

Welcome To The Webinar!

Thank you for joining us today. We will get started shortly.

Please review a few housekeeping rules:

1. Please mute your audio. This helps to minimize the sound and interruptions. You can do this by selecting “mute” on the meeting screen.
2. You are welcome to use the chat box throughout the presentation. We will have a chat box monitor that will try to answer any questions during the presentation.
3. We will have a question and answer forum at the end of the presentation. If you have a question before the end, please utilize the chat box.
4. When we are talking or sharing our screen, please write in the chat box and let us know if you can’t hear or see something.



Deputy Sheriff Salary Supplement Fund (DSSF) Compliance Training SFY 2023

Missouri Department of Public Safety
Criminal Justice/Law Enforcement Grants
June 14, 2022

Grant Requirements



Deputy Sheriff Supplemental Salary Fund Overview

- ▶ DSSSF was created pursuant to Section 57.278 RSMo
 - ▶ Consists of monies collected from charges for services received by county sheriffs under subsection 4 of Section 57.280 RSMo
 - ▶ Counties are responsible for forwarding the applicable share of the collected monies to the state treasury
- ▶ DSSSF administered by MoSMART Board pursuant to Section 57.278 RSMo
 - ▶ Technical assistance provided by the Missouri Department of Public Safety

Grant Requirements

- ▶ Administrative Guide
 - ▶ <https://dps.mo.gov/dir/programs/cjle/documents/financial-admin-guidelines.pdf>
- ▶ Information Bulletins
 - ▶ CJ/LE-GT-2020-002 - Policy on Claim Request Requirements including DPS Reimbursement Checklist
 - ▶ CJ/LE-GT-2020-003 - Policy on Budget Modification, Program Changes, Scope of Work Changes, Subaward Adjustments, Status Reports and Return of Funds

Grant Requirements

- ▶ Subrecipients must comply with the following state statutes in order to be eligible for state funds, to include at the time of application and for the duration of the project period
 - ▶ Section 43.505 RSMo: Uniform Crime Reports (UCRs)
 - ▶ Section 590.650 RSMO: Racial Profiling Reports
 - ▶ Section 513.653 RSMo: Federal Forfeiture Report
 - ▶ Section 590.700 RSMo: Written Policy on Recording Custodial Interrogations
 - ▶ Section 43.544 RSMo (formerly 577.005 RSMo): Written Policy on Forwarding Intoxication-Related Arrest Information to the Central Repository

Audit Requirements

- ▶ An audit is required if the Subrecipient expend \$375,000 or more in state funds within the organization's fiscal year from any state source (including but not limited to DSSSF)
 - ▶ If the Subrecipient is not required to have an audit, the Subrecipient is still responsible for monitoring activities to provide reasonable assurance that the agency manages state monies in compliance with state requirements
 - ▶ If the Subrecipient is required to have an audit:
 - ▶ The audit must be performed organization-wide by an independent firm
 - ▶ The audit must be conducted with reasonable frequency, usually annual, but not less frequently than every two years
 - ▶ This doesn't mean that the audit can include every other year

Audit Requirements cont.

- ▶ State Civil Rights
 - ▶ Section 213.055 RSMo - Unlawful Employment Practices
 - ▶ May not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability in its employment practices (e.g. hiring, compensation, conditions, or privileges)
 - ▶ Section 213.065 RSMo - Discrimination in Public Accommodations
 - ▶ It is unlawful to refuse, withhold from, or deny any of the accommodations, advantages, facilities, services, or privileges made available in any place of public accommodations

Internal Controls

- ▶ Subrecipients should ensure appropriate internal controls exist for the programmatic and financial aspects of the project; this can be accomplished through, but not limited to, the following method:
 - ▶ Invoice/Spreadsheet being reviewed by both the Authorized Official or Project Director and the Fiscal Officer

Supplement Requirements

- ▶ Funds are used solely to supplement the salaries, and employee benefits resulting from such salary increases, of county deputies
- ▶ Only positions listed on the approved Budget are eligible for the supplement benefit
- ▶ Such county deputy sheriffs must be full-time, licensed Peace Officers commissioned by the employing law enforcement agency, or be full-time deputies appointed pursuant to the authority set forth in Section 57.530 RSMo

Supplement Requirements, Cont.

- ▶ Full Time is defined as:
 - ▶ Worked at least 30 hours in a week - if paid weekly or bi-weekly
 - ▶ Worked at least 130 hours in the calendar month - if paid monthly
 - ▶ If a deputy is on leave and being paid by the county those hours are considered worked
- ▶ If a deputy does not work for the required amount of hours - pro-rating is required
 - ▶ Prorating Calculation:

(Number of hours worked/Number of Hours in pay period)

* Supplement Amount = Prorated Supplement

Example: Deputy Smith gets paid \$100.00 in supplement 1 time a month, but worked 125 hours but there were 130 hours in the payroll $(120/130)*100=\$92.31$

Supplanting

- ▶ Supplanting defined: taking the place of, or replacing with something else
- ▶ DSSSF monies may be used in conjunction with other funding but shall not supplant (or replace) local funds
 - ▶ Supplanting or shifting money to avoid the issue of supplanting is strictly prohibited
 - ▶ DSSSF monies are intended to increase the amount of funds available
 - ▶ DSSSF monies must be used to supplement existing funds for salaries
- ▶ **NOTE:** Intentionally or willingly withholding salary increases from county deputies because of the DSSSF Program is considered supplanting and is unallowable. Paying the deputy additional funds but not including them in their salary is also considered supplanting. (i.e. Paying them more supplement than they are allowed by the grant)

Reporting of Supplanting

- ▶ Subrecipients, or employees of the Subrecipient, must promptly notify the MoSMART Board and/or the Missouri Department of Public Safety of any credible evidence that a Subrecipient has supplanted grant funds
- ▶ Any credible evidence will be reviewed by the MoSMART Board
- ▶ In the event it is determined the Subrecipient has supplanted funds, the MoSMART Board may take action as deemed appropriate to recover any portion of the grant funds remaining and/or an amount equal to the portion of the grant funds wrongfully supplanted
 - ▶ If circumstances raise a question of possible supplanting, the County should retain whatever documentation is produced during the ordinary course of government business that will help substantiate that supplanting has not occurred. Depending on the circumstances, relevant documents might include annual appropriations acts, executive orders directing board reductions of operating budgets, or county commission resolutions or meeting minutes concerning budget cuts and layoffs

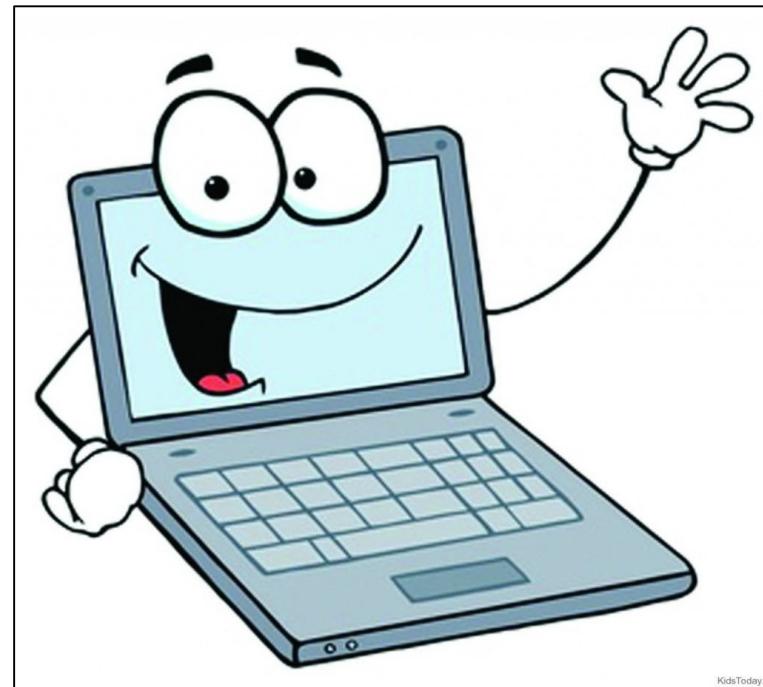
Reporting of Fraud

- ▶ Subrecipients, or employees of the Subrecipient, must promptly notify the MoSMART Board and/or the Missouri Department of Public Safety of any credible evidence that an employee, contractor, or other person has either submitted a false claim for grant funds or has committed a criminal or civil violation of laws pertaining to the fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds
- ▶ Any credible evidence will be reviewed by the MoSMART Board
- ▶ In the event it is determined the Subrecipient made false statements relating to a position and/or annual salary in order to receive funding the MoSMART Board may take action as deemed appropriate to recover any portion of the grant funds remaining and/or an amount equal to the portion of the grant funds wrongfully used

Termination of Subaward

- ▶ The MoSMART Board reserves the right to terminate any subaward entered into as a result of the approved application at their sole discretion and without penalty or recourse by giving written notice to the Subrecipient of the effective date of termination. In the event of termination, all documents, data and reports prepared by the Subrecipient under the subaward shall, at the option of the MoSMART Board, become property of the State of Missouri
- ▶ In the event the MoSMART Board determines that a Subrecipient is operating in a manner inconsistent with the provisions of the subaward or is failing to comply with the applicable state requirement governing the DSSSF monies, the MoSMART Board may permanently or temporarily terminate the subaward
- ▶ In the event a subaward is permanently terminated, the MoSMART Board may take action as deemed appropriate to recover any portion of the funds remaining and/or an amount equal to the portion of the funds wrongfully used

WebGrants



Grant Set-Up

- ▶ The grant Subaward Agreement will be available in WebGrants under Subaward Documents need Signatures
- ▶ The award must be signed by the Authorized Official
- ▶ Each page of the Articles of Agreement must be initialed by the Authorized Official
- ▶ The signed award needs to be submitted to the Missouri Department of Public Safety

Spending Grant Dollars

- ▶ Funds must be obligated within the project period and expended within 45 days following the project period end date
- ▶ Project Period: July 1, 2022 - June 30, 2023
- ▶ Final claim due August 15, 2023

Claims

- ▶ Claims must be submitted at least every 3 months
- ▶ Claims may be submitted by:
 - ▶ Per pay period
 - ▶ Monthly
 - ▶ Quarterly (every 3 months)

Claims Entry

- ▶ From Grant Components, select "Claims"

Grant Components		
	Component	Last Edited
General Information		07/06/2022
Contact Information		07/06/2022
Claims	←	
Correspondence		
Budget		07/06/2022
Subaward Adjustments		
Subaward Adjustment Notices		
Attachments		
Subaward Documents - Need Signatures		
Subaward Documents - Final		
Closeout		
Status Reports		
Opportunity		-
Application		-

Claims Entry, cont.

- ▶ The link to the current invoice is included in the Claim Instructions
- ▶ Instructions on how to complete the invoice are included on the “Invoice Instructions” tab of the spreadsheet
- ▶ The invoice is on “Invoice” tab of the spreadsheet



Grant Tracking

Claim Instructions

Instructions: Complete the **DSSSF Invoice** and submit with your claim. (Instructions on how to complete the invoice can be located on the first tab and the invoice is on the second tab)

Only benefits paid by the County may be claimed to the grant. Benefits paid by employees (example, employee paid CERF) are not eligible for reimbursement from the grant.

Please contact your Grant Specialist if you need assistance with benefit rate amounts.

If an employee is only employed for part of a supplement period their supplement must be prorated based on the % of the pay period they worked.

Employees being paid by Workman's Comp are not eligible for supplement. Employees on leave for Workman's Comp but being paid by the County are still eligible for the supplement.

The reporting period on the claim should match the dates covered by the supplement included on the invoice.

Do not include an invoice number or due date on the claim.

Final claim for the year is due July 15th.

Expenditures: enter one (1) line for the total supplement listed on the invoice, and one (1) line for the total benefits listed on the invoice.

At a minimum claims must be submitted at least one (1) time per quarter.

Claims must be submitted at a minimum of 1 per quarter.

The final claim must include a payroll summary for the entire period of the grant. (Exception: if it is easier for your agency to submit a payroll summary monthly, quarterly, or biannually those reports will be accepted in lieu of annually)

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:

Reporting Period:

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 No

Claim Entry

Sheriff's Department				Invoice Number:	DSSSF Invoice	
				Invoice Date:		
Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Pay Period Dates(s) (Date range covered by the supplement)	Unit Supplement Amount	Unit Benefit Amount	Total Supplement	Total Benefits
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	
				Total	\$ -	\$ -
				Claim Total		\$ -

- I certify 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 the supplement(s) and benefit rate(s) listed above, for each deputy, are accurate.
- I certify the supplement(s) requested above have been paid to the County Deputy(s).
- I certify the information listed above is accurate.

Printed Name (Authorized Official/Project Director): _____
Printed Title (Authorized Official/Project Director) _____

Printed Name (Authorized Official/Project Director) _____

Signature (Authorized Official/Project Director): _____

Date: _____

Printed Name (Fiscal Officer): _____
Printed Title (Fiscal Officer): _____

Digitized by srujanika@gmail.com

Signature (Fiscal Officer): _____
Date: _____

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

- ▶ DSSSF Claim Invoice
- ▶ This invoice will need to be completed and signed before claim is submitted

DSSSF Invoice

- ▶ To complete the DSSSF Invoice
 - ▶ Enter the Name of the Agency (i.e. Capital County Sheriff's Office)
 - ▶ Enter the Invoice Number starting with #1
 - ▶ The Invoice Number should start at #1 and go forward from there
 - ▶ Enter the Invoice Date
 - ▶ The Date should reflect the day which the invoice is created

The image shows a screenshot of a computer screen displaying a form titled 'DSSSF Invoice'. The form has several fields: 'Sheriff Department' with a sub-instruction '(Enter Department Name Here)', 'Invoice Number' with a sub-instruction '(Enter Invoice Number Here)', and 'Invoice Date' with a sub-instruction '(Enter Invoice Date Here)'. Red arrows point from the text instructions to the corresponding input fields. The background of the slide features a blue and white abstract geometric pattern.

Sheriff Department (Enter Department Name Here)	DSSF Invoice Invoice Number: Invoice Date:
---	---

DSSSF 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 deputies at \$100.00 supplement rate they should enter 3
 - ▶ If the agency has 2 deputies at \$100.00 supplement rate and 1 at \$150.00 supplement rate the deputies need to be entered on separate lines
- ▶ 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

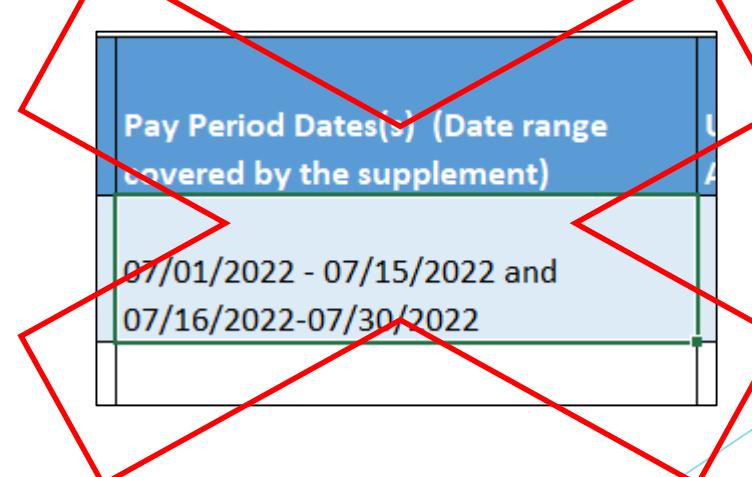
DSSSF Invoice cont.

- ▶ Pay Period Date(s) - Date should match the date range covered by the supplement.(i.e. if you are paying a full month supplement is should be listed as a month. If you are paying the supplement per pay period then the pay period dates should be listed.
 - ▶ If multiple pay periods are being claimed, they should be listed on separate lines

Correct

Pay Period Dates(s) (Date range covered by the supplement)
07/01/2022 - 07/15/2022
07/16/2022 - 07/30/2022

Incorrect



Pay Period Dates(s) (Date range covered by the supplement)
07/01/2022 - 07/15/2022 and 07/16/2022-07/30/2022

DSSSF Invoice, cont.

- ▶ Unit Supplement Amount
 - ▶ Enter the supplement amount, per deputy, per pay/supplement period for the deputy(s) listed in the budget (i.e. If the deputy is entitled to a supplement of \$1,200.00 annually, and the agency pays monthly, the amount enter should be \$100.00)

Unit Supplement Amount
\$ 100.00

DSSSF Invoice, cont.

► Unit Benefit Amount

- This is the total amount of benefits, per deputy, per pay period, at the actual benefit rate amount that the county pays (i.e. If the deputy(s) receive \$100.00 in supplement and the current benefit rates are 7.65% FICA/Medicare, 4% Cerf, 3.50% LAGERS, and 1.25% Workers Comp, total benefit rate 16.4%, the benefit amount to be the supplement $\$100.00 \times 16.40\% = \16.40)
 - It is important to know what the actual benefit rate is for each benefit that was awarded for reimbursement (i.e. FICA/Medicare, Cerf, LAGERS, and/or Workers Comp) If you need assistance ensuring you have the correct benefit amounts please contact your Grant Specialist for assistance

Unit Supplement Amount	Unit Benefit Amount
\$ 100.00	\$ 16.40

DSSSF Invoice cont.

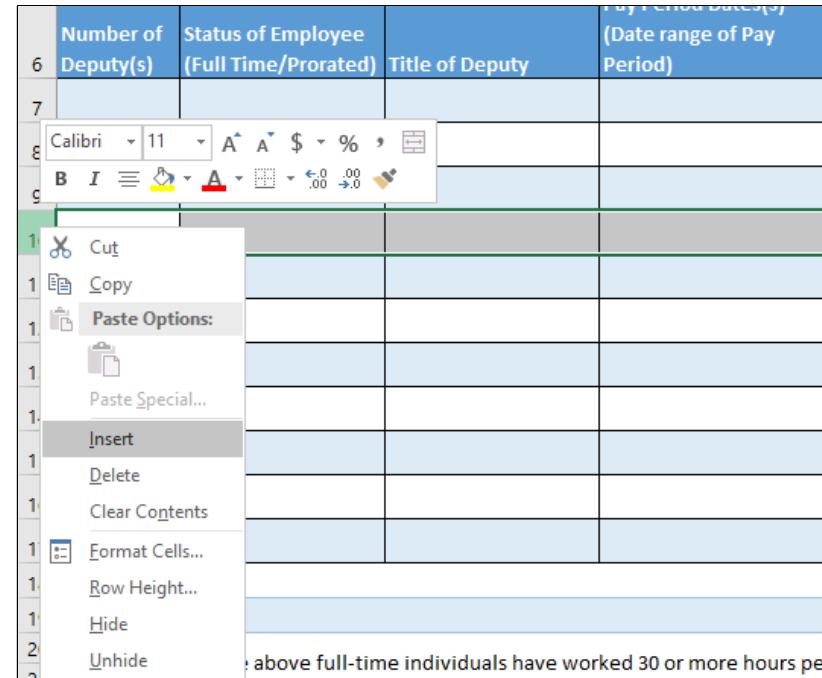
- ▶ If the correct information is entered into the previously listed cells the Total Supplement and Total Benefits will automatically calculate

Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Pay Period Dates(s) (Date range covered by the supplement)	Unit Supplement Amount	Unit Benefit Amount	Total Supplement	Total Benefits
2	Full-Time	07/01/2022 - 07/15/2022	\$ 100.00	\$ 16.40	\$ 200.00	\$ 32.80
1	Full-Time	07/16/2022 - 07/30/2022	\$ 150.00	\$ 24.60	\$ 150.00	\$ 24.60

- ▶ Do not change or remove the formulas in these cells

DSSSF Invoice cont.

- ▶ If additional lines are necessary on the Invoice, they can be inserted into the Invoice
 - ▶ Select a row, right click on the number of the selected row, then select Insert



DSSSF Invoice cont.

- After all deputy(s) have been entered onto the Invoice, the total amount to be added to the Claim (that is created in WebGrants) will be listed at the bottom of the Invoice

	Total Supplement	Total Benefits
Total	\$ 450.00	\$ 73.82
Claim Total		\$ 523.82

DSSSF Invoice cont.

- ▶ After all of the information has been entered into the Invoice:
 - ▶ Print the Invoice
 - ▶ Have the Invoice **signed and printed and all certifications marked as complete** by the Authorized Official or the Project Director and the Fiscal Officer listed in the Contact Information component in WebGrants

*** NEW* Printed Name & Title**

The names and titles may be
Typed before printing the invoice

<input type="checkbox"/> I certify the above full-time individuals have worked 30 or more hours per week or 130 hours or more per month.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> I certify the supplement(s) and benefit rate(s) listed above, for each deputy, are accurate.	
<input type="checkbox"/> I certify the supplement(s) requested above have been paid to the County Deputy(s).	
<input type="checkbox"/> I certify the information listed above is accurate.	
	Printed Name (Authorized Official/Project Director): _____
	Printed Title (Authorized Official/Project Director) _____
	Signature (Authorized Official/Project Director): _____
	Date: _____
	Printed Name (Fiscal Officer): _____
	Printed Title (Fiscal Officer) _____
	Signature (Fiscal Officer): _____
	Date: _____

Claims Entry, cont.

- ▶ After the invoice is complete return to WebGrants to enter the claim
- ▶ Select “Add” at the top of the Claim Component screen



The screenshot shows the 'Grant Tracking' interface for a grant titled 'Grant: 2023-DSSSF-Test-01 - 2023 DSSSF County Sheriff's Office - 2023'. The top navigation bar includes 'Menu', 'Help', 'Log Out', 'Back', 'Print', 'Add' (which is highlighted with a red arrow), 'Delete', 'Edit', and 'Save'. Below the navigation bar, the grant details are listed: Status: Underway, Program Area: Deputy Sheriff Salary Supplementation Fund (DSSSF), Grantee Organization: BaseLine Organization, Program Officer: Joni McCarter, and Budget Total: \$12,410.88.

Grant: 2023-DSSSF-Test-01 - 2023 DSSSF County Sheriff's Office - 2023

Status: Underway

Program Area: Deputy Sheriff Salary Supplementation Fund (DSSSF)

Grantee Organization: [BaseLine Organization](#)

Program Officer: Joni McCarter

Budget Total: \$12,410.88

Claims Entry, cont.

- ▶ Complete the Claim General Information
- ▶ Claim Type - Monthly or Other
- ▶ Claim Status - Editing
- ▶ Reporting Period - Dates(s) covered by the invoice
 - ▶ If the claim covers multiple pay periods the **From Date** should be the first date of the first pay period and **To Date** should be the last date of the last pay period
- ▶ Due date - leave blank
- ▶ Invoice Number - LEAVE BLANK
- ▶ Is this your Final Report - Select “No” on all claims until the final claim
- ▶ Select “Save”

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:

Reporting Period:

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 No

Claims Entry cont.

- ▶ Open the new claim that was created

Claims							Copy Existing Claim	Scheduler	Annotations(0)	Return to Components
ID	Type	Status	Date Submitted	Date Paid	Date From-To		Claim Amount			
2023-DSSSF-Test-01 - 001	Monthly	Submitted	07/06/2022		07/01/2022 - 07/31/2022		\$2,068.48			
		Editing					\$2,068.48			
							\$0.00			
							\$0.00			
							\$0.00			
							\$2,068.48			

- ▶ Select “Edit” at the top of the claim



Expenditure Form

- ▶ The Expenditure Form will automatically feed into the Reimbursement Form within the system
- ▶ Select Expenditures from the Claim Components
- ▶ Once the General Information component is completed, you will be returned to this screen, which outlines the other components of the Claim report.

Components			Preview Submit
Complete each component of the Claim and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
General Information	✓	07/07/2022	
Expenditures	✓	07/06/2022	
Reimbursement			
Other Attachments			

Expenditures Form cont.

- ▶ For each expenditure, select “Add”, to add a line to the Expenditure
 - ▶ Each invoice should only have two lines
 - ▶ Supplement
 - ▶ Benefits

Expenditures											Create New Version	Mark as Complete	Go to Claim Forms	Add	
Line Number	Payee	Description	Quantity	Unit Cost	Expense Total	Federal Amount Requested	Invoice #	Invoice Date	Check/EFT Number	Check/EFT Date					
						\$0.00									Last Edited By:

Expenditures cont.

- ▶ Complete each line of the Expenditure form

Expenditures	
Line Number*	<input type="text"/>
Payee*	<input type="text"/>
Description*	<input type="text"/>
Quantity*	<input type="text"/>
Unit Cost*	\$0.00
Federal Amount Requested*	\$0.00
Invoice #*	<input type="text"/>
Invoice Date*	<input type="text"/>
Check/EFT Number*	<input type="text"/>
Check/EFT Date*	<input type="text"/>

Expenditures cont.

- ▶ Line Number - this is a drop down section that will show each line of the approved budget
 - ▶ Add one line for Personnel, and one line for benefits
 - ▶ For each line select the corresponding budget line (Personnel or Benefits)

Expenditures

Line Number*	<input type="text"/>
Payee*	<input type="text"/>
Description*	1001 - Personnel - Personnel 8 Deputies 2001 - Benefits - Benefits (FICA/MEDICARE, LAGERS, WC) 29.28%
Quantity*	<input type="text"/>
Unit Cost*	\$0.00
Federal Amount Requested*	\$0.00
Invoice #*	<input type="text"/>
Invoice Date*	<input type="text"/>
Check/EFT Number*	<input type="text"/>
Check/EFT Date*	<input type="text"/>

Expenditures, cont.

Payee

- ▶ Payee
 - ▶ Add “Supplement” for the Supplement line
 - ▶ Add “Benefits” for the Benefit line
- ▶ Description
 - ▶ Supplement or Benefits and date(s) of pay period

Payee*	Supplement
Description*	/31/22

Payee*	
Description*	1/22

Expenditures, cont.

- ▶ Quantity
 - ▶ Enter 1
- ▶ Unit Cost
 - ▶ Use the total amount on the invoice
- ▶ Federal Amount Requested
 - ▶ This is the total amount of funds being requested by this line, same amount listed in the unit cost

Quantity*	1.0
Unit Cost*	\$1,600.00
Federal Amount Requested*	\$1,600.00

Total Supplement	Total Benefits
\$ 1,600.00	\$ 262.40
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ 1,600.00	\$ 262.40
	\$ 1,862.40

Expenditures cont.

- ▶ Invoice #
 - ▶ Use the Invoice Number that is listed on the DSSSF Invoice that will be attached to this claim

DSSSF Invoice	
Invoice Number:	1
Invoice Date:	8/24/22

Invoice #*	1
Invoice Date*	8/24/22
Check/EFT Number*	N/A
Check/EFT Date*	N/A

- ▶ Invoice Date
 - ▶ Use the Invoice Date of the DSSSF Invoice that will be attached to this claim
- ▶ Check/EFT Number
 - ▶ N/A
- ▶ Check/EFT Date
 - ▶ N/A

Expenditure cont.

- ▶ Select Save



- ▶ Add a second line for benefits
- ▶ When all Expenditure lines have been entered, select "Mark as Complete"

The screenshot shows a table titled 'Expenditures' with 12 columns. The columns are: Line Number, Payee, Description, Quantity, Unit Cost, Expense Total, Federal Amount Requested, Invoice #, Invoice Date, Check/EFT Number, and Check/EFT Date. There are two rows of data. The first row is for a 'Supplement' with a quantity of 1.0 and a unit cost of \$1,600.00, resulting in an expense total of \$1,600.00. The second row is for 'Benefits' with a quantity of 1.0 and a unit cost of \$468.48, resulting in an expense total of \$468.48. The total expense for both rows is \$2,068.48. A red arrow points to the 'Mark as Complete' link in the top right of the table header.

Expenditures											
Line Number	Payee	Description	Quantity	Unit Cost	Expense Total	Federal Amount Requested	Invoice #	Invoice Date	Check/EFT Number	Check/EFT Date	
1001	Supplement	8/01/2022-8/31/2022	1.0	\$1,600.00	\$1,600.00	\$1,600.00	2	9/24/22	N/A	N/A	
2001	Benefits	8/1/2022-8/31/2022	1.0	\$468.48	\$468.48	\$468.48	2	9/24/22	N/A	N/A	

Reimbursement Form

► Open Reimbursement Form

Components			Preview Submit
Complete each component of the Claim and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
General Information	✓	07/06/2022	
Expenditures	✓	07/06/2022	
Reimbursement	✓	07/06/2022	
Other Attachments			

Reimbursement Form cont.

- ▶ Verify the amounts entered on the Expenditure Form have carried over to the Reimbursement Form
- ▶ If the amounts do not match - contact a Grant Specialist for assistance
 - ▶ Select "Mark as Complete"

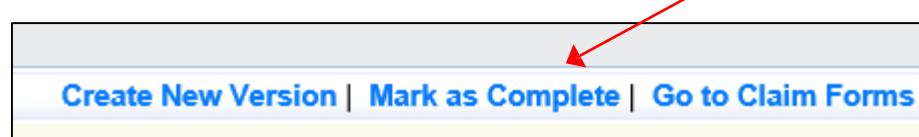
Reimbursement		Create New Version Mark as Complete Go to Claim Forms				
Budget Category	Details	Contract Budget	Expenses This Period	Prior Expenses Total (Paid)	Available Balance (Unpaid)	
Personnel						
Personnel 8 Deputies	1001 (Line Number:) Personnel 8 Deputies (Description:)	\$9,600.00	\$1,600.00	\$0.00	\$1,600.00	\$8,000.00
	Sub Total:	\$9,600.00	\$1,600.00	\$0.00	\$1,600.00	\$8,000.00
Benefits						
Benefits (FICA/MEDICARE, LAGERS, WC) 29.28%	2001 (Line Number:) Benefits (FICA/MEDICARE, LAGERS, WC) 29.28% (Description:)	\$2,810.88	\$468.48	\$0.00	\$468.48	\$2,342.40
	Sub Total:	\$2,810.88	\$468.48	\$0.00	\$468.48	\$2,342.40
Budget Summary						
	Sub Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$12,410.88	\$2,068.48	\$0.00	\$2,068.48	\$10,342.40

Attachments

► Select Attachments

Components			Preview Submit
Complete each component of the Claim and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
General Information	✓	06/01/2021	
Expenditures	✓	06/01/2021	
Reimbursement	✓	06/01/2021	
Attachments			

- Follow the instructions in WebGrants to attach the backup documentation
 - Completed/Signed Invoice
 - Payroll Summary



Submit Claim

- After all forms on the claim have been marked as complete, select "Submit"

Components			Preview Submit
Complete each component of the Claim and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
General Information	✓	07/07/2022	
Expenditures	✓	07/06/2022	
Reimbursement	✓	07/07/2022	
Other Attachments	✓	07/07/2022	

Claim Facts

- ▶ Claims may be submitted by:
 - ▶ Pay period
 - ▶ Monthly
 - ▶ Quarterly, minimum of 4 claims a year
- ▶ The previous claim submitted must be in “Paid” status before the next claim can be submitted
- ▶ Final Claim : 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.

(if it is easier for your agency to submit payroll summaries monthly, quarterly, or every 6 months those reports will be accepted in lieu of annually, please attach them to the appropriate claim, or to the final claim)

Payroll Summary

- ▶ Payroll Summary(s) must be submitted to show all supplement paid to deputies
 - ▶ The payroll summary(s) must cover the entire period of the grant.
 - ▶ The agency may submit payroll summaries monthly, quarterly, or biannually in lieu of annually
- ▶ The payroll summary(s) must be submitted in the Attachments component of the corresponding claim, or the final claim
- ▶ A payroll summary report must come from the payroll/accounting system, and must contain:
 - ▶ The payroll summary report(s) must show **each deputy** and how much supplement they were paid during the grant period

Budget

- ▶ Please review your budget to verify the information is correct

Grant Components	
Component	Last Edited
General Information	07/06/2022
Contact Information	07/06/2022
Claims	
Correspondence	
Budget ←	07/06/2022
Subaward Adjustments	
Subaward Adjustment Notices	
Attachments	
Subaward Documents - Need Signatures	
Subaward Documents - Final	
Closeout	-
Status Reports	-
Opportunity	-
Application	-

Budget cont.

- ▶ Example:
- ▶ If there are any changes needed in the budget submit a Subaward Adjustment

Personnel		Negotiate Component Create New Version Return to Components Add							
Line Number:	Description:		Supplement Amount:						
1001 Personnel 8 Deputies				\$9,600.00					
Narrative Justification - Personnel									
Applicant Agency:	Position #	Name of full time deputy:	Sum of Deputy Supplement	Sum of Benefits	Sum of Award Amount				
Acme County Sheriff	1	Nye, Bill	\$ 1,200.00	\$ 351.36	\$ 1,551.36				
	2	Man, Bat	\$ 1,200.00	\$ 351.36	\$ 1,551.36				
	3	Thunder, Thor	\$ 1,200.00	\$ 351.36	\$ 1,551.36				
	4	Schmidt, Winston	\$ 1,200.00	\$ 351.36	\$ 1,551.36				
	5	Vacant	\$ 1,200.00	\$ 351.36	\$ 1,551.36				
	6	Vacant	\$ 1,200.00	\$ 351.36	\$ 1,551.36				
	7	Vacant	\$ 1,200.00	\$ 351.36	\$ 1,551.36				
	8	Vacant	\$ 1,200.00	\$ 351.36	\$ 1,551.36				
Grand Total			\$ 9,600.00	\$ 2,810.88	\$ 12,410.88				
Benefits									
Line Number:	Description:		Benefit Amount:						
2001 Benefits (FICA/MEDICARE, LAGERS, WC)	29.28%		\$2,810.88		\$2,810.88				
Narrative Justification - Benefits									
FICA/Medicare: LAGERS: Workers Comp: Total 7.65% 19.80% 1.83% 29.28%									
Budget Summary									
Personnel Total: \$9,600.00 Benefits Total: \$2,810.88 Grant Total: \$12,410.88									

Subaward Adjustments

Grant Components	
Component	Last Edited
General Information	07/06/2022
Contact Information	07/06/2022
Claims	
Correspondence	07/07/2022
Budget	07/06/2022
Subaward Adjustments	07/06/2022
Subaward Adjustment Notices	
Attachments	
Subaward Documents - Need Signatures	
Subaward Documents - Final	
Closeout	
Status Reports	
Opportunity	
Application	



Subaward Adjustments cont.

- ▶ Subaward Adjustments are required for:
 - ▶ Budget Modifications
 - ▶ transferring funds from the existing supplemental line to a benefit line, no additional monies are available to be awarded
 - ▶ A request for a budget modification must be submitted through WebGrants as a Subaward Adjustment
 - ▶ Program Changes
 - ▶ A request for program changes must be submitted through WebGrants as a Subaward Adjustment and must be approved by DPS. Program changes include changes in Subrecipient staff, Authorized Officials, Project Directors, Fiscal Officers, and Officers in Charges. Additional changes may include address changes or any other information in the Organization component in WebGrants

Subaward Adjustments cont.

- ▶ General Information
 - ▶ Provide a brief title
 - ▶ Choose which type of Adjustment is being requested

General Information	
Title: (limited to 250 characters)*	Brief title
Contract Amendment Type: * <input checked="" type="checkbox"/> Budget Revision <input type="checkbox"/> Program Revision	

Subaward Adjustments cont.

- ▶ Subaward Components
 - ▶ General Information
 - ▶ Justification
 - ▶ Budget
 - ▶ Confirmation
 - ▶ Attachments
- ▶ Each component must have a “Check Mark” in the “Complete” column before the Adjustment can be submitted

Components	Preview Submit	
Name	Complete?	Last Edited
General Information	✓ ←	07/07/2022
Justification		
Budget		
Confirmation		
Attachments		

Budget Modifications/Scope of Work Changes

- ▶ Budget Modifications/Scope of Work Changes
 - ▶ Contact your Grant Specialist for the excel Spreadsheet that should be used OR you can create your own to mirror the example below

Budget Modifications/Scope of Work Changes cont.

- ▶ Example
 - ▶ Spreadsheet

	Line Number	Current Budget	Requested Change	Updated Budget	Description of Change
	10001	\$ 9,600.00	\$ 250.00	\$ 9,850.00	Moving money from Supplemental to Benefits to cover benefit rate increase
	20001	\$ 2,810.88	\$ (250.00)	\$ 2,560.88	
	TOTAL	\$ 12,410.88	\$ -	\$ 12,410.88	

- ▶ Justification in the WebGrants System
 - ▶ Copy the Spreadsheet into the WebGrants' Justification with the reason for the requested change

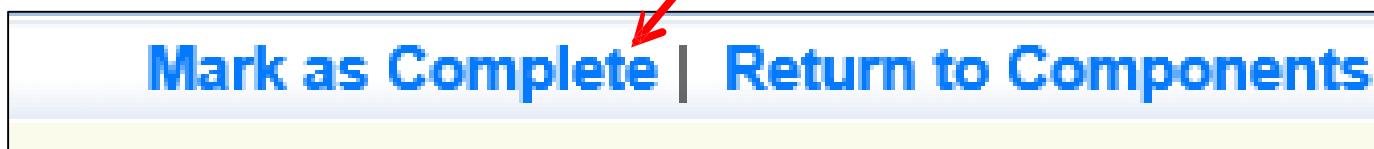
Justification					Mark as Complete Return to Components
Justification*					
<p>Please explain the reason for the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the objectives of the project.</p> <p>Moving money from Supplemental to Benefits to cover benefit rate increase</p>					
Line Number	Current Budget	Requested Change	Updated Budget	Description of Change	
1001	\$ 9,600.00	\$ 250.00	\$ 9,850.00	Moving money from Supplemental to Benefits to cover benefit rate increase	
2001	\$ 2,810.88	\$ (250.00)	\$ 2,560.88		
TOTAL	\$ 12,410.88	\$ -	\$ 12,410.88		

Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Save”



- ▶ Select “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

► Budget

Components		Preview Submit
Name	Complete?	Last Edited
General Information	✓	07/07/2022
Justification	✓	07/07/2022
Budget ←		07/07/2022
Confirmation		
Attachments		

Budget Modifications/Scope of Work Changes cont.

- ▶ Budget cont.
- ▶ Adjust the budget line to mirror the changes that are to occur

Make sure to update the Total Federal/State Share amounts!

Budget[Mark as Complete](#) | [Return to Components](#)

• 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	\$9,600.00	\$9,850.00	\$250.00
Personnel Benefits	\$2,810.88	\$2,560.88	(\$250.00)
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	\$0.00	\$0.00	\$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	\$12,410.88	\$12,410.88	\$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	\$12,410.88	100.0%	\$12,410.88	100.0%	\$0.00
Total Local Match Share	\$0.00	0%	\$0.00	0%	\$0.00



Budget Modifications/Scope of Work Changes cont.

- ▶ Budget cont.
 - ▶ Select “Save”



- ▶ Select “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

► Confirmation

Components			Preview Submit
	Name	Complete?	Last Edited
General Information		✓	07/07/2022
Justification		✓	07/07/2022
Budget		✓	07/07/2022
Confirmation		✓	
Attachments			

► Complete the form

Confirmation

Your typed name as the applicant authorized official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of the veracity of the representations made in this subaward adjustment. You must include your title, full legal name, and the current date.

Authorized Official Name:*

Title:*

Date:* 

Budget Modifications/Scope of Work Changes cont.

- ▶ Confirmation cont.
 - ▶ Select “Save”



- ▶ Select “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

► Attachments

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	07/07/2022	
Justification	✓	07/07/2022	
Budget	✓	07/07/2022	
Confirmation	✓	07/07/2022	
Attachments			

- These can include update benefit rate sheet
- Select “Save”



- Select “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Submit to submit the revision

Components		Preview Submit
Name	Complete?	Last Edited
General Information	✓	07/07/2022
Justification	✓	07/07/2022
Confirmation	✓	07/07/2022
Attachments	✓	07/07/2022

- ▶ Your Grant Specialist will receive notification that your revision has been submitted

Program Revision

- ▶ Program Revisions will be used for changes in Contact Information
 - ▶ Authorized Official, Project Director, Fiscal Officer, Officer in Charge
 - ▶ Address/Phone Number/Fax Number changes
 - ▶ Changes to positions listed on the budget

General Information	
Title: (limited to 250 characters)*	Brief Title <input type="text"/>
Contract Amendment Type: *	<input type="radio"/> Budget Revision <input checked="" type="radio"/> Program Revision

Program Revision cont.

Components			Preview Submit
	Name	Complete?	Last Edited
General Information		✓	07/07/2022
Justification			
Confirmation			
Attachments			

- ▶ Justification
 - ▶ Add text to explain what change(s) is being requested

Program Revision cont.

► Example:

Justification

Justification*

Please explain 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 objectives of the project.

The following changes have occurred:

1. Mayor, Amelia Jaegers resigned her position August 1, 2022. Becky Block took her position effective August 2, 2022. The Address and fax number will remain the same; however, the phone number needs to be changed to (573) 522-3455, and her email will be Rebecca.Block@dps.mo.gov.
2. Candy Jones, position 6 resigned from the agency effective July 28, 2022.
3. Payton Jones, was hired effective July 29, 2022 with an annual salary \$42,000. She will fill the vacant position 6 of Candy Jones.

► When requesting changes to Deputies listed on the budget please include the position number listed on the budget, name of individual, last date of employment or if it is a new hire the new hire date and their annual salary.

Position #	Name of full time deputy:
1	Nye, Bill
2	Man, Bat

Program Revision cont.

- ▶ Justification cont.
 - ▶ Select “Save”



- ▶ Select “Mark as Complete”



Program Revision cont.

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	07/07/2022	
Justification	✓	07/07/2022	
Confirmation	←		
Attachments			

Program Revision cont.

► Confirmation

Confirmation

Your typed name as the applicant authorized official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of the veracity of the representations made in this subaward adjustment. You must include your title, full legal name, and the current date.

Authorized Official Name: *

Title: *

Date: * 

► Select “Save”



[Back](#)



[Print](#)



[Add](#)



[Delete](#)



[Edit](#)



[Save](#)

► Select “Mark as Complete”

[Mark as Complete](#)

[Return to Components](#)

Program Revision cont.

- ▶ Attachments

Components			Preview Submit
	Name	Complete?	Last Edited
General Information		✓	07/07/2022
Justification		✓	07/07/2022
Confirmation		✓	07/07/2022
Attachments			

- ▶ Select “Save”



- ▶ Select “Mark as Complete”



Correspondence

- ▶ Requests may be submitted through Correspondence in the Grant Components of the WebGrants System
 - ▶ Request approvals will be sent through Correspondence as well

Grant Components	
Component	Last Edited
General Information	07/06/2022
Contact Information	07/06/2022
Claims	
Correspondence	07/06/2022
Budget	07/06/2022
Subaward Adjustments	
Subaward Adjustment Notices	
Attachments	
Subaward Documents - Need Signatures	
Subaward Documents - Final	
Closeout	
Status Reports	
Opportunity	-
Application	-

Correspondence cont.

- ▶ Create a new Correspondence

Inter-System Grantee Correspondence					Return to Components Add
Subject	From	To	Sent/Received		Attachments

- ▶ Select to whom you wish to send the Correspondence to

In the “To” drop-down list, select the individual(s) you wish to send the email to (hold CTRL on your keyboard and click with your mouse to select multiple names)

- ▶ Select “Save” to send the message

The screenshot shows a 'Correspondence' form with the following fields and their current values:

- To:** * (highlighted with a red arrow) contains "Becky Black", "Joni McCarter", and "TEST TEST".
- CC:** (highlighted with a red arrow) is empty.
- Subject:** * (highlighted with a red arrow) is empty.
- Message:** (highlighted with a red arrow) is a large text area.
- Attachments:** (highlighted with a red arrow) contains five empty 'Choose File' buttons, each with the text "No file chosen".

At the top right of the form is a "Send" button.

Correspondence cont.

- ▶ Examples of Correspondence
 - ▶ Questions pertaining to the Grant
 - ▶ For new contacts, Authorized Official, Project Director, Fiscal Officer, Officer in Charge, changes will be submitted through Subaward Adjustments - Program Change
 - ▶ **DO NOT submit Change of Information forms for deputies**
- ▶ Your Grant Specialist will receive an alert when you send correspondence through the WebGrants System.
- ▶ When you receive correspondence, it will be sent to your email from dpswebgrants@dpsgrants.dps.mo.gov
- ▶ Use the WebGrants System to reply to correspondence
 - ▶ **DO NOT REPLY TO CORRESPONDENCE FROM YOUR EMAIL**
 - ▶ If you reply from your email the correspondence will go to a generic email box instead of the Grant Specialist, and this will delay the response

Correspondence cont.

- ▶ Reply to an email
 - ▶ Select the subject of the email in blue

Inter-System Grantee Correspondence					Return to Components Add
Subject	From	To	Sent/Received	Attachments	
Grant 2023-DSSSF-Test-01 - 2023 DSSSF County Sheriff's Office: Grant 2022- DSSSF -001 - tEST	Tester2	Tester2	Becky Block	07/07/2022	

- ▶ In the open correspondence select “Reply”



Status Report

- ▶ Status Report due August 15, 2023
- ▶ Must submit an annual “Status Report” in WebGrants to provide feedback and program evaluation data for the MoSMART Board, the Missouri Department of Public Safety, and the State Legislature

Status Report, cont.

- ▶ The Status Report can be accessed from the WebGrants Grant Components

Grant Components	
Component	Last Edited
General Information	07/06/2022
Contact Information	07/06/2022
Claims	
Correspondence	07/07/2022
Budget	07/06/2022
Subaward Adjustments	
Subaward Adjustment Notices	
Attachments	
Subaward Documents - Need Signatures	
Subaward Documents - Final	
Closeout	
Status Reports	←
Opportunity	-
Application	-

Status Reports, cont.

- ▶ Select “Add”



- ▶ General Information

- ▶ Select “Annual Report”

- ▶ Report Period: 07/01/2022 - 06/30/2023

General Information

Use the drop down box to select the type of report that you want to submit. Then enter the period of time that the report will detail.

Status Report Type: *** Annual** ←

Report Period: *** 07/01/2022**  **06/30/2023**  ←
From To

Status Reports cont.

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

- ▶ Select “Save”



- ▶ Select “Mark as Complete”



Status Reports cont.

- ▶ Select “Save”



- ▶ Select “Mark as Complete”



- ▶ Select “Submit”

Components		Preview Submit
<i>Complete each component of the status report and mark it as complete. Click Submit when you are done.</i>		
Name	Complete?	Last Edited
General Information	✓	07/07/2022
Evaluation	✓	07/07/2022

MoSMART Board Members

- ▶ Sheriff Randee M. Kaiser - Chairman
- ▶ Sheriff Michael Bonham - Vice-Chair
- ▶ Sheriff Jim C. Arnott - Secretary
- ▶ Sheriff Katy McCutcheon
- ▶ Sheriff Kerrick Alumbaugh
- ▶ Missouri Boards & Commissions Page:
 - ▶ <https://boards.mo.gov/UserPages/Board.aspx?316>

Contacts

For assistance, please contact your Grant Specialist

- ▶ Amelia Jaegers - Grant Specialist
Amelia.Jaegers@dps.mo.gov
(573) 522-4094
- ▶ Becky Block - Grant Specialist
Rebecca.Block@dps.mo.gov
(573) 522-3455
- ▶ Liz Leuckel- Grant Specialist
Elizabeth.Leuckel@dps.mo.gov
(573) 751-1318
- ▶ Michelle Branson - Program Specialist
Michelle.Branson@dps.mo.gov
(573) 526-9014
- ▶ Joni McCarter - Program Manager
Joni.McCarter@dps.mo.gov
(573) 526-9020