



Missouri Department of Public Safety

Criminal Justice/Law Enforcement Unit

FY2021 Deputy Sheriff Salary Supplementation Fund Program (DSSSF) Pilot Rollout January 2021

DSSSF FY 2021 Pilot Project

- In an attempt to streamline the process for the DSSSF Program, new application and claim procedures will be implemented
- The new application process will remove the unnecessary requirements, while still gathering the data necessary for the MoSMART Board to make proper funding decisions
- The new claim process will decrease the time participant employees, and DPS employees spend in processing payments
- The new budget format will eliminate the need for multiple Subaward Adjustments and Change of Information Forms

■ Pilot Budget

- Current year budgets will not be updated at this time
- Agencies will continue to charge the supplement and benefits to the applicable lines using the Expenditures section of each Claim in WebGrants
- FY2022 budgets will be streamlined with less budget lines for easier

Revised Claim Processing

- With the revised procedure for processing claims, the participant will no longer be required to submit timesheets and pay stubs for all deputies, **starting with the January 2021 claims**
- In lieu of the timesheets and pay stubs the participant will be required to provide an invoice with their claim
 - The invoice will include the following certifications:
 - I certify that the above full-time individuals have worked 30 or more hours per week or 130 hours or more per month.
 - I certify that any deputy listed above, who has worked less than 30 hours per week or less than 130 hours per month has been prorated to correct the amount.
 - I certify that the supplement(s) and benefit rate(s) listed above, for each deputy, are accurate.
 - I certify that the supplement(s) requested above have been paid to the County Deputy(s)
 - I certify that the information listed above is accurate.

DSSSF Claim Invoice

Sheriff Department

Invoice Number:

Invoice Date:

DSSF Invoice

Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Title of Deputy	Pay Period Dates(s) (Date range of Pay Period)	Unit Supplement Amount	Unit Benefit Amount	Total Supplement	Total Benefits
				\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -
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				\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -
						Total	\$ -
						Claim Total	\$ -

- I certify that the above full-time individuals have worked 30 or more hours per week or 130 hours or more per month.
- I certify that any deputy listed above, who has worked less than 30 hours per week or less than 130 hours per month has been prorated to correct the amount.
- I certify that the supplement(s) and benefit rate(s) listed above, for each deputy, are accurate.
- I certify that the supplement(s) requested above have been paid to the County Deputy(s)
- I certify that the information listed above is accurate.

Signature (Authorized Official/Project Director): _____

Date: _____

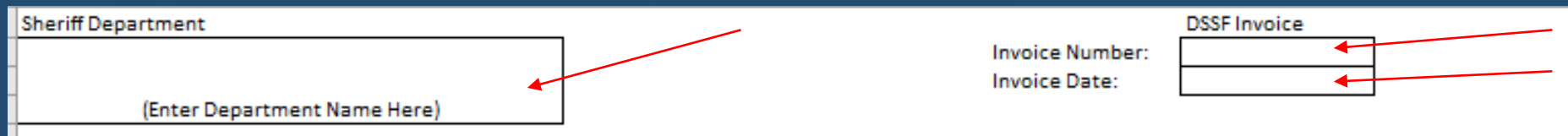
Signature (Fiscal Officer): _____

Date: _____

■ DSSSF Invoice (Cont.)

- Enter the Name of the department name (ie. Who-ville Sheriff Department)
- Enter the Invoice Number starting annually with #1
- Enter the Invoice Date

Sheriff Department		DSSF Invoice
<input type="text"/>		<input type="text"/>
(Enter Department Name Here)		<input type="text"/>

A screenshot of a form with three input fields. The first field is labeled 'Sheriff Department' and contains the placeholder text '(Enter Department Name Here)'. A red arrow points to this field from the right. The second field is labeled 'Invoice Number:' and is empty. A red arrow points to this field from the right. The third field is labeled 'Invoice Date:' and is empty. A red arrow points to this field from the right. The text 'DSSF Invoice' is positioned above the second and third fields.

■ DSSSF Claim Invoice (Cont.)

- Number of Deputies – Each line should be broken out by the number of deputies with the same supplement amount
 - If the agency has 3 road deputies at \$120.00 supplement rate they should enter 3
- Status of Employee (Full time/Prorated) – If one of the deputies is prorated they should be listed on their own individual line so they can be properly accounted for

Number of Deputy(s)	Status of Employee (Full Time/Prorated)
3	Full Time

■ DSSSF Claim Invoice (Cont.)

- Title of Deputy – This section is to assist the department in accounting for each of the deputies (Road, Jail, Sergeant)
- Pay Period Date(s) (Date range of Pay Period)
 - Enter the dates covered by the pay period
 - 07/01/2020 – 07/15/2020 or 07/01/2020 – 07/30/2020

Title of Deputy	Pay Period Dates(s) (Date range of Pay Period)
Road Deputies	07/01/20 - 07/30/20

DSSSF Claim Invoice (Cont.)

- Unit Supplement Amount
 - Enter the supplement amount, **per deputy**, per pay period for the deputy(s) listed on this line (i.e. If a deputy is entitled to a supplement of \$1,200.00 and the agency pays monthly, the amount entered should be \$100.00)
- Unit Benefit Amount
 - This is the total amount of benefits **per deputy** at the rate listed on this line (i.e. If the benefit rate total is 20% and the deputy(s) on the line receive \$100.00 then enter \$20.00)

Unit Supplement Amount	Unit Benefit Amount
\$ 100.00	\$ 20.00

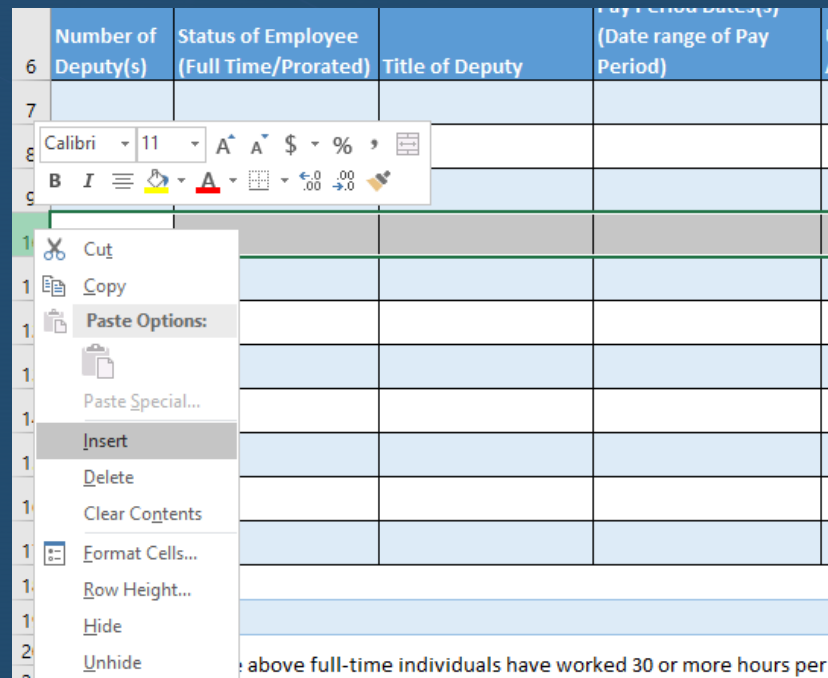
■ DSSSF Claim Invoice (Cont.)

- Total Supplement and Total Benefits will automatically calculate if you have entered the correct information in the previous cells

Total Supplement	Total Benefits
\$ 300.00	\$ 60.00

DSSSF Claim Invoice (Cont.)

- If additional lines are necessary, they can be inserted into the invoice



	Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Title of Deputy	Pay Period Dates (Date range of Pay Period)	U
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above full-time individuals have worked 30 or more hours per

■ DSSSF Claim Invoice (Cont.)

- After all deputy(s) have been entered into the invoice the total amount to be added to the claim will be listed at the bottom of the invoice

	Total Supplement	Total Benefits
Total	\$ 300.00	\$ 60.00
Claim Total		\$ 360.00

DSSSF Claim Invoice (Cont.)

- After all of the information has been entered into the invoice:
 - Print the invoice
 - Mark all Certifications
 - Have the invoice signed by the Authorized Official or Project Director, and the Fiscal Officer

	Total	\$ 300.00	\$ 60.00
	Claim Total		\$ 360.00

I certify that the above full-time individuals have worked 30 or more hours per week or 120 hours or more per month.

I certify that any deputy listed above, who has worked less than 30 hours per week or less than 120 hours per month has been prorated to correct the amount.

I certify that the supplement(s) and benefit rate(s) listed above, for each deputy, are accurate.

I certify that the supplement(s) requested above have been paid to the County Deputy(s)

I certify that the information listed above is accurate.

Signature (Authorized Official/Project Director): Example

Date: 9/28/20

Signature (Fiscal Officer): Example

Date: 9/28/20

WebGrants Claim

- Each claim will require the following Components to be completed:

Components			Preview Submit
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>			
Name	Complete?	Last Edited	
General Information	✓	09/28/2020	
Expenditures	✓	09/28/2020	
Reimbursement	✓	09/28/2020	
Attachments	✓	09/28/2020	

Expenditures Form

- The expenditure form will need to be filled out per deputy as they have been for the first 6 months of the year
 - Line Number
 - Select the corresponding budget line
 - Payee
 - Add the name of the deputy that is receiving the supplement
 - Description
 - Supplement or Benefits and date of pay period
 - Quantity
 - Use a 1 unless this claim is for multiple pay periods
 - Unit Cost
 - Amount of supplement per pay period being claimed

Expenditures Form (Cont.)

- Federal Amount Requested
 - This is the total amount of funds being requested by this line
- Invoice #
 - Can use the number of the claim being submitted, or the month
 - 1 or July
- Invoice Date
 - Date of Pay Period being claimed (07/31/2020)
- Check/EFT Number
 - Number of the payroll check used for supplement payment
- Check/EFT Date
 - Date of the payroll check used for the supplement payment

Expenditures Form (Cont.)

- Invoice # should be the invoice number listed on the invoice, first claim should be invoice #1 (January)
- Invoice Date should be the date listed at the top of the invoice

DSSF Invoice

Invoice Number:	1
Invoice Date:	9/28/20

Invoice #* 1

Invoice Date* 09/28/20

Red arrows point from the '1' and '9/28/20' in the 'DSSF Invoice' table to the 'Invoice #' and 'Invoice Date*' fields in the form below.

- Check/EFT Number and Date should be listed as N/A

09/28/20

Check/EFT Number* N/A

Check/EFT Date* N/A

Red arrows point to the 'N/A' values in both fields.

- After Completed select "Save"

lit | Save

A red arrow points to the 'Save' button.

Reimbursement Form

- Select “Reimbursement”

Components	
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>	
Name	Complete?
General Information	✓
Expenditures	✓
Reimbursement	
Attachments	

Reimbursement Form (Cont.)

- Check the Expenses This Period to ensure that the total amount matches the amount on the invoice, if they match select “Mark as Complete”

Reimbursement		Create New Version Mark as Complete Go to Claim Forms				
Budget Category	Details	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)
Personnel						
Supplement Total	Supplement Total (Description:)	\$10,000.00	\$300.00	\$0.00	\$300.00	\$9,700.00
	Sub Total:	\$10,000.00	\$300.00	\$0.00	\$300.00	\$9,700.00
Benefits						
Benefits	Benefits (Description:)	\$2,000.00	\$60.00	\$0.00	\$60.00	\$1,940.00
	Sub Total:	\$2,000.00	\$60.00	\$0.00	\$60.00	\$1,940.00
Budget Summary						
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Sub Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$12,000.00	\$360.00	\$0.00	\$360.00	\$11,640.00

Total	\$	300.00	\$	60.00
Claim Total			\$	360.00

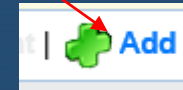
Attachments

- Select “Attachments”

Components	
Complete each component of the Claim and mark it as complete. Click Submit when you are done.	
Name	Complete?
General Information	✓
Expenditures	✓
Reimbursement	✓
Attachments	

- Upload a signed copy of the invoice

- Select “Add” and then “Browse” to locate the file on your computer
- Select “Browse” to locate the file, enter description “Invoice #1”

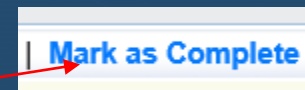
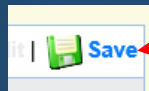


protected documents as the Print to PDF feature will not be able to open such file types.

Upload File: K:\DO_NCAP\DSSSF\2021\Pilot Project\Signed Invoice.pdf

Description: Invoice #1

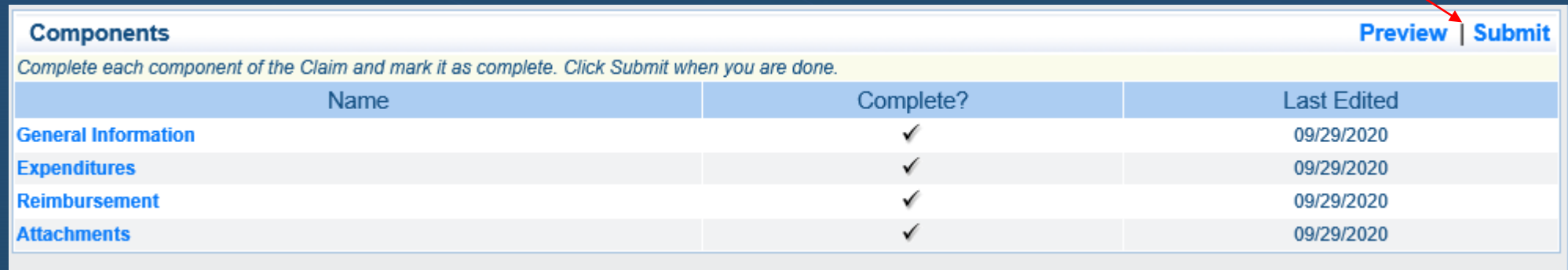
- Select “Save” and “Mark as Complete”



- When submitting the final claim also include a payroll summary report showing the supplement and benefit amounts paid for all pay periods included in the grant

Submit Claim

- When all Components have been marked complete, select “Submit”



The screenshot shows a table titled 'Components' with three columns: 'Name', 'Complete?', and 'Last Edited'. All four rows in the table have a checkmark in the 'Complete?' column. To the right of the table, there are two buttons: 'Preview' and 'Submit'. A red arrow points from the 'Submit' button towards the top right of the slide.

Components			Preview Submit
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>			
Name	Complete?	Last Edited	
General Information	✓	09/29/2020	
Expenditures	✓	09/29/2020	
Reimbursement	✓	09/29/2020	
Attachments	✓	09/29/2020	



Questions?



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