AMERICAN RESCUE PLAN ACT (ARPA) STATE AND LOCAL FISCAL RECOVERY FUNDS (SLFRF) COUNTY JAIL MAINTENANCE & IMPROVEMENT GRANT (CJMI)

COMPLIANCE WORKSHOP APRIL 18, 2023



AGENDA

Roll Call

Grant Requirements

Inventory Management

WebGrants

- Subaward Agreement
- Budget
- Reimbursement Request (Claims)
- Subaward Adjustment
- Status Report
- Correspondence
- Grant File
- Grant Closeout
- Monitoring

GRANT REQUIREMENTS



ARPA SLFRF CJMI

The objective of the ARPA SLFRF CJMI is to fund county jail maintenance and improvements that will provide support to ensure facilities are safe and secure for inmates, staff, and the citizens of Missouri.

FEDERAL GRANT REQUIREMENTS

Code of Federal Regulations 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards Regulations provide the foundational requirements for federal financial assistance

ARPA SLFRF Final Rule

Specific requirements to ARPA SLFRF funding

ARPA SLFRF Overview of Final Rule

Summary of Final Rule provisions for informational purposes

MISSOURI OFFICE OF HOMELAND SECURITY: DIVISION OF GRANTS (OHS) GRANT REQUIREMENTS

- ARPA SLFRF CJMI Grant Notice of Funding Opportunity (NOFO)
- Administrative Guide for Homeland Security Grants
- Subaward Agreement Articles of Agreement
- Information Bulletins
 - Information Bulletin 1: Policy on Monitoring
 - Information Bulletin 2: Policy on Advance Payment and Cash Advances
 - Information Bulletin 5: Policy on Reimbursement Requests
 - Information Bulletin 8: Policy on Budget and Program Revisions Subaward Adjustments

MISSOURI OFFICE OF HOMELAND SECURITY: LAW ENFORCEMENT REQUIREMENTS

Law enforcement agencies MUST be compliant with the following statutes:

Section 590.650 RSMo – Vehicle Stops Report

The subrecipient assures, where the project agency is a law enforcement agency, its law enforcement agency is in compliance with the state provisions of Section 590.650 RSMo relating to vehicle stop reporting and will remain in full compliance for the duration of the project period.

<u>Section 590.700 RSMo</u> – Written Policy on Recording Custodial Interrogations

The subrecipient assures, where the project agency is a law enforcement agency, its law enforcement agency is in compliance with the state provisions of Section 590.700 RSMo relating to custodial interrogations and has adopted a written policy to record custodial interrogations of persons suspected of committing or attempting to commit the felony crimes described in subsection 2 of this section.

Section 43.544 RSMo – Written Policy on Forwarding Intoxication-Related Traffic Offenses

The subrecipient assures, where the project agency is a law enforcement agency, its law enforcement agency is in compliance with the state provisions of Section 43.544 RSMo relating to the "DWI Law" and has adopted a written policy to forward arrest information for all intoxication-related traffic offenses to the central repository as required by Section 43.503 RSMo.

MISSOURI OFFICE OF HOMELAND SECURITY: LAW ENFORCEMENT REQUIREMENTS

Law enforcement agencies MUST be compliant with the following statutes:

Section 590.1265 RSMo – Police Use of Force Transparency Act of 2021

The subrecipient assures, where the project agency is a law enforcement agency, its law enforcement agency is in compliance with the state provisions of Section 590.1268 RSMo relating to use of force incidents reporting standards and procedures, and publication of report data, analysis report.

<u>Section 43.505 RSMo</u> – National Incident-Based Reporting System (NIBRS)

The subrecipient assures, where the project agency is a law enforcement agency, its law enforcement agency is in compliance with the state provisions of Section 43.505 RSMo which states each law enforcement agency is required to submit crime incident reports to the Department of Public Safety on forms or in the format prescribed by the department, and submit any other crime incident information which may be required by the Department of Public Safety. Agencies that are not compliant at the time of application will only be eligible to apply for grant funds to assist the agency in becoming compliant with Section 43.505 RSMo. For purposes of grant eligibility, law enforcement agencies will be considered non-compliant if they have not submitted MIBRS reports for three or more months since January 1, 2022.

Section 590.030 RSMo – Rap Back Program Participation

The subrecipient assures, where the project agency is a law enforcement agency, its law enforcement agency is in compliance with the state provisions of Section 590.030 RSMo. The law enforcement agency shall enroll in the state and federal Rap Back programs on or before January 1, 2022 and will continue to remain enrolled. The law enforcement agency shall take all necessary steps to maintain officer enrollment for all officers commissioned with that agency in the Rap Back programs. An officer shall submit to being fingerprinted at any law enforcement agency upon commissioning and for as long as the officer is commissioned with that agency.

MISSOURI OFFICE OF HOMELAND SECURITY: EQUIPMENT REQUIREMENTS

Some equipment items have specific requirements

- Livescan Equipment/Maintenance
 - Agencies seeking funding for Livescan equipment and/or maintenance costs <u>MUST</u> coordinate with the Missouri State Highway Patrol (MSHP) Criminal Justice Information Services (CJIS) Division for implementation and connectivity.
 - State of Missouri Office of Administration (OA) contract <u>CT211966001</u> <u>MUST</u> be utilized for purchase of Livescan equipment and/or maintenance costs
 - For additional guidance and assistance regarding Livescan equipment and/or maintenance, please contact the MSHP CJIS Assistant Director of Biometrics at 573-522-3821
- Jail Management Systems
 - Have a facility suitable to safely and securely hold prisoner(s) for a period in excess of 24 hours to facilitate a need for a JMS system
 - Select a JMS vendor that is in compliance with the <u>Missouri Code of State Regulations, Department of Public Safety Technical</u> <u>Standards for Information Sharing 11 CSR 30-17</u>
 - Execute an agreement MOU with the Missouri Data Exchange (MoDEx) process to share the agency JMS data through MoDEx to the National Data Exchange (N-DEx). N-DEx shares criminal justice information between participating criminal justice agencies nationwide
 - Recipient must follow the terms of the MoDEx for the duration the agency utilizes the funded JMS system

MISSOURI OFFICE OF HOMELAND SECURITY: EQUIPMENT REQUIREMENTS

Some equipment items have specific requirements

Interoperability Equipment (Portables/Handhelds, Mobiles, Repeaters, etc.)

Investments in emergency communications systems and equipment must meet applicable <u>SAFECOM Guidance</u>. All radios must meet the Missouri Department of Public Safety, Office of the Director, Criminal Justice/Law Enforcement (CJ/LE) Unit, Office of Homeland Security (OHS) <u>Radio Interoperability Guidelines</u>. The Missouri Interoperability Center (MIC) will review all communications equipment applications to ensure they comply with the <u>Radio Interoperability Guidelines</u>.

MISSOURI OFFICE OF HOMELAND SECURITY: MATCH REQUIREMENTS

- 50% Match Requirement amount listed on Subaward Agreement
 - Cash (Hard)
 - In-Kind (Soft)
 - Can be retroactive to March 2020
 - CANNOT be utilized to fulfill match requirement on any other Federal grant

PROCUREMENT REQUIREMENTS

With any expenditure, the subrecipient must ensure that:

- The expenditure is an approved budget line item
 - Reimbursements will NOT be made for items that are not an approved budget line item at the time of purchase
- Prior approval has been obtained, if necessary
- Sufficient funds are in the approved budget line
- Subrecipients must have their own written procedures for determining costs are allowable, reasonable, allocable and necessary in accordance with Subpart E –Cost Principles and the terms and conditions of the Federal award (<u>2 CFR Part 200.302 (7)</u>). Agencies that do not have their own written policy, may adopt the OHS' Appendix B found in the Administrative Guide for Homeland Security Grants

If a subrecipient is uncertain as to whether a cost meets these requirements, please contact the OHS for clarification

PROCUREMENT REQUIREMENTS

- Subrecipient must follow their agency's procurement policy unless the State of Missouri policy is more restrictive
- If the subrecipient does not have a procurement policy, they must follow the State of Missouri procurement policy
- State of Missouri Revised Statutes Chapter 34, State Purchasing and Printing
- Missouri Rules of Office of Administration Division 40 Purchasing and Materials Management
- Cooperative Procurement Option
 - State Contracts
 - NASPO
 - GSA
 Sourcewell
 - Other cooperative contracts

If utilizing a cooperative contract, procurement documents (quotes/bids) and invoice(s) must reference the contract utilized

PROCUREMENT REQUIREMENTS

State of Missouri Procurement Guidelines

| Less than \$10,000 | \$10,000 - \$99,999 | Greater than \$100,000 |
|---|---|---|
| Purchase with prudence on the open market | Must be competitively bid Informal method is acceptable Minimum of 3 bids/quote Ex. Telephone quote, online pricing, request for quotation | Formal solicitation required Advertised in at least two daily newspapers for general circulation at least 5 consecutive days before bids are to be opened May also advertise in at least 2 weekly minority newspapers & provide through an electronic medium available to general public Post a notice in a public area of your office Solicit by mail or other reasonable methods generally available to the public OHS must approve if less than 3 bids received |

A single feasible source procurement of \$10,000.00 or more requires prior approval from the OHS

SINGLE FEASIBLE SOURCE

- Use of a single feasible source procurement of \$10,000.00 or more requires prior approval from the OHS.
- Single feasible source form can be located on the DPS website in the <u>Grant Applications and</u> <u>Forms</u> section
- If purchase is made using a single feasible source without prior approval, OHS has the right to refuse reimbursement

Non-compliance could result in the agency being listed as high risk



SINGLE FEASIBLE SOURCE

Use of single feasible source procurement is discouraged. A single feasible source procurement exists when:

- The item is available only from a single source; or
- The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation; or
- The Office of Homeland Security expressly authorizes noncompetitive proposals in response to a written request from the local agency; or

After solicitation of a number of sources, competition is determined inadequate

WHO ARE YOU DOING BUSINESS WITH?

- Subrecipients are required to verify that vendors used for grant purchases are not on either the Federal Excluded Parties List System (EPLS) or State Suspended/Debarred Vendors List
 - Federal System for Award Management
 - State of Missouri Office of Administration

Maintain a copy of a screenshot in the grant file to verify this was completed



PRIOR APPROVAL

Some items require prior approval from the OHS, including, but not limited to:

- Contracts
 - Must contain Federal Contract Provisions required by <u>2 CFR 200</u> <u>Appendix II</u>, as applicable
- Single Feasible Source over \$10,000

FEDERAL CONTRACT PROVISIONS

- All contracts must contain the Federal Contract Provisions as applicable
- Required by <u>2 CFR 200 Appendix II</u>
- During prior approval of contract, OHS will review contracts to ensure the required provisions are included

FEDERAL CONTRACT PROVISIONS

- A Contracts more than the simplified acquisition threshold (\$250,000) must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
- B Contracts in excess of \$10,000 must address termination for cause and for convenience
- C Contracts that meet the definition of federally assisted construction contract must include the equal opportunity clause
- D All prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act
- E All contracts in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with <u>40 U.S.C. 3702</u> and <u>3704</u>, as supplemented by Department of Labor regulations (<u>29 CFR Part 5</u>)
- F If entering into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the agency must comply with the requirements of <u>37 CFR Part 401</u>, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

FEDERAL CONTRACT PROVISIONS

- G Contracts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (<u>42 U.S.C. 7401-7671q</u>) and the Federal Water Pollution Control Act as amended
- H A contract award must not be made to parties listed on the governmentwide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at <u>2 CFR 180</u> that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension."
- I Byrd Anti-Lobbying Amendment (<u>31 U.S.C. 1352</u>) Contractors that apply or bid for an award exceeding \$100,000 must file the required certification.
- ► J <u>200.323 Procurement of recovered materials</u>
- K <u>200.216 Prohibition on certain telecommunications and video surveillance services or equipment</u>
- L 200.322 Domestic preferences for procurements

AUDIT REQUIREMENTS

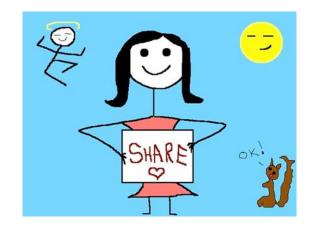
- State and local units of government, institutions of higher education, and other nonprofit institutions, must comply with the organizational audit requirements of <u>2 CFR Part 200 Subpart F</u>, Audit Requirements
 - Subrecipients who expend \$750,000 or more of federal funds during their fiscal year are required to submit a single organization-wide financial and compliance audit report (single audit) to the Federal Audit Clearinghouse within 9 months after the close of each fiscal year during the term of the award
 - Expended funds include all Federal funds, not just ARPA SLFRF CJMI funds

- Equipment is defined as tangible, personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost of \$1,000 or more
- Entities may have a lower acquisition cost in their procurement policy. If so, they MUST use the most stringent policy
- Equipment must be available for use on other projects or incidents provided it will not interfere with the work on the project for which it was originally acquired

All equipment purchased with ARPA SLFRF CJMI funds MUST be tagged
 All tags must state:

Purchased with U.S. Department of Treasury Funds

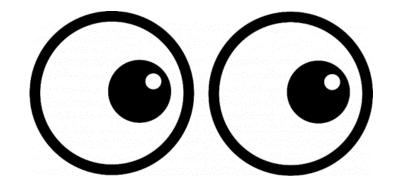
- Equipment must be used in the program or project it was acquired for as long as needed
- During the time that equipment is used on the project or program for which it was acquired, the non-Federal entity must make the equipment available for use on other projects or programs currently or previously supported by the Federal government, provided the use will not "interfere" with the work on the project or program for which it was originally acquired



- When no longer needed, the equipment may be used in other activities supported by the Federal awarding agency, in the following priority:
 - Activities from the Federal awarding agency, which funded the original project
 - Activities under Federal awards from other Federal awarding agencies
- When acquiring replacement equipment, the non-Federal entity may use the equipment to be replaced as a trade in or sell the property and use the proceeds to offset the cost of the replacement property

Subrecipients MUST:

- Have an inventory management system and maintain effective control
- Have a control system in place to prevent loss, damage, and theft
- Investigate all incidents
- Have adequate maintenance procedures to keep property in good condition



Equipment must be protected against loss, damage and theft

- Per <u>2 CFR 200.310</u>: The non-Federal entity must, at a minimum, provide the equivalent insurance coverage for real property and equipment acquired or improved with Federal funds as provided to property owned by the non-Federal entity
- Investigate all incidents of loss, damage, theft, and report to the OHS within 30 days of the incident
- Equipment must be maintained to keep it in mission capable (operational) condition

- Required to maintain inventory form for all equipment purchased with ARPA SLFRF CJMI funds
- Equipment is added to OHS inventory at the time of claim approval
- Physical inventory MUST be taken and results reconciled once every two years
 - Next inventory will be due October 1, 2024
 - OHS will send list of your agency's inventory for verification



Equipment inventory MUST be one item per line and include the following:

- Region
- County
- Fiscal Year
- Grant Program
- Grant Award Number
- Description of Equipment
- EGMS/WebGrants Line Item Number
- Manufacturer
- Model
- Identification number
- Title holder
- Quantity

- Individual Item Cost
- % of Federal Participation in the Cost
- Date of Delivery
- Physical Location (MUST be the physical address)
- Use (Local, Regional, National, Statewide)
- Readiness Condition (Mission Capable/Not Mission Capable)
- Final Disposition
- Date of Final Disposition
- Final Disposition Sale Price
- Contact Name
- Contact Email
- Contact Phone Number

- When original or replacement equipment acquired with ARPA SLFRF CJMI funds is no longer needed for the original project or program, the equipment may be retained, sold, or disposed, if it is not needed in any other ARPA SLFRF CJMI sponsored project or program
- Disposition requests should be submitted on a timely basis. Disposition requests should not be held and submitted for approval at the time of the bi-annual physical inventory

- Subrecipients must request approval from the OHS prior to disposing of equipment. Procedures in the OHS Administrative Guide for Homeland Security Grants must be followed to request equipment disposition approval. Email the Equipment Disposition Forms to Kelsey Saunders at <u>Kelsey.Saunders@dps.mo.gov</u>
- A copy of the approved Equipment Disposition Form must be maintained in the subrecipient grant file
- Equipment Disposition Form found on the OHS website in the Grant Applications and Forms section

- Equipment with a per item fair market value of less than \$5,000 may be retained, sold, or disposed with no further obligation when approval is given by OHS
- Equipment with a per item fair market value of \$5,000 or more may be retained or sold



- If sold, the Federal awarding agency is entitled to an amount calculated by multiplying the current market value or proceeds from the sale by the Federal awarding agency's percentage of participation
 - Example: Agency X wants to sell their 2009 F150, which was 50% funded with ARPA SLFRF CJMI funds and 50% funded with local funds. The fair market value for their 2009 F150 was \$6,000.00. The Federal awarding agency would be entitled to \$3,000.00 of the proceeds and the local agency would be entitled to \$3,000.00



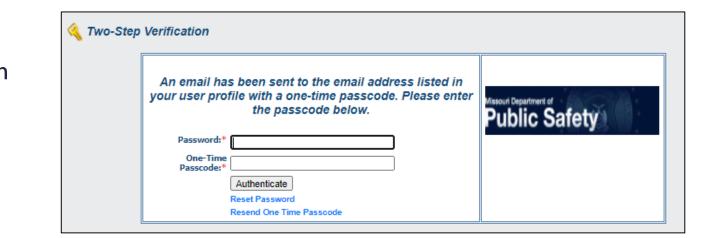
WEBGRANTS SYSTEM

WEBGRANTS

Login to the WebGrants using the same User ID and Password used when

submitting the application

| Log In | | |
|------------|--------------|--|
| User ID:• | | |
| Password:* | | |
| L | og In | |
| For | got User Id? | |
| Re | set Password | |
| | | |



Two-factor authentication

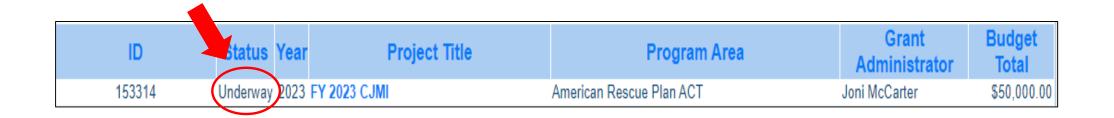
WEBGRANTS

Select "My Grants"

| Missouri Department of Public Safety | |
|---|------------------------|
| I Kenu 🧏 Help 📲 Log Out | Sav |
| Stelcome TEST TEST | |
| Main Menu Click Help above to view instructions. Go to "My Profile" to reset passe | Nord. |
| | Instructions |
| | Reviewer Instructions |
| | A My Profile |
| | Funding Opportunities |
| | Wy Applications |
| | My Grants |
| | Conflicts of Interests |
| | My Reviews |
| | |
| | |

WEBGRANTS

Select project titled "ARPA SLFRF CJMI"



WEBGRANTS

Grant Components

| Grant Components | |
|--------------------------------|-------------|
| Component | Last Edited |
| General Information | 03/28/2023 |
| Contact Information | 03/28/2023 |
| Budget | 03/28/2023 |
| Claims | |
| Correspondence | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Attachments | |
| ARPA - County Jail Maintenance | 03/28/2023 |
| Subaward Documents - Final | |
| Named Attachments - CJMI | 03/28/2023 |
| Closeout | |
| Opportunity | - |
| Application | - |

SUBAWARD AGREEMENT

- Fully-executed Subaward Agreement is located in Subaward Documents – Final Component
 - Maintain the Subaward Agreement in your grant file

| Grant Components | |
|--------------------------------|-----------|
| | Component |
| General Information | |
| Contact Information | |
| Budget | |
| Claims | |
| Correspondence | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Attachments | |
| ARPA - County Jail Maintenance | |
| Subaward Documents - Final | |
| Named Attachments - CJMI | |
| Closeout | |
| Opportunity | |
| Application | |

BUDGET

Approved budget is located in Budget Component

- Be sure to review approved budget before beginning procurement
- Ensure you are only purchasing items that are on approved budget
- Ensure you are purchasing the quantity of items that is on approved budget
- Ensure the goods/services you are purchasing are within the grant period of performance (including licenses)
 - If license spans outside the period of performance, costs will be prorated to those that fall within the period of performance
- Request Subaward Adjustment if you need to make changes to budget (i.e. change in quantity)

BUDGET

| Equipment Add | | | | | | | | |
|--|--|--------------------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------|--|--|
| All equipment items are defined as tangible property having an acquisition cost of \$1,000 or more, and a useful life of more than one year. | | | | | | | | |
| Equipment quotes may b | be uploaded in Nan | ned Attachment com | ponent of the applicati | ion. | | | | |
| Item Name: | Quantity: | Unit Cost: | Total Cost: | Local Match Amount: | Type of Match: | Federal Amount: | | |
| Body Scanner | 1.0 | \$100,000.00 | \$100,000.00 \$100,000.00 | \$50,000.00 \$50,000.00 | \$50,000.00 \$50,000.00 | | | |
| | | | | | | | | |
| Narrative Justifica | ation - Equipm | ent | | | | | | |
| Provide separate justifications for each line item being requested. Address why the requested item is necessary for the success of the proposed project. Indicate who will use the item, how the item will be used and where the item will be housed. Also provide a cost basis for the amount requested. For example: (3 mobile radios @ \$5,500.00 each). Please Note: Per the Missouri Department of Public Safety Radio Interoperability Guidelines, a quote is required for all radio interoperability equipment. | | | | | | | | |
| Please provide justification to the project. | Please provide justification for the 50% match requirement. If utilizing cash match, provide the source of the cash. If utilizing in-kind match, describe the source and how it directly relates to the project. | | | | | | | |

BUDGET

- Project Period of Performance: January 1, 2023 to June 30, 2026
- Funds must be obligated by December 31, 2024
 - Funds are considered "obligated" when a legal liability to pay a determinable sum for services or goods is incurred and will require payment during the same or future period (Goods/Services are purchased)
- Funds must be expended by June 30, 2026
 - Funds are considered "expended" when payment is made (Payment has been made for goods/services)
- Funds must be submitted for reimbursement within 45 days following the project period of performance by August 14, 2026

Information Bulletin 5: Policy on Reimbursement Requests discusses requirements for reimbursement requests

CLAIMS

|O|

- Must incur an allowable expense, make payment, and seek reimbursement within 6 months of the invoice date
- Supporting documentation must be submitted with each claim
 - Must be in one attachment and in the same order as the Expenditures Form on the reimbursement request in WebGrants
- In the Expenditure Form in WebGrants, a line must be completed for each individual expenditure
- Multiple invoices on one expenditure line will not be accepted. However, each item purchased on an invoice does not need to be listed separately unless the items are on a different line in the approved budget
- Incomplete claims could result in a delay of payment. It is the requesting agency's responsibility to complete the necessary changes

Equipment Supporting Documentation

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and <u>a per-unit acquisition cost</u> which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or <u>\$1,000</u>

- Claim in WebGrants
- Vendor Invoice
- Proof of payment (i.e., copy of cancelled check, credit card statement, bank statement)
- Proof of delivery/completion (i.e., signed packing slip, receipt, or signed statement in writing indicating items delivered)
- Purchase order, if one was created or referenced on an invoice
- Equipment Inventory Form in WebGrants must be completed for each piece of equipment
 - If you purchased more than one of the same item, they must be listed separately on the equipment inventory form

Supplies Supporting Documentation

- Claim in WebGrants
- Vendor Invoice
- Proof of Payment (i.e., copy of cancelled check, credit card statement, or bank statement)
- Proof of delivery/completion (i.e., signed packing slip, receipt, or signed statement in writing indicating items delivered)

Contractual Services Supporting Documentation

- Claim in WebGrants
- Vendor Invoice
- Proof of payment (copy of cancelled check, credit card statement, bank statement)
- Proof of delivery (signed statement in writing indicating goods/services received)
- Copy of signed contact must be submitted with first claim
- Other documentation required by contract (milestone reports, time and effort)
- **If a contractor is requiring a down payment to begin project activities, the contract must reference this requirement for payment to be considered**

In-Kind Match Supporting Documentation

- Proof of expense (vendor invoice/salary documentation/fringe benefit documentation, etc.)
- Proof of payment (copy of cancelled check, credit card statement, bank statement, payroll journal, check stub, etc.)
- Proof of delivery (signed statement in writing indicating goods/services received, signed packing slip, timesheets)

Advance Payment

- Information Bulletin 2: Policy on Advance Payment and Cash Advances discusses requirements for advance payment requests
- Advance payment is defined as funds given to a subrecipient in advance of the subrecipient incurring the debt. For example, if a subrecipient orders a piece of equipment and requests reimbursement prior to paying the vendor's invoice, receipt of funds would be considered an advance payment
- Will not provide advance payment to a subrecipient before costs have been incurred through an invoice from a vendor
 - Some situations, local cash flow makes payment for large equipment items difficult
 - OHS has agreed to accept requests for funds from subrecipients as soon as a vendor submits their invoice and the subrecipient has received goods or services
- \$2,500 minimum for subrecipients requesting a reimbursement with an advance payment

Advance Payment Supporting Documentation

- Claim in WebGrants
- Vendor Invoice
- Proof of delivery/completion (i.e., signed packing slip, receipt, or signed statement in writing indicating items delivered)
- Completed Equipment Detail Form in WebGrants, if applicable
- Required to submit proof of payment (i.e., copy of cancelled check, credit card statement, or bank statement) to the OHS within 30 days from receipt of payment
- To request, will type "Advance Payment" in the Check/EFT Number and Check/EFT Date fields in the WebGrants claim

Submitting a claim in WebGrants

 Select "Claims" component in WebGrants

| Grant Components | |
|--------------------------------|-----------|
| | Component |
| General Information | |
| Contact Information | |
| Budget | |
| Claims | |
| Correspondence | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Attachments | |
| ARPA - County Jail Maintenance | |
| Subaward Documents - Final | |
| Named Attachments - CJMI | |
| Closeout | |
| Opportunity | |
| Application | |

Select "Add"

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| <u>)</u> G | ant Trac | king | | | | | |
| Grant | :: 153314 - F | Y 2023 CJMI - 202 | 23 | | | | |
| | | Status: | Underway | | | | |
| | | Program Area: | American Rescue Pla | n ACT | | | |
| | Gr | antee Organization: | BaseLine Organizatio | n | | | |
| | | Program Officer: | Joni McCarter | | | | |
| | | Budget Total: | \$50,000.00 | | | | |
| Clain | ns | | | | | Return to Component | |
| ID | Туре | Status | Date Submitted | Date Paid | Date From-To | Claim Amount | |
| | | | | | Submitted Amount | \$0.0 | |
| | | | | | Approved Amount Paid Total | \$0.0 \$0.0 | |
| | | | | | Total | \$0.0 | |
| | | | | | 1000 | Last Edited E | |

Complete Claim General Information

- Claim Type Select "Other" in the drop-down
- Reporting Period Enter the date range for the expenses being requested
- Invoice Number Leave field blank
- Is this your Final Report
 - Select "Yes" if this is your last claim
 - Select "No" if this is not your last claim
- Select "Save"

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|---|--|
| À Grant Tracking | |
| Claim General Information | |
| To create a new Claim enter the starting date | and the ending date of the Report Period. This is the period of coverage for this Claim. |
| Claim Type:* | Other 🗸 |
| Reporting Period:* | 06/01/2023 07/31/2023 07/31/2023 |
| Invoice Number: | State Agencies Only! Drop first 3 digits of number. Leave blank if there is not an invoice number! |
| Is This Your Final Report?* | ○ Yes |

Select claim "ID" on the claim you just created

| Claims | | | | | Copy Existing Cla | im Return to Components |
|--------------|-------|---------|-------------------|--------------|-------------------------|---------------------------|
| ID | Туре | Status | Date Submitted | Date Paid | Date From-To | Claim Amount |
| 153314 - 001 | Other | Editing | | | 06/01/2023 - 07/31/2023 | \$0.00 |
| | | | | | Submitted Amount | \$0.00 |
| | | | | | Approved Amount | \$0.00 |
| | | | | | Paid Total | \$0.00 |
| | | | | | Total | \$0.00 |
| | | | | | | Last Edited By: |

- Complete all Claim Components by selecting the component
 - Expenditures
 - Reimbursement
 - Equipment Inventory
 - Other Attachments
- All components must be marked "Complete" in order to submit the claim

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|---------------------------------------|-----------------|--|
| | | |
| | | Grant Components |
| 153314-FY 2023 CJMI | | |
| Editing | | |
| American Rescue Plan ACT | | |
| BaseLine Organization | | |
| Joni McCarter | | |
| | | Preview Submi |
| nark it as complete. Click Submit whe | n you are done. | |
| | Complete? | Last Edited |
| | √ | 03/28/2023 |
| | | |
| | | |
| | | |
| | | 153314-FY 2023 CJMI Editing American Rescue Plan ACT BaseLine Organization Joni McCarter |

Expenditures Component

- Select "Add" for each expenditure to add a line to the Expenditures Form
 - In-kind match costs will also be added as an expenditure
- Complete each line of the Expenditures Form
- Select "Save" when complete

| Expenditures Mark as Complete Go to Claim Forms Add | | | | | | | | | | | | |
|---|--------|-------------|----------|--------------|-------|--------------------------|-----------------------------|-------------------------|--------------|-----------------|-----------|-------------------|
| Line Number | Payee | Description | Quantity | Unit Cost | Total | Expense Federal Total | Federal Amount Requested | Match Amount Claimed | Invoice # | Invoice Date | Check/EFT | Check/EFT Date |
| | \$0.00 | | | | | | | | | | | |

REIMBURSEMENT REQUESTS (CLAIMS) CASH MATCH

| 🍞 Menu 🧟 Help 🍟 Log Out | 🥎 Back 쵫 Print 🧼 Add 🎉 Delete 🛃 Edit 闄 Save |
|-----------------------------|---|
| 🙀 Grant Tracking | |
| Claim: 153314 - 001 | Grant Components |
| Grant: | 153314-FY 2023 CJMI |
| Status: | Editing |
| Program Area: | American Rescue Plan ACT |
| Grantee Organization: | BaseLine Organization |
| Program Manager: | Joni McCarter |
| Expenditures | |
| | 10001 - Equipment - Body Scanner - |
| | Vendor Name |
| Description* | Description of Item Purchased |
| Quantity* | |
| Unit Cost* | \$100,000.00 |
| Federal Amount Requested | \$50,000.00 |
| Invoice #* | 121345 |
| Invoice Date* | 02/15/2023 |
| Check/EFT* | 5678 |
| Check/EFT Date* | 2/30/2023 |

 The example on the slide is demonstrating expenses entered if cash match is being utilized

REIMBURSEMENT REQUESTS (CLAIMS) IN-KIND MATCH

| 🏠 Menu 🤱 Help 📲 Log Out | 🥎 Back 🖄 Print 🧼 Add 💢 Delete 🧭 Edit 腸 | Save |
|-----------------------------|--|-------|
| 🐊 Grant Tracking | | |
| Claim: 153314 - 002 | Grant Compon | nents |
| Grant: | 153314-FY 2023 CJMI | |
| Status: | Editing | |
| Program Area: | American Rescue Plan ACT | |
| Grantee Organization: | BaseLine Organization | |
| Program Manager: | Joni McCarter | |
| Expenditures | | |
| Line Number | 10002 - Equipment - Cots | |
| Payee* | Vendor Name | |
| Description* | Description of Item Purchased | |
| Quantity* | 20.0 | |
| Unit Cost* | \$100.00 | |
| Federal Amount Requested | \$2,000.00 | |
| Invoice #* | 1234 | |
| Invoice Date* | 05/01/2023 | |
| Check/EFT* | 8765 | |
| Check/EFT Date* | 5/15/2023 | |

- The example on the slide is demonstrating expenses entered if in-kind match is being utilized
- This screenshot shows an expenditure entry for the item that you have purchased.
 Federal amount requested will be the full purchase price (only if you are using in-kind match). If you are using in-kind match you will have two expenditure entries. One for the in-kind item and the other for the purchased item

REIMBURSEMENT REQUESTS (CLAIMS) IN-KIND MATCH

| 🏷 Menu 🤱 Help 🍟 Log Out | 🥎 Back 쵫 Print 🥐 Add 🗯 Delete 📝 Edit 🕌 Save |
|-----------------------------|---|
| 🙀 Grant Tracking | |
| Claim: 153314 - 002 | Grant Components |
| Grant: | 153314-FY 2023 CJMI |
| Status: | Editing |
| Program Area: | American Rescue Plan ACT |
| Grantee Organization: | BaseLine Organization |
| Program Manager: | Joni McCarter |
| Expenditures | |
| Line Number | 10003 - Equipment - Mattress |
| Payee* | Vendor Name |
| Description* | Description of item purchase for in-kind match |
| Quantity* | 10.0 |
| Unit Cost* | \$200.00 |
| Federal Amount Requested | \$0.00 |
| Invoice #* | 4321 |
| Invoice Date* | 01/15/2022 |
| Check/EFT* | 8765 |
| Check/EFT Date* | 01/30/2022 |

- The example on the slide is demonstrating expenses entered if inkind match is being utilized
- This screenshot shows
 an expenditure entry
 for the item that is
 being used as your inkind match. Federal
 amount requested will
 be zero

- Line Number select the corresponding budget line for the item that is being requested for reimbursement
- Payee enter the name of the vendor that the item was purchased from
- Description enter a description of the item purchased
- Quantity enter the quantity of the item that was purchased
- Unit Cost Cost per item
- Federal Amount Requested Total amount of funds being requested from the Federal Government
- Invoice # vendor's invoice number
- Invoice Date date on vendor's invoice
- Check/EFT Number
 - Check number used for payment to vendor **OR** EFT number for payment to vendor
 - Advance Payment
- Check/EFT Date
 - Date of check used for payment to vendor **OR** Date of EFT for payment to vendor
 - Advance Payment

- Select "Add" to add additional expenditures to the claim
- Select "Mark as Complete" after all expenditures have been added

| Expend | litures | | | | | | | Mark | as Com | plete Go | to Claim F | orms Add |
|----------------|----------------|----------------------------------|----------|--------------|--------------|--------------------------|-----------------------------------|----------------------------|--------------|-----------------|------------|-------------------|
| Line Number | Payee | Description | Quantity | Unit Cost | Total | Expense Federal Total | Federal Amount Requested | Match Amount Claimed | Invoice # | Invoice Date | Check/EFT | Check/EFT Date |
| 10001 | Vendor Name | Description of Item Purchased | 1.0 | \$100,000.00 | \$100,000.00 | \$50,000.00 | \$50,000.00 \$50,000.00 | \$50,000.00 | 121345 | 02/15/2023 | 5678 | 2/30/2023 |

REIMBURSEMENT REQUESTS (CLAIMS) CASH MATCH

- Select the "Reimbursement" Claim Component
 - Verify the amounts entered on the Expenditures Form have been transferred to the Reimbursement Form correctly
- Select "Mark as Complete"
- Cash match example:

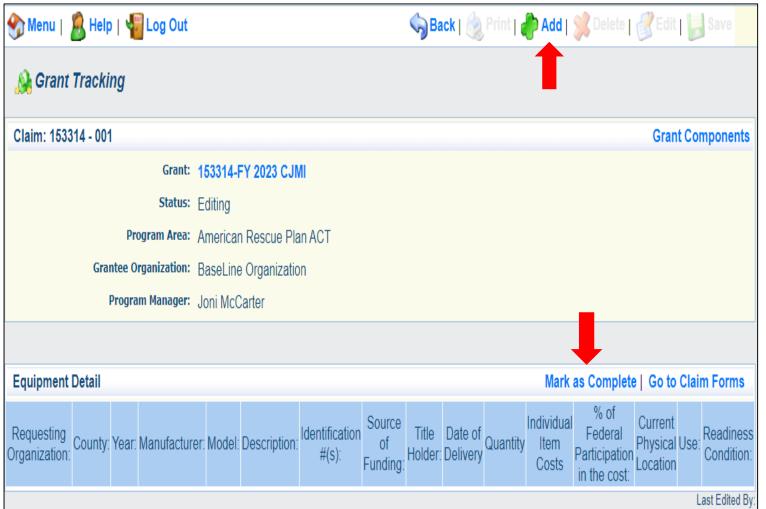
| Reimburse | ment | | | | | | | Mark a | s Comple | te Go to Cl | aim Forms |
|--------------------|----------------------------|--------------------|----------------------------|-----------------------------|-------------|----------------------------------|----------------------------------|----------------------------|----------------|-----------------------------------|---------------------|
| Budget Category | Details | Contract Budget | Expenses This Period | Prior Expenses (Paid) | lotal | Available Balance (Unpaid) | Match Expenses This Period | Prior Match Expenses | Total Match | Remaining Match Requirement | Match Percentage |
| Equipment | | | | | | | | | | | |
| Body Scanner | 10001 (Line Item Code:) | \$50,000.00 | \$50,000.00 | \$0.00 | \$50,000.00 | \$0.00 \$50,000.00 | \$50,000.00 | \$0.00 | \$50,000.00 | \$0.00 | 50.00% |
| Total | | \$50,000.00 | \$50,000.00 | \$0.00 | \$50,000.00 | \$0.00 \$50,000.00 | \$50,000.00 | \$0.00 | \$50,000.00 | \$0.00 | 50.00% |

REIMBURSEMENT REQUESTS (CLAIMS) IN-KIND MATCH

- Select the "Reimbursement" Claim Component
 - Verify the amounts entered on the Expenditures Form have been transferred to the Reimbursement Form correctly
- Select "Mark as Complete"
- In-kind match example:

| Reimburse | ment | | | | | | Creat | te New Versio | n Mark a | s Comple | te Go to Cla | aim Forms |
|--------------------|-------------------------|--------------------|----------------------------|-----------------------------|---------------|----------------------------------|-------------|----------------------------------|----------------------------|----------------|-----------------------------------|---------------------|
| Budget Category | Details | Contract Budget | Expenses This Period | Prior Expenses (Paid) | Total Paid | Available Balance (Unpaid) | | Match Expenses This Period | Prior Match Expenses | Total Match | Remaining Match Requirement | Match Percentage |
| Equipment | | | | | | | | | | | | |
| Body Scanner | 10001 (Line Item Code:) | \$50,000.00 | \$0.00 | \$0.00 | \$0.00 | \$50,000.00 | \$50,000.00 | \$0.00 | \$0.00 | \$0.00 | \$50,000.00 | |
| Cots | 10002 (Line Item Code:) | \$2,000.00 | \$2,000.00 | \$0.00 | \$2,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | .00% |
| Mattress | 10003 (Line Item Code:) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,000.00 | \$2,000.00 | \$0.00 | \$2,000.00 | \$0.00 | |
| Total | | \$52,000.00 | \$2,000.00 | \$0.00 | \$2,000.00 | \$50,000.00 | \$52,000.00 | \$2,000.00 | \$0.00 | \$2,000.00 | \$50,000.00 | 50.00% |

- Select "Equipment Inventory" Claim Component
- Select "Add" for each equipment item
- Each item needs to be entered on its own line
 - If you purchased two mobile radios, there should be one line for each radio
- Complete all fields in the Equipment Detail Form
- If no equipment is being requested for reimbursement, select "Mark as Complete"



- If equipment is requested, complete all fields in the Equipment Detail Form
- Requesting Organization Subrecipient's Organization
- Region Subrecipient's Region (MSHP Troop Boundaries)
- County Subrecipient's County
- Year Grant year the equipment was purchased (SFY 2023)
- Budget Line # Budget line number associated with the equipment
- Manufacturer Manufacturer of the equipment
- Model Model number of the equipment
- Description Description of the equipment (i.e., mobile radio, MDT)
- Identification # Unique identification numbers such as a serial number. (N/A should be annotated if there is not a unique identification number)
- Source of Funding Federal Funding utilized (ARPA SLFRF CJMI)
- Title Holder Subrecipient Organization who owns the equipment

- Date of Delivery Date equipment was delivered
- Quantity Number of equipment items purchased (should only be one per line)
- Individual Item Costs Cost of individual equipment item
- > % of Federal Participation in the Cost Percentage of cost of the equipment that is being requested
- Current Physical Location Address where the equipment is located (P.O. Box is not a physical location for the inventory)
- Equipment Contact Person (ECP) Name of person to contact regarding equipment
- ECP Phone # Phone number for equipment contact person
- ECP Email Address Email address for equipment contact person
- Use Local, regional, statewide, or national. Progressive scale. If national use is entered, it is assumed it is available at all other levels
- Readiness Condition
 - Mission capable material condition of equipment indicating it can perform at least one and potentially all of its designated missions
 - Not mission capable material condition indicating that equipment is not capable of performing any of its designated mission

Verify Equipment Detail is correct and select "Mark as Complete"

| Equipment | | | | | | | | | | | | | | | | | | ark as Complete Go to | | m Forms |
|-----------------------------|---------|---------|-------|------------------|--------------|--------------|--------------|-------------------------|--------------------------|---------------------------|---------------------|----------|----------------------------|--|---|---|----------------------|--------------------------|-------|-------------------------|
| Requesting Organization: | Region: | County: | Year: | Budget Line # | Manufacturer | Model | Description: | Identification #(s): | Source of Funding: | Title Holder: | Date of Delivery | Quantity | , Individual Item Costs | % of Federal Participatior in the cost: | Current Physical Location | Equipment Contact Person (ECP) | t ECP Phone # | ECP Email Address | Use: | Readiness Condition: |
| BaseLine Organization | F | Cole | 2023 | 10001 | ABC Company | XYZ Model | Body Scanner | 1234 | CJMI | Base Line Organization | 04/15/2023 | 1 | \$100,000.00 | 50.0% | 1101 Riverside Dr., Jefferson City, MO 65102 | Chelse Dowell | 555- 555- 5555 | chelse.dowell@dps.mo.gov | Local | Mission Capable |

- Select "Other Attachments" Claim Component
 - Select "Add" to attach supporting documentation to claim

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|--|--|----------------------------------|--|
| 🐊 Grant Tracking | | | |
| Claim: 153314 - 001 | | | Grant Components |
| Grant: | 153314-FY 2023 CJMI | | |
| Status: | Editing | | |
| Program Area: | American Rescue Plan ACT | | |
| Grantee Organization: | BaseLine Organization | | |
| Program Manager: | Joni McCarter | | |
| | | | |
| Other Attachments | | | Mark as Complete Go to Claim Forms |
| If you have no relevant and/or required docum | ents to attach, simply click "Mark as Comple | ete". | |
| To upload any relevant and/or required docum click Save. | ents, select Add from the menu toolbar, bro | wse for the document on your com | outer or disk, enter a short title in the Description box, and |
| If this document is not saved on a computer of pages, check your scanner settings to ensure | | | d to a computer file location. If the document is multiple -page scans into 1 saved document. |
| | | | ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos ent of Public Safety does not have software to open, the |
| Do not attach password protected documents | as the Print to PDF feature will not be able t | o open such file types. | |
| Description | File Name | File Size | Date Uploaded |
| | | | Last Edited By |

Select "Choose File" to locate supporting documentation on your computer

Enter a description of the attachment

| Select "Save" | 😚 Menu 🧟 Help 📲 Log Out | Save 🖓 Back 쵫 Print 🧼 Add 🛸 Delete 💰 Edit 🛃 Save |
|---------------|--|---|
| | À Claim | 1 |
| | Attach File | |
| | If you have no relevant and/or required documents to attach, simply click "Mark as Complete". | |
| | To upload any relevant and/or required documents, select Add from the menu toolbar, browse for the click Save. | ne document on your computer or disk, enter a short title in the Description box, and |
| | If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need pages, check your scanner settings to ensure the pages can be saved as one file or use a PDF me | |
| | The Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*. (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a frattachment may not be considered. | |
| | Do not attach password protected documents as the Print to PDF feature will not be able to open su | uch file types. |
| | Upload File: Choose File test.docx | |
| | Description:* Claim 1: Support Documentation | |
| | | |
| | | |

When all attachments have been added, select "Mark as Complete"

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|---|--------------------------------------|-----------------------------------|----------------------------|--|
| 🐊 Grant Tracking | | | | |
| Claim: 153314 - 001 | | | | Grant Components |
| Grant: | 153314-FY 2023 CJMI | | | |
| Status: | Editing | | | |
| Program Area: | American Rescue Plan ACT | г | | |
| Grantee Organization: | BaseLine Organization | | | |
| Program Manager: | Joni McCarter | | | |
| | | | | + |
| Other Attachments | | | Mark | as Complete Go to Claim Forms |
| If you have no relevant and/or required docum | ents to attach, simply click "Mark a | s Complete". | | |
| To upload any relevant and/or required docum click Save. | ents, select Add from the menu too | olbar, browse for the document or | n your computer or disk, e | nter a short title in the Description box, and |
| If this document is not saved on a computer of pages, check your scanner settings to ensure | | | | |
| The Department of Public Safety can support (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) at attachment may not be considered. | | | | |
| Do not attach password protected documents | | 1 21 | | |
| Descriptio | n | File Name | File Size | Date Uploaded |
| Claim 1: Support Documentation | | test.docx | 12 KB | 03/28/2023 |

When all Claim Components have been completed, select "Submit" to submit the claim to OHS

| Components | | Preview Submit |
|--|-------------------|------------------|
| Complete each component of the Claim and mark it as complete. Click Submit w | hen you are done. | |
| Name | Complete? | Last Edited |
| General Information | ✓ | 03/28/2023 |
| Expenditures | ✓ | 03/28/2023 |
| Reimbursement | ✓ | 03/28/2023 |
| Equipment Inventory | ✓ | 03/28/2023 |
| Other Attachments | ✓ | 03/28/2023 |

- Information Bulletin 8: Policy on Budget and Program Revisions Subaward Adjustments discusses Subaward Adjustments
- Budget Modifications transfer among existing budget lines within the grant budget
 - Request for budget modification must be submitted through WebGrants as a Subaward Adjustment and <u>must</u> be approved by the OHS <u>prior</u> to the subrecipient obligating or expending the grant funds
 - Choose Budget Revision in the WebGrants System
- Program Modifications
 - Request for program modifications must be submitted through WebGrants as a Subaward Adjustment and must be approved by the OHS prior to the subrecipient obligating or expending the grant funds
 - Program modifications include:
 - Changes in subrecipient staff (Authorized Officials, Project Directors, or Fiscal Officers)
 - Address change or other information in the organization component of WebGrants
 - Request to change project period of performance
 - Choose Program Revision in the WebGrants System



- Scope of Work Changes
 - Adding new line items to the approved budget
 - Changes in quantity of an existing line item in approved budget
 - Changes to specifications of existing line item (i.e., an equipment line item on the approved budget lists a 12'x 20' tent, in order to purchase a tent that is 10' x 10' instead of the listed equipment, prior approval is required
 - Choose Budget Revision in the WebGrants System
- Request for scope changes must be submitted through WebGrants as a Subaward Adjustment and must be approved by the OHS prior to the subrecipient obligating or expending the grant funds

- Submitting a Subaward Adjustment in WebGrants
 - Select "Subaward Adjustments" component in WebGrants

| Grant Components | |
|--------------------------------|-----------|
| | Component |
| General Information | |
| Contact Information | |
| Budget | |
| Claims | |
| Correspondence | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Attachments | |
| ARPA - County Jail Maintenance | |
| Subaward Documents - Final | |
| Named Attachments - CJMI | |
| Closeout | |
| Opportunity | |
| Application | |

Select "Add"

| Subaward A | djustments | | Return to Components Add |
|------------|------------|--------|----------------------------|
| ID | Туре | Status | Submitted Date |
| | | | Last Edited By: |

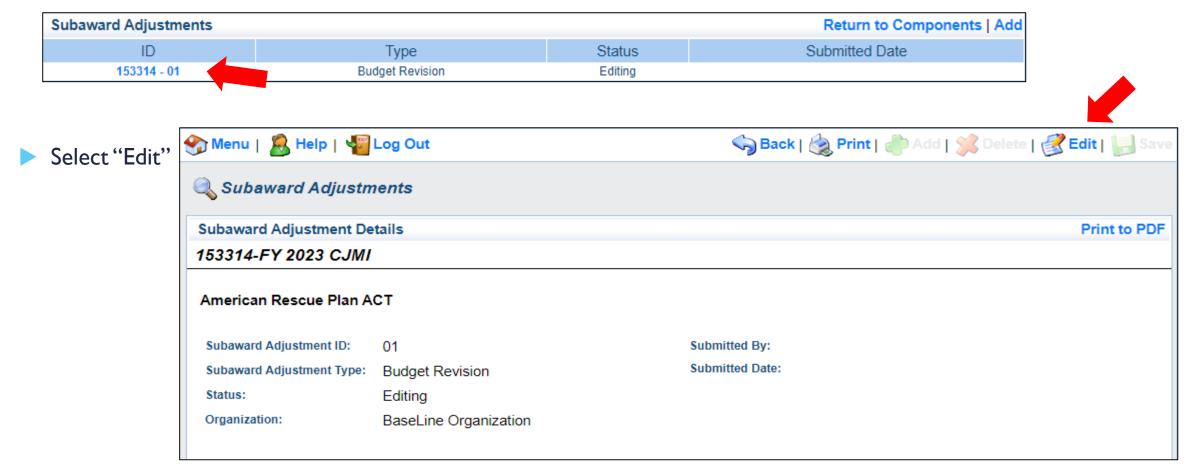
Complete General Information and select "Save"

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|---|---|
| 😪 Grant Tracking | |
| General Information | |
| Title: (limited to 250 characters)* | |
| Contract Amendment Type:* Budget Revision V | |

General Information

- Title enter a brief title
- Contract Amendment Type choose the type of adjustment being requested
 - Budget Revision
 - Program Revision

Select the "ID" of the Subaward Adjustment you just created



- Complete all Subaward Adjustment Components by selecting the Component
 - Justification
 - Budget
 - Confirmation
 - Attachments

> All components must be marked "Complete" in order to submit the Subaward Adjustment

| Components | | Preview Submit |
|---------------------|-----------|------------------|
| Name | Complete? | Last Edited |
| General Information | ✓ | 03/28/2023 |
| Justification | | |
| Budget | | |
| Confirmation | | |
| Attachments | | |

Justification Component

- Explain the requested change and the reason for the requested adjustment
- Complete Subaward Adjustment
 Spreadsheet with requested changes for budget modification
 - Copy and paste Subaward Adjustment Spreadsheet into text box
 - Will be sent at conclusion of training
 - Select "Save"

| e reason for the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the obj | ectives of |
|--|---|
| $\boxed{\square} \textcircled{\blacksquare} \bigstar \not \Rightarrow \stackrel{\mathfrak{W}}{\bullet} \mathfrak{So} \bigtriangledown \blacksquare \blacksquare \blacksquare \blacksquare \blacksquare \square \blacksquare \blacksquare \square \square$ | |
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| ste Subaward Adjustment Spreadsheet here | |
| (∎ੈ U her | In the reason for the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the object of the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the object of the requested adjustment adjustment adjustment adjustment adjustment adjustment adjustment Spreadsheet here |

Subaward Adjustment spreadsheet example

| Line Number | Current Federal Budget | Requested Change | Updated Federal Budget | Notes |
|------------------------------|----------------------------|---------------------------|----------------------------|--|
| 10001 | \$ 50,000.00 | \$ (10,000.00) | \$ 40,000.00 | Savings needed in another budget line of the project |
| 10002 | \$ 2,000.00 | \$ 10,000.00 | \$ 12,000.00 | Cost of equipment over original budget |
| | \$ 52,000.00 | \$ - | \$ 52,000.00 | |
| | | | | |
| | | | | |
| Line Number | Current Local Match Budget | Requested Change | Updated Local Match Budget | Notes |
| 10001 | \$ 50,000.00 | \$ (1,000.00) | \$ 49,000.00 | Savings needed in another budget line of the project |
| 10002 | \$ 2,000.00 | \$ 1,000.00 | \$ 3,000.00 | Cost of equipment over original budget |
| | \$ 52,000.00 | \$ - | \$ 52,000.00 | |
| | | | | |
| | Current Total Budget | Sum of Requested Change | Updated Total Budget | |
| | \$ 104,000.00 | \$ - | \$ 104,000.00 | |
| | | | | |
| Current Federal Share | Updated Federal Share | Current Local Match Share | Updated Local Match Share | |
| 50% | 50% | 50% | 50% | - a |
| | | | | |

Review "Justification Form" to ensure it is complete and accurate

Select "Mark as Complete"

| | • |
|---|---|
| Justification | Create New Version Mark as Complete Return to Components |
| Justification* | |
| Please explain the reason for the requested adjustment and include the effective date. State project. | the need for the change and how the requested revision will further the objectives of the |
| Explain the requested change and the reason for the requested adjustment | |
| Copy and paste Subaward Adjustment Spreadsheet here | |
| | Last Edited By: Chelsey Call, 04/19/2021 |

- Select "Budget" for Budget Modifications
 - Adjust the budget to mirror the complete old and new budget
 - Make sure to update the Total Federal/State Share amounts
 - The Total Local Match Share is 50% of the total cost
 - Select "Save"



Create New Version | Return to Components

Budget

The Current Budget column represents the total cost of the current subaward. Enter the total cost of each budget category as it is reflected in the current version of the Budget component. The sum of the Current Budget column should equal your current budget total.

• The Revised Amount column represents the requested, revised total cost of the budget as a result of the Subaward Adjustment. Therefore, enter the total cost of each budget category as it will be reflected in the revised version of the Budget component. The sum of the Revised Amount column should equal your revised budget total.

| Row | | Current Budget | Revised Amount | Net Change |
|-----------------------------|--------|----------------|----------------|------------|
| Personnel | | \$0.00 | \$0.00 | \$0.00 |
| Personnel Benefits | | \$0.00 | \$0.00 | \$0.00 |
| Personnel Overtime | | \$0.00 | \$0.00 | \$0.00 |
| Personnel Overtime Benefits | | \$0.00 | \$0.00 | \$0.00 |
| PRN Time | | \$0.00 | \$0.00 | \$0.00 |
| PRN Benefits | | \$0.00 | \$0.00 | \$0.00 |
| Volunteer Match | | \$0.00 | \$0.00 | \$0.00 |
| Travel/Training | | \$0.00 | \$0.00 | \$0.00 |
| Equipment | | \$104,000.00 | \$104,000.00 | \$0.00 |
| Supplies/Operations | | \$0.00 | \$0.00 | \$0.00 |
| Contractual | | \$0.00 | \$0.00 | \$0.00 |
| Renovation/Construction | | \$0.00 | \$0.00 | \$0.00 |
| Indirect Costs | | \$0.00 | \$0.00 | \$0.00 |
| | Totals | \$104,000.00 | \$104,000.00 | \$0.00 |

Federal/State and Local Match Share

The Current Budget column represents the current subaward. Enter the total federal/state share and total local match share as it is reflected in the current version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Current Budget column above.

The Revised Amount column represents the requested, revised total of the budget as a result of the Subaward Adjustment. Therefore, enter the total federal/state share and the total local match share as it will be reflected in the revised version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Revised Amount column above.

| Row | Current Budget | Current Percent | Revised Amount | Revised Percent | Net Change |
|---------------------------|----------------|-----------------|----------------|-----------------|------------|
| Total Federal/State Share | \$52,000.00 | 50.0% | \$52,000.00 | 50.0% | \$0.00 |
| Total Local Match Share | \$52,000.00 | 50.0% | \$52,000.00 | 50.0% | \$0.00 |

Ensure the "Budget" form is accurate and select "Mark as Complete"

| Budget | | Create New | Version Mark as Complete Ret | turn to Components |
|---|--------|----------------|--|----------------------|
| The Current Budget column represents the total c component. The sum of the Current Budget column sh | | | get category as it is reflected in current w | ersion of the Budget |
| The Revised Amount column represents the require category as it will be reflected in the revised version of | | | | cost of each budget |
| Row | 0 | Current Budget | Revised Amount | Net Change |
| Personnel | | \$0.00 | \$0.00 | \$0.00 |
| Personnel Benefits | | \$0.00 | \$0.00 | \$0.00 |
| Personnel Overtime | | \$0.00 | \$0.00 | \$0.00 |
| Personnel Overtime Benefits | | \$0.00 | \$0.00 | \$0.00 |
| PRN Time | | \$0.00 | \$0.00 | \$0.00 |
| PRN Benefits | | \$0.00 | \$0.00 | \$0.00 |
| Volunteer Match | | \$0.00 | \$0.00 | \$0.00 |
| Travel/Training | | \$0.00 | \$0.00 | \$0.00 |
| Equipment | | \$104,000.00 | \$104,000.00 | \$0.00 |
| Supplies/Operations | | \$0.00 | \$0.00 | \$0.00 |
| Contractual | | \$0.00 | \$0.00 | \$0.00 |
| Renovation/Construction | | \$0.00 | \$0.00 | \$0.00 |
| Indirect Costs | | \$0.00 | \$0.00 | \$0.00 |
| | Totals | \$104,000.00 | \$104,000.00 | \$0.00 |

Federal/State and Local Match Share

The Current Budget column represents the current subaward. Enter the total federal/state share and total local match share as it is reflected in the current version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Current Budget column above.

 The Revised Amount column represents the requested, revised total of the budget as a result of the Subaward Adjustment. Therefore, enter the total federal/state share and the total local match share as it will be reflected in the revised version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Revised Amount column above.

| Row | Current Budget | Current Percent | Revised Amount | Revised Percent | Net Change |
|---------------------------|----------------|-----------------|----------------|-----------------|------------------|
| Total Federal/State Share | \$52,000.00 | 50.0% | \$52,000.00 | 50.0% | \$0.00 |
| Total Local Match Share | \$52,000.00 | 50.0% | \$52,000.00 | 50.0% | \$0.00 |
| | | | | | 0.11.0.4/47/0000 |

Select "Confirmation" form

- Complete with Authorized Official's Name, Title, and Date
- Select "Save"

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|-----------------------------|--|
| 🔍 Subaward Adjustments | |
| Subaward Adjustment: 01 | |
| Grant: | 153314-FY 2023 CJMI |
| Status: | Editing |
| Program Area: | American Rescue Plan ACT |
| Grantee Organization: | BaseLine Organization |
| Program Manager: | Joni McCarter |
| Submitted Date: | |
| Confirmation | |
| | official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement o s subaward adjustment. You must include your title, full legal name, and the current date. |
| Authorized Official Name:* | Authorized Official's Name |
| Title:* | Authorized Official's Title |
| Date:* | 05/01/2023 |

Select "Mark as Complete"

| Confirmation | Mark as Complete Return to Components |
|----------------------------|---|
| | l official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of his subaward adjustment. You must include your title, full legal name, and the current date. |
| Authorized Official Name:* | Authorized Official's Name |
| Title:* | Authorized Official's Title |
| Date:* | 05/01/2023 |

Select "Attachments" form on the select select for the select select

- Select "Add"
- Attach Subaward Adjustment
 Spreadsheet
- Attachments may also include new/updated quote and other pertinent documentation

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|---|--------------------------|--|--|
| 🔍 Subaward Adjustments | | | |
| Subaward Adjustment: 01 | | | |
| Grant: | 153314-FY 2023 | JMI | |
| Status: | Editing | | |
| Program Area: | American Rescue | Plan ACT | |
| Grantee Organization: | BaseLine Organiz | tion | |
| Program Manager: | Joni McCarter | | |
| Submitted Date: | | | |
| Attachments | | Ма | ark as Complete Return to Components |
| If you have no relevant and/or required docum | ents to attach, simply o | ck "Mark as Complete". | |
| To upload any relevant and/or required docum click Save. | ents, select Add from t | e menu toolbar, browse for the document on your computer o | or disk, enter a short title in the Description box, and |
| | | et of printed paper, it will need to be scanned and saved to a as one file or use a PDF merger to combine multiple 1-page | |
| | | Vord (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *. d programs. If you attach a file type that the Department of F | |
| Do not attach password protected documents | as the Print to PDF fea | ire will not be able to open such file types. | |
| Description | | File Name | File Size |

Select "Choose File" to locate file on your computer

Enter brief description of document

Select "Save"

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|--|--|
| \lambda Subaward Adjustment | |
| Attach File | |
| If you have no relevant and/or required documents to attach, simply click | "Mark as Complete". |
| To upload any relevant and/or required documents, select Add from the m click Save. | nenu toolbar, browse for the document on your computer or disk, enter a short title in the Description box, and |
| | f printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple one file or use a PDF merger to combine multiple 1-page scans into 1 saved document. |
| | d (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos programs. If you attach a file type that the Department of Public Safety does not have software to open, the |
| Do not attach password protected documents as the Print to PDF feature | will not be able to open such file types. |
| Upload File: Choose File No file c | hosen |
| Description:* Subaward Adjustment | Spreadsheet |
| | |
| | |
| | |

After all Subaward Adjustment Components have been marked complete, select "Submit" to submit the Subaward Adjustment to the OHS

| Components | | Preview Submit |
|---------------------|-----------|------------------|
| Name | Complete? | Last Edited |
| General Information | √ | 03/28/2023 |
| Justification | ✓ | 03/28/2023 |
| Budget | ✓ | 03/28/2023 |
| Confirmation | ✓ | 03/28/2023 |
| Attachments | ✓ | 03/28/2023 |

- Status Report Due Dates
 - July 10, 2023 (January 1, 2023 – June 30, 2023)
 - January 10, 2024 (July 1, 2023 – December 31, 2023)
 - July 10, 2024 (January 1, 2024 – June 30, 2024)
 - January 10, 2025 (July 1, 2024 – December 31, 2024)
 - July 10, 2025 (January 1, 2025 – June 30, 2025)
 - January 10, 2026 (July 1, 2025 – December 31, 2025)
 - August 14, 2026 Final Report (January 1, 2026 – June 30, 2026)
- To submit Status Report, select "Status Report" component in WebGrants

| Grant Components | |
|--------------------------------|-----------|
| | Component |
| General Information | |
| Contact Information | |
| Budget | |
| Claims | |
| Correspondence | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Attachments | |
| ARPA - County Jail Maintenance | |
| Subaward Documents - Final | |
| Named Attachments - CJMI | |
| Closeout | |
| Opportunity | |
| Application | |

Status Report with milestones has already been setup and is ready to update

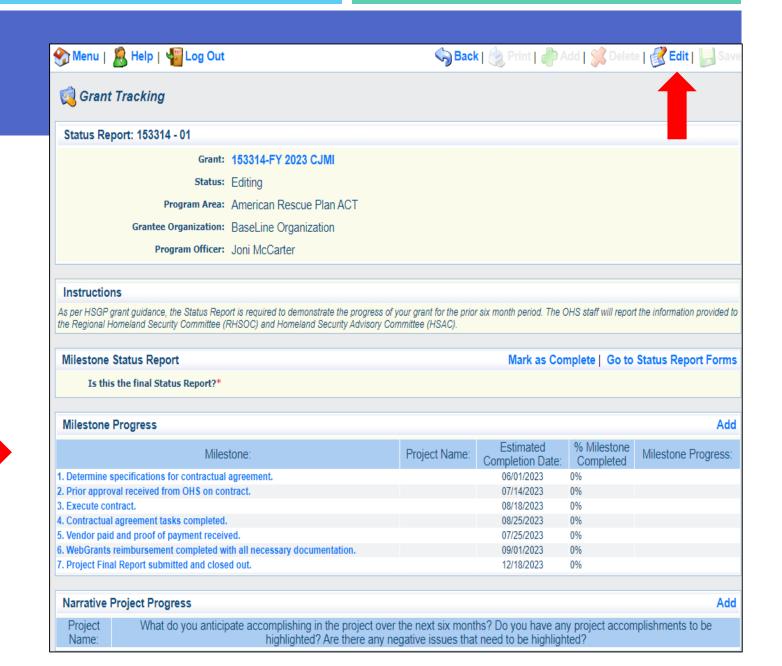
Select "ID" for Status Report that is due

| Status Reports | | | | Copy Existi | ng Status Report Schedu | ler Return to C | Components | |
|----------------|-------------|---|---|--|--|---|--|---|
| ID | Туре | Date From- | То | Due Date | Submitted Date | Arrived? | Status | |
| 153314 - 01 | Semi-Annual | 01/01/2023-06/30 | /2023 | 07/10/2023 | | - | Editing | |
| | | 🏤 Menu 🤱 Help | o 🌄 Log 🤇 | Dut | S | Back 쵫 Print | add 🐝 🕻 | Delete 🛃 Edit 📙 Save |
| Select " | ·۲-۹:+'' | 🐊 Grant Tracki | ing | | | | | 1 |
| Select | Edit | Instructions | | | | | | |
| | | sections of the Status Re grantee cannot see these the Status Report to the g the status of the Status R | port and route the notes. Version grantee. The fee Report to Withdra | e Status Report back to the s will display all component v dback text will appear at the | into a single PDF file. Edit Approval grantee for further editing. Annotation ersions that were created as a result of bottom of the Status Report and will be Report from further processing. | s allow internal staff to of the negotiation proce | add notes that are ss. Feedback allow | visible to internal staff only. The is staff to enter feedback about |
| | | Status Report Det | ails | | Print to PDF Wit | ndraw Negotiatio | n Annotation | s(0) Versions Feedback |
| | | 153314-FY 2023 | CJMI | | | | | |
| | | American Rescue | Plan ACT | | | | | |
| | | Award Year: | 2023 | | Status: | Editing | | |
| | | Subward Number: | 153314 | | Approved B | у: | | |
| | | Status Report Number: | 01 | | Approved D | ate: | | |
| | | Submitted Du | | | | | | |

Select "Milestone Progress Report"

| | Preview Submit |
|--------------------|------------------|
| when you are done. | |
| Complete? | Last Edited |
| ✓ | 10/26/2022 |
| | |

 Select "Edit" at the top of the screen to edit entire Status
 Report at once or select Milestone to edit each milestone one at a time



Is this the final Status Report?

- Select "Yes" if all project milestones have been completed and you are submitting the Final Status Report
- Select "No" if project activities are not complete and you are submitting the required semi-annual Status Report

Instructions
As per HSGP grant guidance, the Status Report is required to demonstrate the progress of your grant for the prior six month period. The OHS staff will report the information provided to the Regional Homeland Security Committee (RHSOC) and Homeland Security Advisory Committee (HSAC).

Milestone Status Report
Is this the final Status Report?* OYes ONo

Complete "Milestone Progress" section of Status Report

- Project Name Brief project name (i.e., FY 2023 Baseline Organization CJMI Grant)
- Estimated Completion Date Estimated completion date for milestone at time of status report
- % Milestone Completed Estimated % of milestone completed at time of status report
- Milestone Progress Enter pertinent notes on milestone (i.e., Specifications for mobile radio complete)

| Milestone Progress | | | |
|---|---------------------------------------|--|--|
| Milestone: | Project Name: | Estimated Miles Completion Date: Comp | |
| Determine specifications for contractual agreement. | FY23 Baseline Organization CJMI Grant | 06/01/2023 🥑 100% | Specifications for equipment determined. |
| Prior approval received from OHS on contract. | FY23 Baseline Organization CJMI Grant | 07/14/2023 🥑 30% | Bidding is complete. Working on vendor selection and ordering of equipment. |
| 3. Execute contract. | FY23 Baseline Organization CJMI Grant | 08/18/2023 🥑 0% | It is anticipated the equipment will be received, installed, tested and inventoried within 30 days of receipt. |
| Contractual agreement tasks completed. | FY23 Baseline Organization CJMI Grant | 08/25/2023 👩 0% | All tasks have been completed by the vendor. |
| 5. Vendor paid and proof of payment received. | FY23 Baseline Organization CJMI Grant | 07/25/2023 🥑 0% | The vendor will be paid within 14 days of confirmation that the equipment is operational. |
| WebGrants reimbursement completed with all necessary documentation. | FY23 Baseline Organization CJMI Grant | 09/01/2023 👩 0% | The WebGrants reimbursement will be completed with all necessary documentation within four months. |
| 7. Project Final Report submitted and closed out. | FY23 Baseline Organization CJMI Grant | 01/30/2024 🥑 0% | The final report will be finished January 30, 2024 |

Select "Save"

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|--|--|---|-------------------------------|-----------------------------|---|
| 🥵 Grant Tracking | | | | | |
| Status Report: 153314 - 01 | | | | | |
| Grant: 1 | 53314-FY 2023 CJMI | | | | |
| Status: E | diting | | | | |
| Program Area: A | merican Rescue Plan ACT | | | | |
| Grantee Organization: | aseLine Organization | | | | |
| Program Officer: J | oni McCarter | | | | |
| | | | | | |
| Instructions | | | | | |
| As per HSGP grant guidance, the Status Report is required to demo Security Advisory Committee (HSAC). | nstrate the progress of your grant for | the prior six month period. The OHS staff | will report the information p | provided to the | Regional Homeland Security Committee (RHSOC) and Homeland |
| Milestone Status Report | | | | | |
| Is this the final Status Report?* |)Yes ◉No | | | | |
| | | | | | |
| Milestone Progress | | | | | |
| Milestone: | Pro | oject Name: | Estimated Completion Date: | % Milestone Completed | Milestone Progress: |
| 1. Determine specifications for contractual agreement. | | | | | Specifications for equipment determined. |
| agi cement. | FY23 Baseline Organization | n CJMI Grant | 06/01/2023 | 100% 🗸 | |
| | | | | | |

Complete "Narrative Project Progress"

Select "Add"

| Narrative F | Project Progress Add |
|------------------|---|
| Project Name: | What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted? |
| | Last Edited By: Chelsey Call, 04/19/2021 |

Add Project Name

What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted?

| Narrative Project Progress | |
|--|---|
| Project Name:* | FY23 Baseline Organization CJMI Grant |
| What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted? | The specifications have been determined and the bid process is complete. It is anticipated that the procurement will be complete, equipment received, vendor paid, WebGrants reimbursement submitted, and final report will be submitted within the next six months. There are no negative issues to report at this time. |



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Select "Mark as Complete"

| Milestone Status Report Create New Version Mark as Complete Go to Status Report Fo | | | |
|--|-----------------------------------|------------------|---|
| To this the final Chatus Departs. No | Milestone Status Report | Create New Versi | sion Mark as Complete Go to Status Report Forms |
| is this the final Status Report?" NO | Is this the final Status Report?* | | |

Select "Submit" to submit Status Report to the OHS

| Components | | Preview Submit | |
|---|-----------|------------------|--|
| Complete each component of the status report and mark it as complete. Click Submit when you are done. | | | |
| Name | Complete? | Last Edited | |
| General Information | ✓ | 03/28/2023 | |
| Milestone Progress Report | √ | 04/10/2023 | |

- Correspondence Component of the grant should be used for contacting the OHS with questions/pertinent information regarding your grant
- Select "Correspondence" component in WebGrants

| Grant Components | |
|-----------------------------|-----------|
| | Component |
| General Information | |
| Contact Information | |
| Budget | |
| Claims | |
| Correspondence | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Attachments | |
| Project Package | |
| Subaward Documents - Final | |
| Named Attachments | |
| Closeout | |
| Opportunity | |
| Application | |

Select "Add" under Inter-System Grantee Correspondence

| Inter-System Grantee Correspondence | | | Add | |
|-------------------------------------|------|----|---------------|-----------------|
| Subject | From | То | Sent/Received | Attachments |
| | | | | Last Edited By: |

- Correspondence Component works similar to email
 - To: Select who you would like to send the message to
 - You may select multiple people by using the Ctrl function on your keyboard
 - CC:Additional people can be added to the message
 - Use a ";" between each email address added



| To:* | Chelsey Call | * |
|------|---------------|---|
| | Chelse Dowell | |
| | Joni McCarter | - |
| | | |

Enter a "Subject" for the message

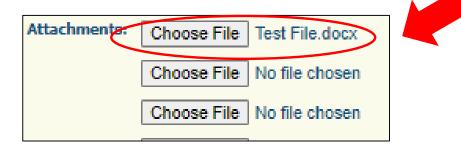
Subject:* FY23 CJMI Contract for Review

Enter all necessary information in the "Message" section

Message: Enter all necessary information here

Attach any necessary documents in the Attachments section

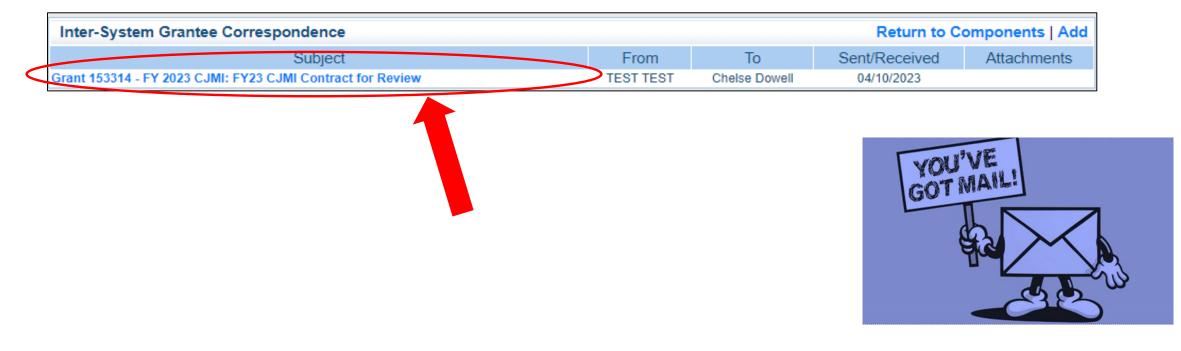
Select "Choose File" to locate document on your computer



Select "Send" to send the message to the OHS

| Correspondence | Send | |
|---|------|--|
| To:* Chelsey Call ▲ Chelse Dowell Joni McCarter ▼ | | |

- When receiving emails from WebGrants, DO NOT reply from your email
- The reply will go to a generic inbox and will cause a delay in response
- To reply to a message, select the "Subject" section inside WebGrants for the message you want to reply to



Select "Reply"

Correspondence

From: Debbie Musselman

Select who you want the reply to be sent to

- Add "Message" above the start of the original correspondence
- Add attachments, as applicable
- Select "Send"

| Correspondence | Send |
|----------------|--|
| | Chelsey Call Chelse Dowell Joni McCarter V |
| CC: | CC addresses must be entered in a valid email format. Use a semicolon (;) to separate multiple CC email addresses. |
| | RE: Grant 153314 - FY 2023 CJMI: FY23 CJMI Cont |
| Message: | Add reply to message here. |
| | *** Start Original Correspondence *** From: TEST TEST To: Chelse Dowell Date Sent: <u>04/10/2023</u> test *** End Original Correspondence *** |
| Attachments: | Choose File No file chosen |

Reply

GRANT FILE

All grant records shall be retained by the subrecipient for:

- At least 5 years from the end of the state fiscal year in which the grant closes or following notification by the awarding agency that the grant has been programmatically and fiscally closed or at least 5 years following the closure of the subrecipient's audit report covering the entire award period, whichever is later
- Subrecipient should maintain grant file with grant documentation including but not limited to:
 - I. Copy of FINAL grant application(s)
 - 2. Fully-executed Subaward Agreement
 - 3. Approved Claims
 - 4. Approved Subaward Adjustments
 - 5. Approved Status Reports

- 7. Final Status Report
- 8. Monitoring Reports
- 9. Relevant Grant Correspondence
- 10. Procurement Documents
- II. Disposition of Equipment Forms
- 2. Inventory

Grant files can be electronic – WebGrants CANNOT serve as your grant file

GRANT CLOSEOUT

Grant Period of Performance ends 06/30/2026

- Final Claims and Final Status Report are due 45 days after the end of the period of performance (08/14/2026)
- Final Claim Select "Yes" in "General Information" on the question "Is this your Final Report"

Final Status Report

- Select "Yes" on Status Report question "Is this the Final Status Report"
- In the "Narrative Project Progress" section indicate that the project is complete and this submission is the Final Status Report.
- Include amount of de-obligated funds, if applicable, in the Narrative Project Progress section

MONITORING

- Information Bulletin I: Policy on Monitoring discusses monitoring
- The OHS acts as a pass-through entity and is subject to the requirements of pass-through entities guided by 2 CFR 200
- <u>2 CFR 200.332 (d)</u> states, "All pass-through entities must monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved"
- Types of Monitoring
 - Desk Review that is completed by the OHS at the OHS' office
 - On-Site Review that is conducted by the OHS at the subrecipient's agency





MONITORING

Scheduling

- Agreed upon date between OHS and subrecipient
- Given at least 30 days notice
- Topics Covered
 - See Monitoring Information Bulletin

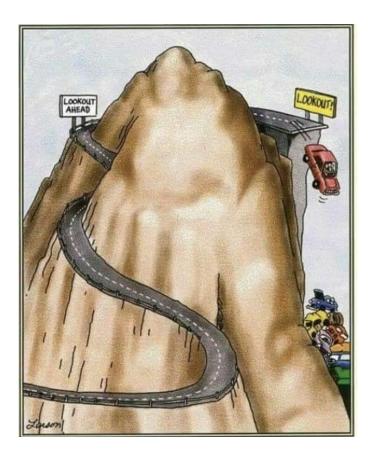
Corrective Actions

 If observations are made, at least 30 days will be allowed to complete and submit necessary corrective actions



MONITORING

- Monitoring is NOT an audit
- OHS is NOT out to catch you doing something wrong – we are there to HELP correct areas of noncompliance to prevent audit findings
- Chance to provide technical assistance and answer questions



IMPORTANT DATES

Grant Period of Performance Begin – January 1, 2023

Compliance Workshop Acknowledgement Due – April 25, 2023

Subaward Agreements Due – April 25, 2023

Status Reports Due – January 10 and July 10

Grant Period of Performance End – June 30, 2026

Final Claim and Final Status Report – August 14, 2026

QUESTIONS?



OHS CONTACTS

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Program Manager

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Kelsey Saunders DPS Grants Support Specialist (573) 522-6125 Kelsey.Saunders@dps.mo.gov