shall not include allowances/stipends such as clothing, cell phone, fuel, etc.

- **Supplemental Salary Per Pay Period** – enter the requested supplemental salary per pay period.
  NOTE: The supplemental salary per pay period <u>must</u> be paid out in the identified increments over the course of the below identified number of pay periods.
- **Number of Pay Periods** – enter the number of pay periods for which funding is being requested for the above supplemental salary per pay period amount.
  NOTE: The number of pay periods identified will determine the supplemental salary amount that will be allowed for reimbursement. The number of pay periods is at the discretion of the county so chose carefully! For example, the supplemental salary may be disbursed monthly over 12 pay periods, following a 28-day timesheet cycle of 13 pay periods, semi-monthly over 24 pay periods, bi-weekly over 26 pay periods, or weekly over 52 pay periods. Refer to the "Administrative and Financial Guidelines – Disbursement of Funds" section of this solicitation for further information.

<u>Prior to submission of the application, carefully review this form for accuracy!</u> The DSSSF award is contingent upon the information provided. An incorrect selection for the 'Employment Status' or 'Licensed' drop-down fields or an incorrect entry for 'Annual Salary' will affect an award. In addition, an incorrect employee name or hire date will impact the processing of Claim reports at a later date, if awarded. If the Sub-recipient fails to provide current and accurate information at the time of application, the MoSMART board may take action as deemed appropriate to include, but not limited to, reduction of the award, termination of an existing contract, or denial of the application.

The following are examples to aid in the completion of the Personnel budget form:

<u>EXAMPLE 1</u> – John Callaway is a full time, licensed Sergeant hired 9/4/2003 with an annual salary of $31,500.00. The County wishes to pay John a total of $600/year to avoid compression with newer officers. John's organization pays bi-weekly for a total of 26 pay periods in a year, but the County has opted to issue the supplemental salary at the end of the 28 day cycle for a total of 13 pay periods. Therefore the County should request approximately $46.16 per pay period x 13 pay periods.

<u>EXAMPLE 2</u> – Mark Davis is a full-time, licensed Road Deputy hired 8/15/2002 with an annual salary of $29,000. The County wishes to get Mark to a $30,000 annual salary, which means he needs a total of $1,000 in supplemental salary funding. Mark's organization pays bi-monthly for a total of 24 pay periods in the contract period, but the County has elected to pay the supplement monthly. The County should request $83.34 per month x 12 months.

<u>EXAMPLE 3</u> – Jane Doe is a full-time, licensed Road Deputy hired 3/1/2014 with an annual salary of $26,500. The County wishes to get Jane to a $30,000 annual salary, which means she'd need a total of approximately $3,500 in supplemental salary funding. Jane's organization pays bi-weekly for a total of 26 pay periods in the contract period and has opted to issue the supplemental salary bi-weekly, which means the County should request approximately $134.62 per pay period x 26 pay periods.

<u>EXAMPLE 4</u> – Eric Hill is a full-time licensed Lieutenant hired 10/18/2002 with an annual salary of $42,000. The County wishes to pay Eric an additional $100 per month. Eric's organization pays bi-monthly for a total of 24 pay periods in the contract period and has opted to issue the supplemental salary bi-monthly, which means the County should request $50 per pay period x 24 pay periods.

Name	Title	Employment Status	Licensed	Hire Date (mm/dd/yyyy)	Annual Salary	Supplemental Salary per Pay Period	Number of Pay Periods	Total Cost
Callaway, John	Sergeant	FT	Yes	09/04/2003	$31,500.00	$46.16	13	$600.08
Davis, Mark	Road Deputy	FT	Yes	08/15/2002	$29,000.00	$83.34	12	$1,000.08
Doe, Jane	Road Deputy	FT	Yes	03/01/2014	$26,500.00	$134.62	26	$3,500.12
Hill, Eric	Lieutenant	FT	Yes	01/01/2002	$42,000.00	$50.00	24	$1,200.00
							TOTAL =	**$6,300.28**

NOTE: The text entered under the NAME and SUPPLEMENTAL SALARY PER PAY PERIOD column is how the line item will display on the Claim-Reimbursement form if your application is successful. The County will be unable to request reimbursement for amounts larger than the Supplemental Salary per Pay Period identified in the budget. Because the Total Cost will automatically calculate based on Supplemental Salary per Pay Period x Number of Pay Periods, you may not get the Total Cost to come to the exact penny that you desire.

B. PERSONNEL BENEFITS:

Include the fringe benefits for which supplemental funding is requested, keeping in mind that Section 57.278 RSMo only allows funding for those fringes affected by the increase in salary.

FICA/Medicare – monies contributed by the employer at a rate of salary as set forth by the federal government for Social Security and Medicare. Some employees have pre-tax deductions taken out of their salary to reduce their FICA/Medicare tax obligation, but these pre-tax deductions do not affect the supplemental salary amount. Pre-tax deductions only affect regular salary. Therefore, the FICA/Medicare rate is 7.65% for all employers (6.2% for Social Security and 1.45% for Medicare).

FICA/MEDICARE CALCULATION: Total Supplemental Salary x 7.65%

Pension – monies contributed by the employer, if applicable, at a rate of salary for a tax deferred savings plan that allows for the accumulation of a fund for later use as a retirement income. Most Counties contribute to their employee's retirement plan through Missouri Local Government Employees Retirement System (LAGERS) and/or County Employees' Retirement Fund (CERF). These are not the only retirement providers but are the most commonly seen for Sheriff's Offices.

- LAGERS: the employer contribution rates for a particular subdivision are determined by prior service rate, current rate, and/or casualty rate and then classified by General or Police. The rate is effective January 1 to December 31.

  LAGERS CALCULATION: Total Supplemental Salary x Percentage

- CERF: effective January 1, 2003, an additional 4% of compensation was required on behalf of employees hired on or after February 25, 2002, to be directed to CERF. Each county notified CERF of its election to pay the additional contributions either from county funds or through payroll deduction. A county can only change its election one time per year, with the new election becoming effective January 1. As applicable, applicants must determine if CERF

contributions are made by the employer or the employee. Only employer contributions may be requested from the DSSSF program. Therefore, if the County does not contribute to CERF, a budget line for such cost should not be included in the Personnel Benefits budget.

CERF CALCULATION: Total Supplemental Salary x Percentage

Workers Comp – monies contributed by the employer at a rate of salary to provide wage replacement and medical benefits to employees injured in the course of employment. Most Counties contribute to Missouri Association of Counties (MAC), Midwest Public Risk (MPR), Missouri Employers Mutual (MEM), or Missouri Rural Services (MRS). These are not the only workers compensation providers but are the most commonly seen for counties.

WORKERS COMP CALCULATION: (varies; recommend using the Workers Comp Calculator)

Personnel Benefits

1. Identify the fringe benefits for which funds are requested.
2. For assistance with the workers comp calculation for MAC, MPR, MEM, or MRS, please use the ***workers comp calculator***
3. The Total Cost will automatically calculate as "Supplemental Salary" x "Rate".

Select the applicable fringe benefit to be included in the budget. This field is necessary for DPS reports.

Category* [ ]

Enter text based on how the fringe benefit will be displayed on the Claim report, often just repeating the option selected in the Category field. Where applicable, may need to clarify the individual(s) eligible for the selected fringe benefit where not all individuals are eligible. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item* [ ]

Enter the total supplemental salary amount for which the selected fringe benefit is a percentage. Refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Supplemental Salary* [$0.00]

Enter the fringe benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Rate* [ ]

- **Category** – from the drop-down box, first select the type of fringe benefit (i.e. FICA/Medicare, Pension, Workers Comp, or Other) for which funding is requested.
- **Item** – re-enter the fringe benefit name and any other identifying details that may be necessary.
  NOTE: If a fringe benefit is only for a select number of employees, it would be appropriate to differentiate that here. For example, if supplemental salary is requested for John Smith and Jane Doe but only John Smith is eligible for CERF, you could enter "CERF – JS". If a fringe benefit is only for a select period of time, it would be appropriate to differentiate that here as well. For example, if the LAGERS rate is expected to increase January 1, you could enter "LAGERS (July-Dec)" and "LAGERS (Jan-June)".
- **Supplemental Salary** – enter the total supplemental salary for which the identified fringe benefit is calculated.
- **Rate** – enter, as a decimal, the rate for the identified fringe benefit.
  NOTE: The rate identified will determine the maximum fringe benefit amount that will be allowed for reimbursement each month. The field allows up to 4 decimal places so enter as appropriate.

The following are examples to aid in the completion of the Personnel Benefits budget form:

EXAMPLE 1 – The County contributes 7.65% of salary for FICA/Medicare for all employees. Using the examples above for John Callaway, Mark Davis, Jane Doe, and Eric Hall, the total supplemental salary equaled $6,300.28, which means the County would pay 7.65% of $6,300.28.

EXAMPLE 2 – The County contributes 5.3% of salary for LAGERS (Pension) for all employees. Again, using the example above, the total supplemental salary for John Callaway, Mark Davis, Jane Doe, and Eric Hall equaled $6,300.28, which means the County would pay 5.3% of $6,300.28.

EXAMPLE 3 – The County contributes 4% of salary for CERF (Pension) for all employees but Eric Hall because he was hired before 2/25/2002. Again, using the example above, the total supplemental salary for John Callaway, Mark Davis, and Jane Doe equaled $5,100.28, which means the County would pay 4% of $5,100.28.

EXAMPLE 4 – The County pays 2.44% of salary for Workers Comp for all employees. Again, using the example above, the total supplemental salary for John Callaway, Mark Davis, Jane Doe, and Eric Hall equaled $6,300.28, which means the County would pay 2.44% of $6,300.28.

Category *(Select from drop down box)*	**Item**	**Supplemental Salary**	**Rate** (Enter as a decimal)	**Total Cost**
FICA/Medicare	FICA/Medicare	$6,300.28	0.0765	$481.97
Pension/Retirement	LAGERS	$6,300.28	0.053	$333.91
Pension/Retirement	CERF (all but E.H.)	$5,100.28	0.04	$204.01
Workers Comp	Workers Comp	$6,300.28	0.0244	$153.73

NOTE: The text entered under the ITEM and RATE column is how the line item will display on the Claim-Reimbursement form if your application is successful. The County will be unable to request reimbursement for costs larger than the Rate identified in the budget.

In the event the County expects a change in rate for any eligible fringe benefit, the cost of such benefit should be budgeted accordingly.

EXAMPLE – The county LAGERS (Pension) rate is currently 5.3% of salary for all employees. The County anticipates the LAGERS rate to increase to 5.5% of salary for all employees effective with the new calendar year (January 1). If John Smith's requested supplemental salary is $500/month for the 12 month contract period, then $3,000 ($500/month x 6 months) would apply to July to December and $3,000 ($500/month x 6 months) would apply to January to June.

Category ***(Select from drop down box)***	**Item**	**Supplemental Salary**	**Rate** (Enter as a decimal)	**Total Cost**
Pension/Retirement	LAGERS (July to Dec)	$3,000.00	0.053	$159.00
Pension/Retirement	LAGERS (Jan to June)	$3,000.00	0.055	$165.00

NOTE: The text entered under the ITEM and RATE column is how the line item will display on the Claim-Reimbursement form if your application is successful. By identifying the timeframe applicable to each fringe benefit rate, the budget line item can be claimed against accordingly. The County will be unable to request reimbursement for costs larger than the Rate identified in the budget for the identified timeframe.

FORM #5: AUDIT REQUIREMENTS:

The purpose of this form is to gather general audit information relating to the applicant agency. As a recipient of state funds, applicants are expected to have financial responsibility in the usage of monies and the record keeping of documentation.

This form will collect information pertaining to the date of the county's last audit, the amount of federal and/or state financial assistance (i.e. grant monies, loan guarantees, property, cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance) received during the last audited period, and the anticipated date of the next audit.

Audit Requirements

Date last audit was completed:*

Date(s) covered by last audit:*

Last audit performed by:*

Phone number of auditor:*

Date of next audit:*

Date(s) to be covered by next audit:*

Next audit will be performed by:*

Total amount of financial assistance received from all entities, including the Missouri Department of Public Safety, during the date(s) covered by your agency's last audit, as indicated above.

*The **Federal Amount** refers to funds received directly from the Federal Government or federal funds passed through state agencies in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.*
*The **State Amount** refers to funds received directly from the State of Missouri, not including federal pass-thru funds.*

Federal Amount:* $0.00

State Amount:* $0.00

Pursuant to grant policies developed by the Missouri Department of Public Safety, units of local government are required to have an organization-wide, independent audit if their organization has expended $250,000 or more in state funds (including, but not limited to, DSSSF monies) within the county's 12-month fiscal year.

NOTE: Do not attach a copy of the audit at the time of application. A copy must be submitted once the grant status changes to "underway" via the Correspondence component of WebGrants if the total reported in the "State Amount" equals or exceeds $250,000.

FORM #6: CERTIFIED ASSURANCES:

This component of the application requires the Applicant Authorized Official (i.e. County Commissioner, County Executive, or in the case of St. Louis City, the Mayor) to attest to the compliance of all conditions relating to the grant program and the proposed project, as applicable. The typed name, in lieu of a signature at the time of application, represents the legal binding acceptance of the terms of the application and statement of the veracity of the representations made in the application.

Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

2016 DSSSF Certified Assurances

I am aware that failure to comply with any of the Certified Assurances could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance. Where the Authorized Official is unable to certify to any of the statements in the Certified Assurances, he or she shall provide an explanation below and may attach documentation under the 'Other Attachments' form where needed.

I have read and agree to the terms and conditions of the grant.* ○ Yes ○ No

If you marked No to the question above, please explain:

Your typed name as the applicant authorized official, in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.

Authorized Official Name:*

Job Title:*

Date:*

NOTE: The name provided on this form must be that of the County Commissioner, County Executive, or in the case of St. Louis City, the Mayor to constitute a valid contract. In addition, the Date must be current and reflective of the funding opportunity year. An application shall automatically be declined if an applicant indicates 'No' to the terms and conditions of the grant unless an acceptable explanation is provided, the incorrect Authorized Official name is provided, and/or the Date is not current as these constitute an invalid contract.

III. SUBMITTING AN APPLICATION:

The Applicant shall submit all data as requested and required within the application forms. Failure to submit all required, requested data could disqualify the proposal from further consideration. **Applicants will not be contacted if they fail to submit all required, requested data.**

Once all the application components are 'Marked as Complete', please review the application by clicking the 'Preview' button. You may print a copy of the application from the preview screen or save an Adobe PDF copy of the application. Once you feel the application is ready for submission, click the 'Submit' button. A confirmation screen will appear which may be printed for your records if you feel it necessary. The individual selected as the Primary Contact in the General Information component of the application will receive a confirmation email of submission from dpswebgrants@dps.mo.gov.

Applications must be submitted through WebGrants no later than 5:00 p.m. on Wednesday, April 30, 2015. Proposals cannot be submitted after this date and time so applicants are encouraged to begin the process immediately to meet the application deadline. Applications submitted through any means other than WebGrants will not be considered for funding.

If the applicant determines **revisions are necessary to any component** of the application, the applicant must **contact the Missouri Department of Public Safety by email prior to the deadline** to have the application unlocked. The email should be sent to dpswebgrants@dps.mo.gov and should clearly indicate which form(s) to be re-opened for the necessary change(s). Once the application deadline has lapsed, the applicant will be unable to request any portion of their application to be unlocked.

If the applicant experiences unforeseen **technical issues** beyond the applicant's control that prevent submission of its application by the deadline, the applicant must **contact the Missouri Department of**

Public Safety staff by email within 24 hours after the deadline and request approval to submit the application. The email should be sent to dpswebgrants@dps.mo.gov and must include a description of the technical difficulties, a timeline of submission efforts, screen shot of the error code, and other information as necessary. The Missouri Department of Public Safety and MOSMART Board will consider all submitted information to determine if the application will be accepted.

POST-APPLICATION INFORMATION

I. APPLICATION REVIEW:

The MoSMART Board will evaluate all applications and consider the following factors:

- ❑ Demonstration the proposed project fits within the parameters of the DSSSF Program.
- ❑ Completeness of the submitted application.
- ❑ Legally binding signature by the proper Applicant Authorized Official on the Certified Assurances form of the submitted application.
- ❑ Demonstration the applicant agency has met and will continue to comply with all applicable state laws and regulations.
- ❑ Demonstration the applicant agency does not have any financial debts payable to the State of Missouri for which these state funds would be intercepted or used to pay those financial debts.
- ❑ Compliance with state statutory reporting requirements to include, but not limited to, monthly UCRs, annual Racial Profiling, and annual Federal Forfeiture reporting.
- ❑ Available funding (and sustainability) for the DSSSF Program.

The MoSMART Board is required by law to make award decisions based on competitive bid process. It is anticipated the funding requests may exceed the amount of money available, or even a sustainable level of funding.

The 2016 DSSSF Review Meeting is tentatively scheduled for May 19, 2015. The MoSMART Board will convene on this date to review submitted applications and determine funding.

II. FUNDING NOTIFICATION:

Applicants will be notified via WebGrants approximately 2-4 weeks following the DSSSF Review Meeting. The notification will be sent from dpswebgrants@dps.mo.gov to the person listed as the Primary Contact on the General Information form of the application.

Applications may be approved as requested, approved with revisions, or disapproved. Regardless of the funding recommendation, all applicants will be provided with the rationale behind the MoSMART Board's decision.

NOTE: Please be patient as the review process can be rather time consuming. Funding notifications will not be released through any other means than WebGrants so do not contact the MoSMART Board or the Missouri Department of Public Safety to try to obtain information before it is released!

III. AWARD AND ACCEPTANCE OF CONTRACT:

Upon completion of the review/revision process, the MoSMART Board will award a contract to approved applicants. This award, entitled *Award of Contract* (Appendix A), identifies the Sub-recipient, contract period, amount of state funds, and contract number.

The Award of Contract constitutes a contractual agreement between the MoSMART Board and the Sub-recipient for use of state funds in the implementation of the project outlined in the application. This contractual agreement may be terminated without further cause if the Sub-recipient fails to confirm its

acceptance of the award by signing and returning the *Award of Contract* to the Missouri Department of Public Safety within **45 DAYS** from the date of award.

NOTE: No state funds shall be disbursed to the Sub-recipient until the Missouri Department of Public Safety has received the signed Award of Contract back from the Sub-recipient and the MOSMART Board Chair (or MOSMART Board Vice-Chair, as applicable) has signed the Award of Contract.

IV. PROJECT IMPLEMENTATION:

If a project is not operational within **60 DAYS** of the contract starting date, the Sub-recipient must report via the Correspondence component of WebGrants to the Missouri Department of Public Safety the steps taken to initiate the project, the reasons for delay, and the expected starting date.

If a project is not operational within **90 DAYS** of the contract starting date, the Sub-recipient must submit a second statement via the Correspondence component of WebGrants to the Missouri Department of Public Safety explaining the implementation delay.

Upon receipt of said letter, the MoSMART Board may decide whether to continue with the project or to terminate the contract.

ADMINISTRATIVE AND FINANCIAL GUIDELINES

I. DISBURSEMENT OF FUNDS:

A. Method of Payment to Employees

Sub-recipients are allowed to disburse the supplemental salary to the grant-funded positions either with the regular salary or in the form of a separate check. If the supplemental salary is issued with the regular salary, at a minimum, the supplemental salary amount must be clearly identified on the paycheck separate from regular salary, paid leave, overtime, etc.

B. Frequency of Payment to Employees

Sub-recipients are allowed to disburse the supplemental salary to the grant-funded positions monthly over the course of 12 pay periods (or 13 pay periods if basing on a 28-day timesheet cycle), semi-monthly over the course of 24 pay periods, bi-weekly over the course of 26 pay periods, or weekly over the course of 52 pay periods. The Sub-recipient shall make this determination at the time of application and abide by the delegation as outlined in the Personnel budget category of the approved Budget form.

For example, if the approved Budget form outlines a $100 supplemental salary per pay period over the course of 12 pay periods (once per month), the Sub-recipient shall issue the supplemental salary in monthly increments of $100. The Sub-recipient shall not issue bi-monthly increments of $50 to equal the monthly $100 supplemental salary as it strays from the approved delegation. Changes in the approved delegation will be subject to a Contract Adjustment. Refer to the "Administrative and Financial Guidelines – Contract Adjustment" section of this solicitation for more information.

NOTE: Ultimately, Sub-recipients must determine the method that is least burdensome to its staff and employees. Timesheets corresponding to the supplemental salary payroll period will be required with the monthly Claim reports. For example, if the Sub-recipient issues supplemental salary for the calendar month (e.g. July 1 to July 31), the Sub-recipient will be required to submit timesheets that cover every day in the calendar month (e.g. July 1 to July 31) in order to receive reimbursement. Many Sub-recipients operate on a 28-day timesheet cycle which then doesn't coincide with a calendar month payroll cycle. Therefore, where possible, Sub-recipients are strongly encouraged to issue the supplemental salary to coincide with the timesheet period rather than the regular payroll period if such periods do not align.

C. Factors Impacted by Supplemental Salary

Sub-recipients shall be aware that DSSSF monies paid to an individual shall be included as annual salary for purposes of calculating the individual's hourly rate for overtime, per a decision rendered by the U.S. Department of Labor.

Sub-recipients shall also be aware, and make their employees aware, that wage garnishments (e.g. child support) based on the individual's monthly salary may be increased as a result of the award of supplemental salary.

II. PRO-RATION OF SUPPLEMENTAL SALARY:

Costs are reimbursable if funds are expended and if the costs are allowable under the provisions set forth for the DSSSF program. The following sections outline the reimbursable pro-rating calculations for individuals that are not in full-time, paid employment status for the entire payroll period. Sub-recipients have discretion on the payment of supplemental salary. If no local funds are expended, a reimbursement request of such nonexistent costs would be inappropriate.

A. Unpaid Employment Status

Individuals in a grant-funded position must continue in a full-time, paid employment status to be eligible for continued supplemental salary. Individuals who enter an unpaid employment status due to, but not limited to, administrative reasons, military leave, workers compensation injury, or FMLA are not eligible for continued supplemental salary while in unpaid leave status if the unpaid leave status does not qualify the individual to be considered a full-time employee.

For purposes of this program, an employee is a full-time employee for a calendar month if he or she works at least 30 hours in the week, or 130 hours in a calendar month.

If the Sub-recipient exercises their discretion to pay supplemental salary to a grant-funded individual that enters an unpaid leave employment status that classifies them as less than full-time for a period of time, the Sub-recipient shall pro-rate the amount of supplemental salary issued to the grant-funded position if the paid employment status drops below 30 hours in a week, or 130 hours in a calendar month.

The pro-rating should be calculated as the number of paid employment days in the payroll period compared to the number of originally scheduled employment days in the payroll period.

EXAMPLE – John Smith works an 8 hour shift 5 days a week (Monday through Friday) and is paid monthly, but during one of the months of the contract period, he is placed on administrative leave without pay for 10 of the 22 working days of the month. Due to not qualifying as a full-time employee during this period, John Smith would only be eligible for 12 of the 22 days of the month, or approximately 55.5% of the supplemental salary for the month.

B. Position Vacancy or Change

Grant-funded individuals who end employment with the Sub-recipient are not eligible for continued supplemental salary after their employment end date. Likewise, individuals who start employment with the Sub-recipient are not eligible for supplemental salary prior to their employment start date.

If the Sub-recipient exercises their discretion to pay supplemental salary to a grant-funded individual that is not employed for the entire payroll period, the Sub-recipient shall pro-rate the amount of supplemental salary issued to the grant-funded position.

The pro-rating should be calculated as the number of paid employment days in the payroll period compared to the number of days that were scheduled (or would have been scheduled) in the payroll period.

EXAMPLE 1 – John Smith is paid monthly but resigns after 5 of the 22 scheduled days of the pay period and is replaced by Jane Doe who works the remaining 17 of the 22 scheduled days of the pay period and is also paid monthly. John Smith is therefore eligible for 22.73% of the monthly supplemental salary for the position while Jane Doe is eligible for the other 77.27% of the monthly supplemental salary for the position.

EXAMPLE 2 – John Smith is paid monthly but resigns after 5 of the 22 scheduled days of the pay period. He is replaced by Jane Doe but not immediately. As a result, she only works 10 of the remaining 22 scheduled days of the pay period. The position is vacant for 7 of the 22 scheduled days of the pay period. John Smith is therefore eligible for 22.73% of the monthly supplemental salary while Jane Doe is only eligible for 45.45% of the monthly supplemental salary. The remaining 31.82% is ineligible for grant reimbursement since the position was vacant.

EXAMPLE3 – John Smith is paid monthly but resigns after 5 of the 22 working days of the pay period. He is replaced by Jane Doe who spends 2 days cross-training with John before he leaves employment. Jane works 19 of the 22 scheduled days of the pay period and is also paid monthly. John Smith is eligible for 22.73% of the monthly supplemental salary for the position. Jane Doe is eligible for 86.36% of the monthly supplemental salary for the position. This equates to a total distribution of 109.09% of the monthly supplemental salary for the position because of the overlap in scheduled employment dates.

C. Position Change

Grant-funded individuals who change approved supplemental salary positions will be subject to the approved supplemental salary for the position they filled for the time the supplemental salary was being earned.

If the Sub-recipient exercises their discretion to pay supplemental salary to a grant-funded individual that is not employed for the entire payroll period and/or changes grant-funded positions during the payroll period, the Sub-recipient shall pro-rate the amount of supplemental salary issued to the grant-funded position(s) based on the calculations referenced in the above sections, and then consequently report accordingly on the Claim report, based on the number of paid days worked in each position compared to the number of scheduled days in the payroll period.

EXAMPLE –
John Smith is paid monthly but promotes from a Jail Deputy, which is approved for $200/month supplemental salary, to a Road Deputy, which is approved for $100/month supplemental salary.

Jane Doe vacated the Road Deputy position after 5 of the 22 scheduled days of the pay period. Jane Doe is eligible for $22.73 ($100/22 scheduled days x 5 days worked as Road Deputy).

John Smith worked 5 of the 22 scheduled days of the pay period as the Jail Deputy and then the Jail Deputy position was left vacant. John Smith then worked 17 of the 22 scheduled days as the Road Deputy to replace Jane Doe. John Smith is eligible for a total of $122.72 [($200/22 scheduled days x 5 days worked as Jail Deputy = $45.45) + ($100/22 scheduled days x 17 days worked as Road Deputy = $77.27)].

The totals reported on the 'Reimbursement' form of the Claim report then must be reported to the appropriate line for which the person worked and would reflect the following:

Name	Details	Expenses This Period
John Smith (formerly Jane Doe)	$100 supplemental salary; 12 number of pay periods	100.00
TBH (formerly John Smith)	$200 supplemental salary; 12 number of pay periods	45.45
	TOTAL:	**$145.45**

III. CHANGE IN PERSONNEL:

Notification of personnel changes must be communicated to the Missouri Department of Public Safety via the Correspondence component of WebGrants using the "Change of Information Form" (Appendix B).

The completed "Change of Information Form" must be submitted as an attachment to the Correspondence. Additional information not captured in the "Change of Information Form" may be supplied in the message of the Correspondence, but the message of the Correspondence shall not substitute for the Sub-recipient's requirement to complete the "Change of Information Form".

A. My Profile module

A change affecting the My Profile module of WebGrants necessitates a "Change of Information Form" be completed with the header and the "My Profile/Contact Information" section of the form completed.

1. **Removing an Individual**
   If an individual needs to be removed as a registered user for the Organization, please notify the Missouri Department of Public Safety, within a timely manner, so the individual can be properly disassociated with the organization's profile and removed from all contact lists.

   The Missouri Department of Public Safety will make the necessary change(s) and will notify the Sub-recipient when the change(s) have been completed.

2. **Adding an Individual**
   If an individual needs to be added as a registered user for the Organization, first complete the registration form in the My Profile module of WebGrants. Notify the Missouri Department of Public Safety once the registration is complete so the individual can be added to the proper contact lists.

   The Missouri Department of Public Safety will make the necessary change(s) and will notify the Sub-recipient when the change(s) have been completed.

B. Contact Information grant component

Changes in or temporary absence of the Authorized Official, Project Director, Fiscal Officer, and/or Claims Point of Contact as listed on the Contact Information component of the grant must be communicated to the Missouri Department of Public Safety, within a timely manner.

A change affecting the Contact Information component of the grant within WebGrants necessitates a "Change of Information Form" be completed with the header and the "My Profile/Contact Information" section of the form completed.

The Missouri Department of Public Safety will edit the Contact Information form based on the notification and will notify the Sub-recipient when the change(s) has been completed.

C. Budget component

Changes in grant-funded personnel and/or annual salary of the grant-funded position as listed on the Budget component of the grant must be communicated to the Missouri Department of Public Safety, in a timely manner.

A change affecting the Budget component of the grant within WebGrants necessitates a "Change of Information Form" be completed with the header and the "Change in Grant Funded Personnel" section of the form completed.

The Missouri Department of Public Safety will edit the Budget form based on the notification and will notify the Sub-recipient when the change(s) has been completed.

NOTE: The position's funding was determined based on the annual salary identified during the application process. If the position's annual salary increases during the contract period, the individual in the position is still eligible for the approved supplemental salary per pay period for the remainder of the contract period. Likewise if the position's annual salary decreases during the contract period, the individual in the position is still only eligible for the approved supplemental salary per pay period for the remainder of the contract period, but the Sub-recipient may submit a Contract Adjustment for a budget revision to reallocate any excess monies to the position's budget line to compensate for the decrease in salary. Refer to the "Administrative and Financial Guidelines – Contract Adjustment" section of this solicitation for more information.

IV. REPORTING REQUIREMENTS:

A. Claim Reports

Recipients of DSSSF monies are required to submit a monthly Claim report in WebGrants to verify actual (employer) cash expenditures and request reimbursement of those expenditures. A Claim report must be submitted each month even if there are no expenditures to claim. Only one Claim report may be submitted per month.

Claim reports are due no later than the 10th day of each month following the reporting period. This deadline is subject to change if the 10th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the Claim report schedule:

Claim ID Number	Reporting Period	Due Date
001	07/01/2015 – 07/31/2015	August 10, 2015
002	08/01/2015 – 08/31/2015	September 10, 2015
003	09/01/2015 – 09/30/2015	October 13, 2015
004	10/01/2015 – 10/31/2015	November 10, 2015

005	11/01/2015 – 11/30/2015	December 10, 2015
006	12/01/2015 – 12/31/2015	January 11, 2016
007	01/01/2016 – 01/31/2016	February 10, 2016
008	02/01/2016 – 02/28/2016	March 10, 2016
009	03/01/2016 – 03/31/2016	April 11, 2016
010	04/01/2016 – 04/30/2016	May 10, 2016
011	05/01/2016 – 05/31/2016	June 10, 2016
012	06/01/2016 – 06/30/2016	July 11, 2016
013 (if applicable)	07/01/2016 – 07/31/2016	August 10, 2016

Failure to submit the required report on a monthly basis, by the due date, may result in delay of reimbursement until the following month and/or cancellation of the contract if the delinquency becomes problematic.

The Claim report will consist of the following forms:

- **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (monthly)

- **Reimbursement** - - used to identify the State Share per budget line; the totals identified on this form are aggregate totals from the Detail of Expenditure form

- **Detail of Expenditure** - - used to identify the pay date, pay check number, payee, description, payroll period, total cost, percent of funding requested, and amount claimed to grant for reimbursement per cost activity; this data is collected on an Excel spreadsheet and the file uploaded to the report form

- **Attachments** - - used to upload copies of documentation to support the expenditures. The following documentation is required:
    - **Timesheets**: a document that identifies daily hours worked (including paid leave hours) for the employee receiving supplemental salary funding. The timesheet must include all days in the payroll period for which supplemental salary was issued and should be signed by both the employee and a supervising official. Agencies that do not collect daily log activity sheets or a timesheet for its employees may use the *Timesheet Template for DSSSF* (Appendix C), which is available in the Claims component of WebGrants as well.
    - **Payroll Document or Pay Stub**: a payroll report or copy of the pay stub identifying the supplemental salary amount paid to the employee during the reported payroll period. The payroll document or pay stub should clearly identify the supplementation amount and any fringe benefits paid by the employer, if such are captured on the payroll document or pay stub.
    - **Fringe Benefit Rate Sheet(s)**: where the payroll document or pay stub does not support the fringe benefit rate or amount contributed by the county (the employer), a document identifying or supporting the benefit rate should be provided in addition to the payroll document.

Reimbursement funds will be disbursed approximately the 25th day of each month. Recipients may track payments within the WebGrants system but obtain payment information through the Missouri Vendor Services Portal at https://vendorservices.mo.gov. Click "Vendor Payment" in the green toolbar. Select FEIN and enter your agency's Federal Tax ID Number (FEIN). You may then search for a payment by 1) Invoice Number, 2) Check/EFT Number, 3) Dollar Amount, or 4) Date/Location. The prefix of a Payment Number for DSSSF disbursements will be ER228.

B. Status Report

Recipients of DSSSF monies are required to submit an annual Status Report in WebGrants. This report allows the Missouri Department of Public Safety to collect information and feedback for the MoSMART Board and the State Legislators.

The Status Report is due no later than the 10th day of the month following the reporting period. This deadline is subject to change only if the 10th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the Status Report schedule:

Report ID Number	Reporting Period	Due Date
01	07/01/2015 – 06/30/2016	July 11, 2016

Failure to submit the required report on an annual basis, by the due date, may result in the delay of reimbursement until the report is received and/or cancellation of the contract if the delinquency becomes problematic.

The Status Report will consist of the following forms:

- **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (annual)

- **Evaluation** - - used to provide feedback and details for the following questions:
  - Did these grant monies assist your office in the recruitment of deputies?
  - Did these grant monies assist your office in retaining deputy sheriffs?
  - Did these grant monies assist in making your office more effective?
  - Did the DSSSF program help improve your ability to serve your citizens?

V. CONTRACT ADJUSTMENT:

A. Budget Revision

A Contract Adjustment for a budget revision must be submitted for the following requests:

1. Addition of a new budget line item
2. Transfer of "excess" funds from one budget line/category to another budget line/category to cover increases (shortfalls) in cost

Sub-recipients shall submit a request via the Contract Adjustment component of WebGrants in the event a budget revision is necessary. The Missouri Department of Public Safety will review the request and "negotiate" the Budget form for edits if the request is allowable. Once all necessary edits are made, the Missouri Department of Public Safety will prepare a Contract Adjustment

Notice, which will be reviewed and signed by the MoSMART Board Chair (or Vice Chair, if necessary) if the overall request is deemed allowable.

NOTE: A Contract Adjustment for Budget Revisions shall be submitted at least 30 days prior to the proposed change and will not be allowed after May 31, 2016.

B. Program Revision

A program revision results from a change in service area or a change in scope of the proposed project, which are not circumstances that will change with the DSSSF program. Therefore, this type of Contract Adjustment is irrelevant and should not be submitted to the Missouri Department of Public Safety.

Changes in personnel should be communicated through the prescribed procedures as identified in the "Administrative and Financial Guidelines – Change in Personnel" section of this solicitation.

VI. MONITORING:

On behalf of the MoSMART Board, the Missouri Department of Public Safety will monitor all awarded contracts to ensure appropriate fiscal and program records are being maintained. Monitoring is designed to provide assistance to the Sub-recipient both from a technical and programmatic standpoint, as well as to provide the MoSMART Board with the necessary information to ensure the Sub-recipient is complying with state laws/regulations and program guidelines.

Desk monitoring will consist of tracking telephone and email communication, as well as reviewing all grant documents and correspondence submitted to the Missouri Department of Public Safety. The Sub-recipient may be required to submit monitoring information in writing to the Missouri Department of Public Safety, as requested.

Site monitoring will consist of a visit to the Sub-recipient's office(s) to review policies, payroll records, and other records, as applicable to the awarded contract. A Site Monitoring Report, which will be provided to the Sub-recipient prior to the visit, will be completed by the Missouri Department of Public Safety during the site visit. The Site Monitoring Report will be used as a tool to determine the progress of the project in achieving its purpose and ensuring the project is adhering to program guidelines. The following information and records may be subject to review, as applicable, at the time of the site visit:

- County budget, to include list of annual salaries for grant-funded personnel
- Personnel files for grant-funded personnel
- Personnel manuals, ordinances, etc.
- Training plan for grant-funded personnel
- Timesheets and payroll records for grant-funded personnel
- Compliance with state civil rights laws
    - Unlawful Employment Practices: Section 213.055 RSMo
    - Discrimination in Public Accommodations: Section 213.065 RSMo
- Other information pertinent to the state-funded project

VII. ACCOUNTING/FINANCIAL RECORDS:

A. Accounting Systems

Sub-recipients must establish and maintain accurate financial records and an adequate accounting system to report for funds awarded to them. An acceptable and adequate accounting system is considered to:

1. Present and classify costs of the contract as required for budgetary and evaluation purposes;
2. Control funds and other resources to assure that the expenditure of funds are in compliance with any general or special conditions of the contract;
3. Meet the deadlines for submission of financial and performance reporting information as needed for control and evaluation of all contract costs.

B. Sub-Recipient Responsibilities

Sub-recipients are responsible for the management and fiscal control of all funds awarded to them. Responsibilities include the accounting of receipts and expenditures, the maintaining of adequate financial records and the refunding of expenditures disallowed by audits.

The Sub-recipient is responsible for all aspects of the contract including proper accounting and financial record keeping. These responsibilities include:

1. Reviewing Financial Operations;
2. Recording Financial Activities;
3. Budgeting and Budget Review;
4. Audit Requirements;
5. Reporting Irregularities.

C. Record Retention

Records of the Sub-recipient, including books of original entry, source documents, supporting accounting transactions, the general ledger, subsidiary ledgers, personnel and payroll records, and related documents and records are to be retained for a period of five (5) years pursuant to the following:

1. The retention period starts from the date of submission of the Closeout form within the Missouri Department of Public Safety's WebGrants system or from the date of submission of the audit for the contract period covered, whichever comes later.
2. Personnel and payroll records shall include the time and attendance reports for all individuals reimbursed under a contract.
3. Records must be retained beyond a five-year period if an audit is in progress and/or the findings of a completed audit have not been resolved. If an audit is completed and the findings are resolved prior to the five-year period, records shall be retained until the end of the five-year period.
4. If local law requires a longer period of retention, access to the records shall be allowed for purposes of audit.
5. The financial records must be kept in an orderly manner and be available for audit purposes to the Missouri Department of Public Safety and/or representatives from the government of the state of Missouri.

6. Sub-recipients are responsible for protecting records against fire, theft, or other possible damages.

VIII. GENERAL CONTRACT REQUIREMENTS:

A. Printing and Publicity

Sub-recipients are encouraged to make the results and accomplishments of their activities available to the public through media release. All printed materials, however, must include an acknowledgement of the funding source similar to the following:

"This project was supported by funding made available through the Deputy Sheriff Salary Supplementation Fund program administered by the State of Missouri and the MoSMART Board."

B. Non-Supplanting

DSSSF monies cannot be used to supplant, or take the place of, an agency's existing local funding. DSSSF monies must be used to supplement existing funds and not substitute local funds that have been appropriated or would otherwise be spent for the same purpose. DSSSF monies cannot be utilized to cover existing costs that would otherwise be paid through other sources of funding.

In the event it is determined the Sub-recipient is supplanting, the MoSMART Board may take action as deemed appropriate to recover any portion of the contract funds remaining and/or an amount equal to the portion of the contract funds wrongfully used.

C. Reporting of Fraud

The Sub-recipient must promptly refer to the MoSMART Board and/or the Missouri Department of Public Safety any credible evidence that an employee, agent, contractor, or other person has either submitted a false claim for grant funds or committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds.

In the event it is determined the Sub-recipient made false statements relating to a position and/or annual salary in order to receive DSSSF monies, the MoSMART Board may take action as deemed appropriate to recover any portion of the contract funds remaining and/or an amount equal to the portion of the contract funds wrongfully used.

D. Termination of Contracts

The MoSMART Board reserves the right to terminate any contract entered into as a result of this application at their sole discretion and without penalty or recourse by giving written notice to the Sub-recipient of the effective date of termination. In the event of termination pursuant to this paragraph, all documents, data, and reports prepared by the Sub-recipient under the contract shall, at the option of the MoSMART Board, become property of the State of Missouri.

In the event that the MoSMART Board determines that a Sub-recipient is operating in a manner inconsistent with the provisions of the application or is failing to comply with the applicable state requirements governing these funds, the MoSMART Board may permanently or temporarily terminate the contract. In the event a contract is permanently terminated, the MoSMART Board may take action as deemed appropriate to recover any portion of the contract funds remaining or an amount equal to the portion of the contract funds wrongfully used.

IX. ELECTRONIC SIGNATURE:

A. Veracity/Validity of Information

The application and many of the grant documents submitted via the WebGrants system contain an electronic signature. This electronic signature, which is the typed name of the Authorized Official for the applicant agency in lieu of a signature, assures the veracity of all information provided in any such application or grant document.

B. Legally Binding

In addition, the typed name of the Authorized Official represents the applicant agency's legally binding acceptance of the terms and conditions of the application and/or other grant documents.

Therefore, by inserting such electronic signature, the Sub-recipient acknowledges and understands that failure to comply with any of the grant guidelines could result in suspension of the contract until appropriate action is taken to rectify any incident(s) of non-compliance; or could result in the forfeiture of the grant funding.

APPENDIX A

AWARD OF CONTRACT FORM

The *Award of Contract* document constitutes a contractual agreement between the MoSMART Board and the Sub-recipient for use of state funds in the implementation of the awarded project.

DEPUTY SHERIFF SALARY SUPPLEMENTATION FUND (DSSSF)
AWARD OF CONTRACT

Contractor Name:		
«Organization»		
Contract Period:	State Funds Awarded:	Contract Number:
«Contract_Start» to **«Contract_End»**	**$«Total_Awarded_Amount»**	**«Contract_Number»**

Award is hereby made in the amount and for the period shown above to the above-mentioned Subgrantee. This award is subject to compliance with the general conditions governing grants and contracts, as well as, any attached Certified Assurances. This award is also subject to compliance with all current applicable federal and state laws, regulations and guidelines.

The undersigned hereby certify acceptance of the above-described contract on the terms and conditions specified or incorporated by reference above and herein, including those stated in the contract application.

«AO_first_name» «AO_last_name»

Subgrantee Authorized Official Name

Subgrantee Authorized Official Signature Date

«PD_first_name» «PD_last_name»

Subgrantee Project Director Name

Subgrantee Project Director Signature Date

This contract shall be in effect for the duration of the contract period stated herein, and funds shall become available on the award date with the signed return of this form to the Missouri Department of Public Safety and the signature of the MOSMART Board.

07/01/2015

MOSMART Board Signature Date

APPENDIX B

CHANGE OF INFORMATION FORM

The "Change of Information Form" must be used to identify changes in personnel during the contract period. The "Change of Information Form" must be sent as an attachment in the Correspondence component of WebGrants. Any other information not collected on this form may be provided in the message of the Correspondence.

DSSSF – Change of Information Form

Date:	

Agency Name:		**DSSSF Contract Number:**	
Contact Person:		**Phone Number:**	

CHANGE IN MY PROFILE/CONTACT INFORMATION

If the change affects the My Profile module and/or the Contact Information grant form, please complete the following. If the change does not affect the My Profile module and/or the Contact Information grant form, skip this section.

Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.

Name of Individual Being Removed:		**Last Date of Employment :**	

Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.

Name of Individual Being Added:		**Job Title:**	
Mailing Address:			
Street Address: *(if different than the mailing address)*			
City:		**Zip Code:**	
Email:			
Phone:		**Ext:**	
Fax:			
Has this individual been added as a registered user in WebGrants?	☐ Yes, please select as a grant contact and add to the appropriate distribution list		
	☐ Yes, but please do not add as a grant contact or to the distribution list		
	☐ No, the individual will not have access to WebGrants and therefore was not added		

CHANGE IN GRANT FUNDED PERSONNEL

If the change affects the Budget component, please complete the following. If the change does not affect the Budget, skip this section. If the change is notification of a job title or annual salary change (and not the replacement of personnel), enter N/A for the fields that are not affected by the change.

Name of Individual Being Removed:	**Budget Line #:** (refer to budget)	**Last Date of Employment :** (mm/dd/yyyy)	**Individual Being Added:** (if unknown, list as TBH)	**Job Title:**	**Hire Date:** (mm/dd/yyyy)	**Annual Salary:**

SUBMIT THIS FORM AS AN ATTACHMENT TO YOUR DPS INTERNAL CONTACT VIA THE 'CORRESPONDENCE' COMPONENT OF WEBGRANTS. IF YOU NEED TO SUPPLY ADDITIONAL INFORMATION, PLEASE INCLUDE IN THE MESSAGE OF THE CORRESPONDENCE.

DPS revised 7-2015

APPENDIX C

TIMESHEET TEMPLATE

Timesheets are required as an attachment to the monthly Claim report to verify the full-time, paid status of individuals receiving supplemental salary funding. The "Timesheet Template" was created for agencies that do not have an existing timesheet format for their employees. This template can be edited to fit the needs of the Sub-recipient for purposes of collecting daily hours paid.

"INSERT YOUR AGENCY NAME HERE"
Timesheet

Employee: _____

Supervisor: _____

Payroll Period: _____ to _____

Day	Regular Hours	Overtime Hours	Paid Leave Hours	Total Hours	Special Notes
1				0	
2				0	
3				0	
4				0	
5				0	
6				0	
7				0	
8				0	
9				0	
10				0	
11				0	
12				0	
13				0	
14				0	
15				0	
16				0	
17				0	
18				0	
19				0	
20				0	
21				0	
22				0	
23				0	
24				0	
25				0	
26				0	
27				0	
28				0	
29				0	
30				0	
31				0	
	0	0	0	0	

I attest the above information is true and complete to the best of my knowledge.

Employee Signature: _____

Supervisor Signature: _____