

2025 Deputy Sheriff Salary Supplement Fund (DSSSF) Compliance Training

Missouri Department of Public Safety
Criminal Justice/Law Enforcement Grants
July 1, 2024

Grant Requirements



Deputy Sheriff Supplemental Salary Fund Overview

- ▶ DSSSF was created pursuant to [Section 57.278 RSMo](#)
 - ▶ Consists of money 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 money to the state treasury
- ▶ DSSSF is administered by MoSMART Board pursuant to Section [57.278 RSMo](#)
 - ▶ Technical assistance provided by the Missouri Department of Public Safety

Grant Requirements

- ▶ Administrative Guide

- ▶ [Missouri Department of Public Safety | DSSSF \(mo.gov\)](#)

- ▶ 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 cont.

- ▶ Recipients must comply with the following state statutes to be eligible for state funds, at the time of application and for the duration of the project period
 - ▶ [Section 43.505 RSMo](#): National Incident-Based Reporting System (NIBRS)
 - ▶ [Section 590.650 RSMo](#): Vehicle Stops 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
 - ▶ [Section 43.1265 RSMo](#): Police Use of Force Transparency Act of 2021
 - ▶ [Section 590.030 RSMo](#): Rap Back Program Participation

State Civil Rights Requirements

- ▶ State Civil Rights

- ▶ [Section 213.055 RSMo](#): Unlawful Employment Practices

- May not discriminate because 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

- ▶ Recipients 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, which is reviewed by both the Authorized Official the 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 a week - if paid weekly or bi-weekly
 - ▶ Worked at least 130 hours in the calendar month - if paid monthly
 - ▶ Hours are considered worked if a deputy is on paid leave which is paid by the county
- ▶ If a deputy does not work for the required number 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 $(125/130)*100=\$96.15$

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

- ▶ Recipients, or employees thereof, must promptly notify the MoSMART Board and/or the Missouri Department of Public Safety of any credible evidence that a recipient has supplanted grant funds
- ▶ The MoSMART Board will review any credible evidence
- ▶ In the event a recipient is determined to have 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

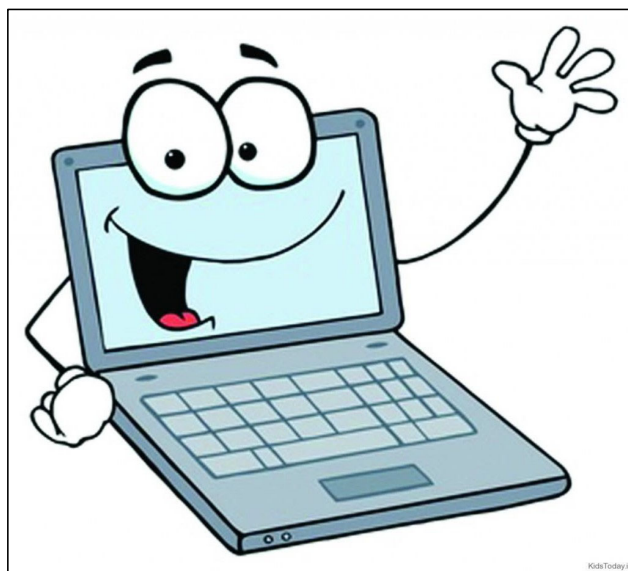
Reporting of Fraud

- ▶ Recipients, or employees thereof, 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
- ▶ The MoSMART Board will review any credible evidence
- ▶ In the event it is determined the recipient 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 Award

- ▶ The MoSMART Board reserves the right to terminate any award entered into resulting from an approved application, at their sole choice and without penalty or recourse, by issuing written notice to the recipient of the effective date of termination. In the event of termination, all documents, data, and reports prepared by the recipient under the award shall, at the option of the MoSMART Board, become property of the State of Missouri
- ▶ In the event the MoSMART Board determines that a recipient is operating in a manner inconsistent with the provisions of the award or is failing to comply with the applicable state requirement governing the DSSSF monies, the MoSMART Board may permanently or temporarily terminate the award
- ▶ In the event an award 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 Award Agreement was made available in WebGrants under “Award Documents - Need Signatures”
- ▶ The Authorized Official must be the individual to sign this award
- ▶ The Authorized Official must initial each page of the Articles of Agreement
- ▶ The signed award should then be submitted to the Missouri Department of Public Safety

Spending Grant Dollars

- ▶ Funds must be obligated within the project period and expended within 15 days following the project period end date
- ▶ Project Period: July 1, 2024 - June 30, 2025
- ▶ Final claim due July 15, 2025
- ▶ Status Report due July 15, 2025

Claims

- ▶ Claims must be submitted a minimum of every 3 months
- ▶ Claims may be submitted by:
 - ▶ Per pay period
 - ▶ Monthly
 - ▶ Quarterly (every 3 months)

Claims Entry

- ▶ From Grant Components, select "Claims"

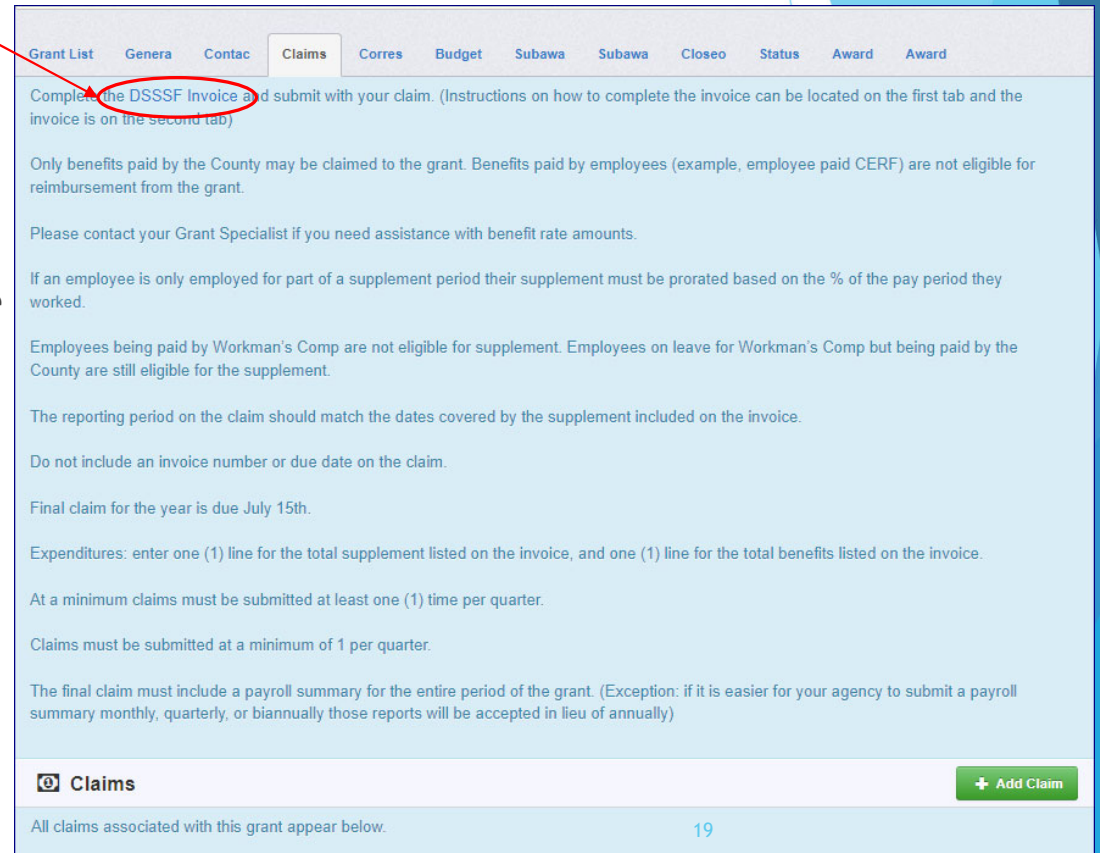
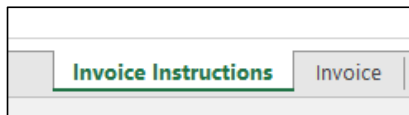
☰ Grant Components Preview Grant

The grant forms appear below.
Your grant award details are saved here, as well as many forms which may be used to manage your grant.

| Component | Last Edited |
|-----------------------------------|---|
| General Information | May 28, 2024 8:10 AM - Michelle Branson |
| Contact Information | |
| Claims ← | |
| Correspondence | |
| Budget | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Closeout | |
| Status Reports | |
| Award Documents - Need Signatures | |
| Award Documents - Final | |
| Funding 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 also included on the “Invoice Instructions” tab of the spreadsheet
- ▶ The fillable invoice form can be found on the “Invoice” tab of the spreadsheet

A screenshot of a web application interface for Claims Entry. The interface has a navigation bar at the top with tabs: Grant List, Genera, Contac, Claims, Corres, Budget, Subawa, Subawa, Closeo, Status, Award, Award. The 'Claims' tab is selected and highlighted. Below the navigation bar, there is a main content area with the following text:

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)

At the bottom of the main content area, there is a section titled 'Claims' with a '+ Add Claim' button. Below this section, it says 'All claims associated with this grant appear below.' and the page number '19' is displayed.

Claim Entry cont.

- ▶ The DSSSF Claim Invoice must be completed and signed before submitting a claim

| Sheriff's Department _____ | | | | DSSSF Invoice Invoice Number: _____ 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 |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
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| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | 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): _____
 Signature (Authorized Official/Project Director): _____
 Date: _____

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

DSSSF Invoice

- ▶ How 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

| Sheriff's Department <input style="width: 100%; height: 20px;" type="text"/> | | | | DSSSF Invoice Invoice Number: <input style="width: 80%; height: 20px;" type="text"/> Invoice Date: <input style="width: 80%; height: 20px;" type="text"/> | | |
|---|--|---|---------------------------|---|------------------|----------------|
| 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 |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |
| | | | | | \$ - | \$ - |

DSSSF Invoice cont.

- ▶ Number of Deputies - Each line should be grouped 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) - In order to properly account for prorated deputies, they should be listed on their own

| 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
 - ▶ If you are paying the supplement once per month, the invoice pay period should be listed as a month
 - ▶ If you are paying the supplement once per pay period, the pay period dates should be listed separately
 - ▶ If multiple pay periods are being claimed, they should be listed on separate lines

Correct

| Pay Period Date(s) (Date range covered by the supplement) | U | A |
|---|---|---|
| 01/01/2024 - 01/31/2024 | | |
| 01/22/2024 - 02/21/2024 | | |
| 01/01/2024 - 01/15/2024 | | |
| 01/16/2024 - 01/31/2024 | | |
| 01/01/2024 - 01/15/2024 | | |
| 01/16/2024 - 01/31/2024 | | |
| 02/01/2024 - 02/15/2024 | | |
| 02/16/2024 - 02/29/2024 | | |
| 03/01/2024 - 03/15/2024 | | |
| 03/16/2024 - 03/31/2024 | | |

Incorrect

| Pay Period Date(s) (Date range covered by the supplement) | U | A |
|---|---|---|
| 01/01/2024 - 01/15/2024 and 01/16/2024 - 01/31/2024 | | |
| Quarter 1 | | |
| 01/01/2024 - 03/31/2024 | | |

DSSSF Invoice cont.

- ▶ Unit supplement amount
 - ▶ Enter the supplement amount **per deputy** per pay/supplement period for the deputy(s) listed in the budget
 - ▶ A deputy with an annual supplement amount of \$1,500.00, and the agency pays monthly, the amount entered should be \$125.00

| 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 |
|---------------------|---|--|------------------------|---------------------|------------------|----------------|
| 1 | Full Time | 01/01/2025-01/31/2025 | \$ 125.00 | | \$ 125.00 | \$ - |
| | | | | | \$ - | \$ - |
| 1 | Full Time | 01/01/2025-01/15/2025 | \$ 62.50 | | \$ 62.50 | \$ - |
| 1 | Full Time | 1/16/2025-01/31/2025 | \$ 62.50 | | \$ 62.50 | \$ - |
| | | | | | \$ - | \$ - |

DSSSF Invoice cont.

- ▶ Unit benefit amount
 - ▶ The total amount of benefits **per deputy**, per pay period, at the actual benefit rate amount paid by the county
 - ▶ This may not be the same amount deducted from the deputies' salary, (employee paid)
- ▶ An example total benefit calculation is provided on the next side

| 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 |
|---------------------|---|--|------------------------|---------------------|------------------|----------------|
| 1 | Full Time | 01/01/2025-01/31/2025 | \$ 125.00 | \$ 20.50 | \$ 125.00 | \$ 20.50 |
| | | | | | \$ - | \$ - |
| 1 | Full Time | 01/01/2025-01/15/2025 | \$ 62.50 | \$ 10.25 | \$ 62.50 | \$ 10.25 |
| 1 | Full Time | 1/16/2025-01/31/2025 | \$ 62.50 | \$ 10.25 | \$ 62.50 | \$ 10.25 |

DSSSF Invoice cont.

- ▶ Example total benefit rate calculation using example rates and a supplement amount of \$125.00
 - ▶ Per deputy, the county paid:
 - 7.65% FICA/Medicare
 - 4% Cerf
 - 3.50% LAGERS
 - + 1.25% Workers Comp
 - ▶ total benefit rate would be 16.4%
- ▶ (The total benefit rate) x (the supplement amount) = (the total benefit amount)
 - ▶ $\$125.00 \times 16.40\% = \20.50
- ▶ It is important to know what benefits and at what rate were applied for and awarded
- ▶ If you need assistance ensuring you have the correct benefit amounts, please contact your Grant Specialist for assistance

DSSSF Invoice cont.

- ▶ The invoice's total Supplement and Total Benefits columns auto-calculate based on the information provided in the preceding cells

| 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 |
|---------------------|---|--|------------------------|---------------------|------------------|----------------|
| 1 | Full Time | 01/01/2025-01/31/2025 | \$ 125.00 | \$ 20.50 | \$ 125.00 | \$ 20.50 |
| | | | | | \$ - | \$ - |
| 1 | Full Time | 01/01/2025-01/15/2025 | \$ 62.50 | \$ 10.25 | \$ 62.50 | \$ 10.25 |
| 1 | Full Time | 1/16/2025-01/31/2025 | \$ 62.50 | \$ 10.25 | \$ 62.50 | \$ 10.25 |

- ▶ Do not change or remove the formulas in these cells!
- ▶ If these appear incorrect, corrections should be made to the number of deputies, unit supplement amount, and unit benefit amount

DSSSF Invoice cont.

- ▶ Insert additional invoice lines if necessary
 - ▶ Select a row number to highlight the entire row
 - ▶ Right-click over the row number, then select insert

The screenshot shows an Excel spreadsheet with a table. The table has four columns: 'Number of Deputy(s)', 'Status of Employee (Full Time/Prorated)', 'Title of Deputy', and 'Pay Period Dates (Date range of Pay Period)'. The rows are numbered 6 through 9. A context menu is open over row 1, with the 'Insert' option selected. The menu options include Cut, Copy, Paste Options, Paste Special..., Insert, Delete, Clear Contents, Format Cells..., Row Height..., Hide, and Unhide. The 'Insert' option is highlighted in grey. The spreadsheet also shows a ribbon with the 'Home' tab selected, displaying various formatting options like font face (Calibri), size (11), bold, italic, and text color.

| | Number of Deputy(s) | Status of Employee (Full Time/Prorated) | Title of Deputy | Pay Period Dates (Date range of Pay Period) |
|---|---------------------|---|-----------------|---|
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 1 | | | | |
| 2 | | | | |
| 2 | | | | |

DSSSF Invoice cont.

- ▶ The total amount of Supplement and Benefits are auto-calculated at the bottom of the invoice
- ▶ The numbers displayed here, after all entries for the current claim have been made, will be the amounts used in WebGrants

| 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 |
|---------------------|---|--|------------------------|---------------------|-------------------------|------------------|
| 1 | Full Time | 01/01/2025-01/31/2025 | \$ 125.00 | \$ 20.50 | \$ 125.00 | \$ 20.50 |
| | | | | | \$ - | \$ - |
| 1 | Full Time | 01/01/2025-01/15/2025 | \$ 62.50 | \$ 10.25 | \$ 62.50 | \$ 10.25 |
| 1 | Full Time | 1/16/2025-01/31/2025 | \$ 62.50 | \$ 10.25 | \$ 62.50 | \$ 10.25 |
| | | | | | Total Supplement | \$ 250.00 |
| | | | | | Total Benefits | \$ 41.00 |
| | | | | | Claim Total | \$ 291.00 |

Total Claim for Reimbursement

DSSSF Invoice cont.

- ▶ After all entries have been made, print the invoice
- ▶ Have the invoice **signed and certified** by the Authorized Official or the Project Director and the Fiscal Officer listed in the Contact Information component in WebGrants
 - ▶ Certification is achieved by marking all certification boxes as complete

These boxes must be checked upon signing the invoice for it to be considered valid

The names and titles may be typed before printing the invoice

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): _____

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
- ▶ On the “Claims” component, under the instructions, select “Add Claim”

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)

Claims + Add Claim

All claims associated with this grant appear below.

| ID | Type | Status | Start Date | End Date | Last Submitted Date | Paid Date | Claim Amount |
|----------------------------|------|--------|------------|----------|---------------------|--------------------------|--------------|
| No data available in table | | | | | | | |
| | | | | | | Submitted Amount: | \$0.00 |
| | | | | | | Approved Amount: | \$0.00 |
| | | | | | | Awaiting Payment Amount: | \$0.00 |
| | | | | | | Paid Amount: | \$0.00 |
| | | | | | | Total Amount: | \$0.00 |

← Previous Next →

Claims Entry cont.

Complete the claim General Information:

- ▶ Claim Type - Monthly or Other
- ▶ Reporting Period - Dates(s) covered by the invoice
 - ▶ Start Date: first date of the first pay period
 - ▶ End Date: last date of the last pay period
- ▶ Select “No” on “Final Request?” on all claims until the final claim
- ▶ Invoice Number - **LEAVE BLANK**
- ▶ Select “Save Form”

General Information - Claim - Edit Save Form

In the form below, complete all required fields. Enter the report period of coverage for this claim. All expenses reported on this claim should have been incurred during this period of time. If this is the last claim that will be submitted for this grant, then the Final Request checkbox should be checked.

Examples Quarterly Reporting Period: 1/1 - 3/31, 4/1 - 6/30, 7/1 - 9/30, and 10/1 - 12/31

Status*:
Type*: Monthly ▾
Due Date:
Report Period*: 07/01/2024 07/31/2024
Start Date End Date
Final Request?*: Yes No
Click Yes if this is the final request
Invoice Number:
State Agencies Only! Drop first 3 digits of number. Leave blank if there is not an invoice number!

Red arrows point from the list on the left to the following fields in the form: Type*, Report Period*, Final Request?*, and Invoice Number.

Claims Entry cont.

- ▶ Open the new claim that was created, by selecting the hyperlinked claim ID

Claims + Add Claim

All claims associated with this grant appear below.

| ID | Type | Status | Start Date | End Date | Last Submitted Date | Paid Date | Claim Amount |
|-----------------------------|---------|-----------|------------|------------|---------------------|-----------|--------------|
| 28126 - 001 | Monthly | Submitted | 07/01/2024 | 07/31/2024 | Aug 6, 2024 1:38 PM | | \$100.00 |
| 28126 - 002 | Monthly | Editing | 07/01/2024 | 07/31/2024 | | | \$0.00 |

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



Details of Expenditure form

- ▶ Once the General Information component is completed, you will be returned to a screen which outlines the other components of the Claim report.
- ▶ Select “Detail of Expenditures” from the claim components

| Component | Complete? | Last Edited |
|-----------------------|-----------|-----------------------------------|
| General Information | ✓ | May 28, 2024 11:01 AM - TEST TEST |
| Detail of Expenditure | | - |
| Other Attachments | | - |

Details of Expenditures form cont.

- ▶ Select “Add Row” to add an expenditure line



The screenshot shows a web interface for budget management. At the top right, there is a green button labeled "+ Add Row" with a red arrow pointing to it. Below this is a table with the following structure:

| Budget Line Label | Description | Cost | Expense Total |
|---------------------------|-------------|------|---------------|
| No Data for Table | | | |
| + Add Row | | | |

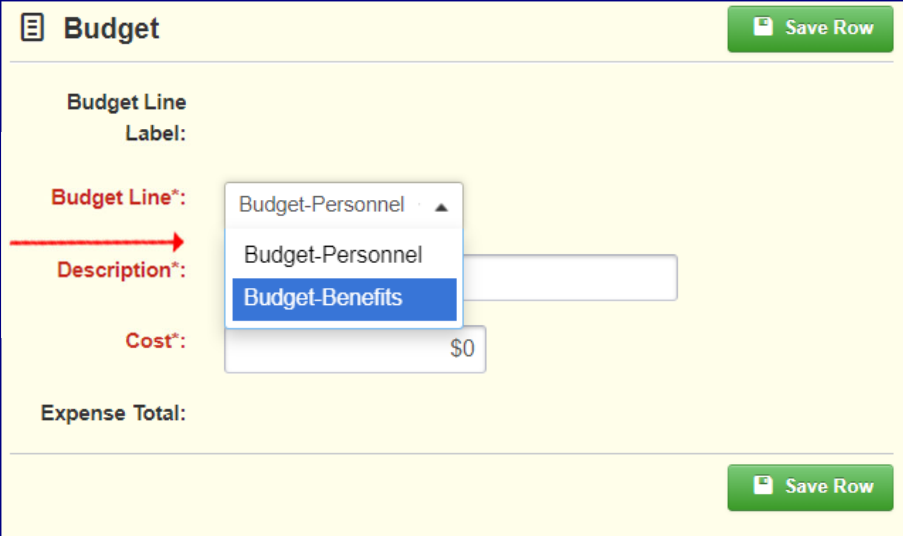
Below the first table is a section titled "Reimbursement" with a grid icon. It contains a table with the following data:

| Budget Category | Subaward Budget | Expenses This Period | Prior Expenses (Paid) | Total | Available Balance (Unpaid) |
|-----------------|-----------------|----------------------|-----------------------|--------|----------------------------|
| Budget Lines | | | | | |
| | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

- ▶ NOTE: Once you have selected a row and saved, you cannot change. You will have to delete row and readd if you selected the wrong dropdown.

Details of Expenditures cont.

- ▶ Complete each line of the Expenditure form
 - ▶ Budget Line
 - ▶ Only approved budget lines will show in the drop-down menu
 - ▶ Select the budget line you wish to enter



The screenshot shows a web form titled "Budget" with a "Save Row" button in the top right corner. The form contains several fields:

- Budget Line Label:** A text input field.
- Budget Line*:** A dropdown menu with "Budget-Personnel" selected. A red arrow points to this field.
- Description*:** A text input field.
- Cost*:** A text input field containing "\$0".
- Expense Total:** A text input field.

At the bottom right of the form, there is another "Save Row" button.

Expenditures cont.

- ▶ Complete each line of the Expenditure form
 - ▶ Description
 - ▶ Enter either “Supplement” or “Benefits” followed by the date(s) of pay period from the completed invoice

Budget Delete Row Save Row

Budget Line Label:

Budget Line*: Budget-Personnel ←

Description*: Personnel 06/01/2024 - 06/30/2024 ←

Cost*: \$0.00

Expense Total:

Save Row

Budget Save Row

Budget Line Label:

Budget Line*: Budget-Benefits ←

Description*: Benefits 06/01/2024 - 06/30/2024 ←

Cost*: \$0

Expense Total:

Save Row

Expenditures cont.

- ▶ Cost
 - ▶ The total cost of the corresponding expenditure budget line
 - ▶ Amounts should be taken from the invoice

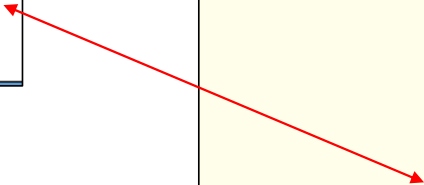
| Total Supplement | Total Benefits |
|------------------|----------------|
| \$ 125.00 | \$ 20.50 |
| \$ - | \$ - |
| \$ 62.50 | \$ 10.25 |
| \$ 62.50 | \$ 10.25 |
| \$ - | \$ - |
| \$ 250.00 | \$ 41.00 |
| | \$ 291.00 |

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: | <input type="text" value="1"/> |
| Invoice Date: | <input type="text" value="2/7/25"/> |

| Budget | |
|--------------------|---|
| Budget Line Label: | |
| Line Number: | |
| Budget Line*: | <input type="text" value="Budget-Personnel"/> |
| Description*: | <input type="text" value="Supplement 07/01/2024-07/30/2024"/> |
| Invoice Number: | <input type="text" value="1"/> |
| Cost*: | <input type="text" value="250.00"/> |
| Expense Total: | |



Expenditures cont.

- ▶ **Cost:** Enter the total amount of Supplement or Benefit listed on the Invoice, whichever applies

Budget

Budget Line Label:

Line Number::

Budget Line*: Budget-Personnel

Description*: Supplement 07/01/2024-07/30/2024

Invoice Number: 1

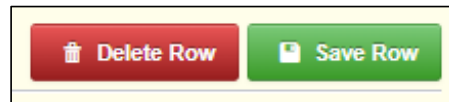
Cost*: 250.00

Expense Total:

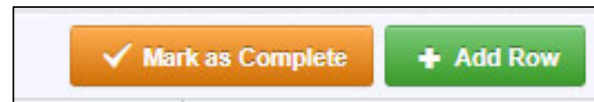
| Total Supplement | Total Benefits |
|------------------|----------------|
| \$ 125.00 | \$ 20.50 |
| \$ - | \$ - |
| \$ 62.50 | \$ 10.25 |
| \$ 62.50 | \$ 10.25 |
| \$ - | \$ - |
| \$ 250.00 | \$ 41.00 |
| | \$ 291.00 |

Detail of Expenditure cont.

- ▶ Select "Save Row"



- ▶ Select "Add Row" to add the benefits, go through the same steps as you did to add in the supplement



Reimbursement Form cont.

- ▶ Verify the amounts entered on the Detail Expenditure form have carried down into Reimbursement section
- ▶ If the amounts do not match, contact your Grant Specialist for assistance, as you are not able to edit the reimbursement section
- ▶ Select “Mark as Complete”

Detail of Expenditure - Current Version

Budget - Multi-List ✓ Mark as Complete + Add Row

| Budget Line Label | Line Number: | Description | Invoice Number | Cost | Expense Total |
|-------------------|--------------|----------------------------------|----------------|----------|---------------|
| Budget-Personnel | 0 | Supplement 07/01/2024-07/30/2024 | 1 | \$250.00 | \$250.00 |
| Budget-Benefits | 0 | Benefits 07/01/2024-07/31/2024 | 1 | \$41.00 | \$41.00 |

Last Edited By: TEST TEST - Aug 7, 2024 2:23 PM + Add Row

Reimbursement ✓ Mark as Complete

| Budget Category | Subaward Budget | Expenses This Period | Prior Expenses (Paid) | Total | Available Balance (Unpaid) |
|-----------------|-----------------|----------------------|-----------------------|----------|----------------------------|
| Budget | | | | | |
| Personnel | \$9,000.00 | \$250.00 | \$0.00 | \$250.00 | \$8,750.00 |
| Benefits | \$1,456.00 | \$41.00 | \$0.00 | \$41.00 | \$1,415.00 |
| | \$10,456.00 | \$291.00 | \$0.00 | \$291.00 | \$10,165.00 |
| | \$10,456.00 | \$291.00 | \$0.00 | \$291.00 | \$10,165.00 |

Last Edited By: TEST TEST - Aug 7, 2024 2:23 PM

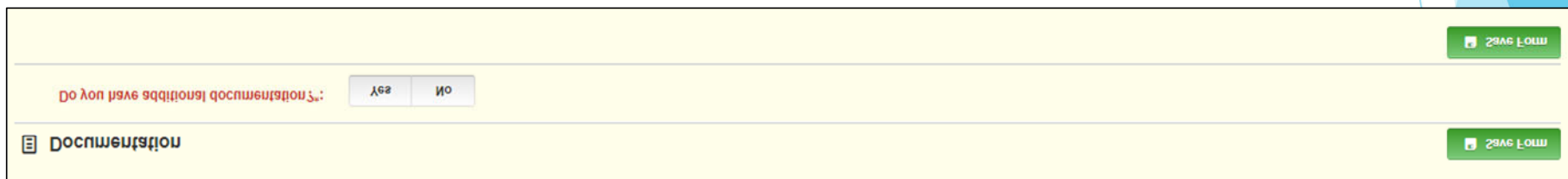
Other Attachments

- ▶ Select “Other Attachments”

| Component | Complete? |
|-----------------------|-----------|
| General Information | ✓ |
| Detail of Expenditure | ✓ |
| Other Attachments ← | |

Other Attachments cont.

- ▶ Select “Yes” or “No” if you have supporting documentation
 - ▶ Select “Save Form”



The screenshot shows a form section with a yellow background. At the top right, there is a green button labeled "Save Form". Below this, the text "Do you have additional documentation?" is displayed in red. To the right of this text are two buttons: "Yes" and "No". Below the text and buttons, there is a section titled "Documentation" with a folder icon on the left. At the bottom right of this section, there is another green button labeled "Save Form".

Other Attachments cont.

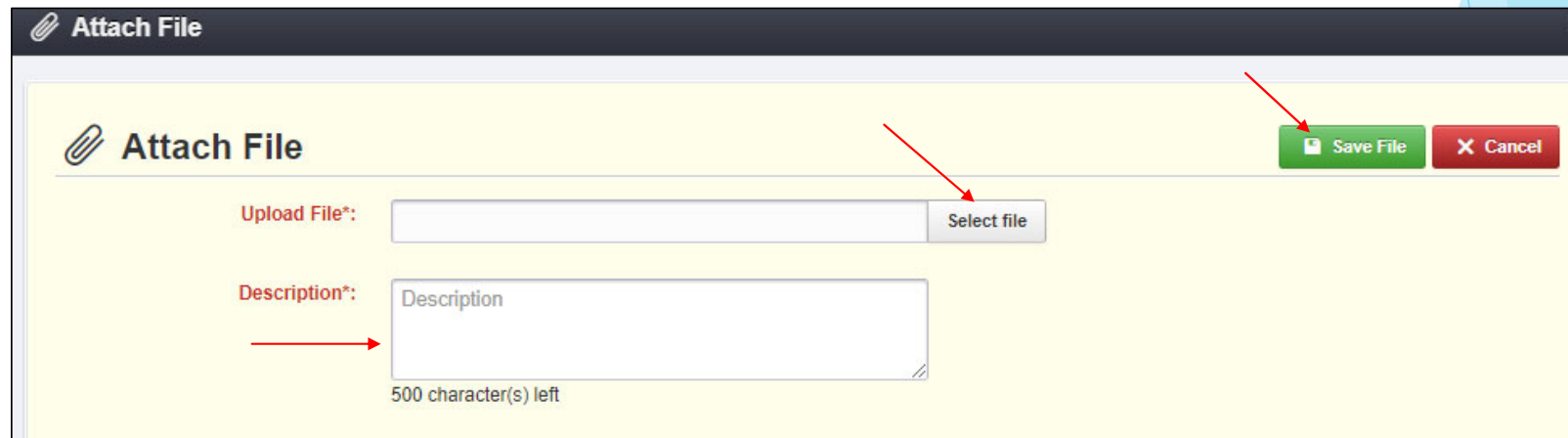
- ▶ Select “Add New Attachment”

| Other Attachments - Other Attachments | | | | | | Mark as Complete | Add New Attachment |
|---------------------------------------|-----------------------------|------|------|-------------|--------|------------------|--------------------|
| Description | File Name ↗ | Type | Size | Upload Date | Delete | | |

- ▶ Follow the instructions in WebGrants to attach the backup documentation
 - ▶ Completed/Signed Invoice
 - ▶ Payroll Summary (if applicable)
 - ▶ A payroll summary is required with your final claim

Other Attachments cont.

- ▶ Select “Select file” to browse your computer for the signed and certified invoice
- ▶ Add a brief description in the “Description” box for the item that was attached
- ▶ Select “Save File” to save the attachment to the claim



The screenshot shows a dialog box titled "Attach File" with a paperclip icon. The dialog contains the following elements:

- Upload File*:** A text input field followed by a "Select file" button. A red arrow points to this button.
- Description*:** A text area containing the word "Description". A red arrow points to the text area. Below the text area, it says "500 character(s) left".
- Buttons:** In the top right corner, there are two buttons: a green "Save File" button and a red "Cancel" button. A red arrow points to the "Save File" button.

Other Attachments cont.

- ▶ Once the documentation is attached, select “Mark as Complete”



The screenshot shows a table with the following data:

| Description | File Name ↗ | Type | Size | Upload Date | Delete |
|-------------|---|------|-------|---------------------|------------------------|
| Invoice | DSSSF Invoice Spreadsheet 06222022.xlsx | xlsx | 16 KB | 08/07/2024 02:39 PM | Delete |

Buttons: [✓ Mark as Complete](#) (highlighted with a red arrow), [+ Add New Attachment](#)

Footer: Last Edited By: TEST TEST - Aug 7, 2024 2:39 PM

Submit Claim

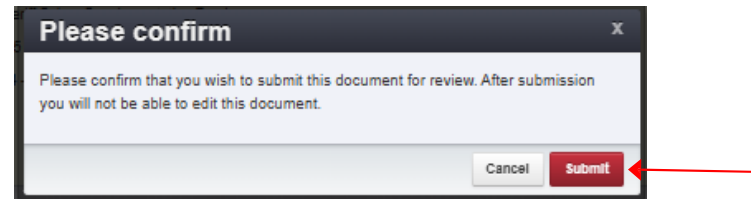
- ▶ After all forms on the claim have been marked as complete, select "Submit Claim"

• Claim is in compliance and is ready for Submission!

| Component | Complete? | Last Edited |
|-----------------------|-----------|---------------------------------|
| General Information | ✓ | Aug 7, 2024 1:36 PM - TEST TEST |
| Detail of Expenditure | ✓ | Aug 7, 2024 2:23 PM - TEST TEST |
| Other Attachments | ✓ | Aug 7, 2024 2:39 PM - TEST TEST |

Submit Claim cont.

- ▶ A pop-up box will ask if you are sure, you are ready to submit, if you are sure, select “Submit”
 - ▶ Please Confirm



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 must include a payroll summary report showing the supplement and benefit amounts paid, for all pay periods within the grant, all deputies, including those no longer active on the budget.

(If it is easier for your agency to submit payroll summaries with every claim, quarterly, or biannually those reports will be accepted in lieu of an annual report, 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 with every claim, quarterly, or biannually in lieu of annually
- ▶ The payroll summary(s) must be submitted in the “Other 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 before each claim submission to verify the information is correct

| |
|-----------------------------------|
| Component |
| General Information |
| Contact Information |
| Claims |
| Correspondence |
| Budget ← |
| Subaward Adjustments |
| Subaward Adjustment Notices |
| Attachments |
| Appropriations |
| Closeout |
| Status Reports |
| Award Documents - Need Signatures |
| Award Documents - Final |

Budget cont.

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

Budget - Multi-List
+ Add Row

| Line Number: | Line Description | Total |
|--------------|------------------|------------|
| 1001 | Personnel | \$9,000.00 |
| 2001 | Benefits | \$1,478.00 |

Last Edited By: Becky Block - Aug 6, 2024 1:34 PM + Add Row

Justification
Edit Form

Justification:

| Position Number | Name of Full Time Deputy | Annual Supplement | Benefits Rate | Annual Benefit | Total Supplement and Benefit |
|---------------------------------|--------------------------|-------------------|---------------|----------------|------------------------------|
| Monthly (12 Pay Periods) | | | | | |
| 1 | Deputy Name | \$ 1,200.00 | 18.40% | \$ 198.80 | \$ 1,398.80 |
| 2 | Deputy Name | \$ 1,200.00 | 18.40% | \$ 198.80 | \$ 1,398.80 |
| 3 | Deputy Name | \$ 1,200.00 | 18.40% | \$ 198.80 | \$ 1,398.80 |
| 4 | Deputy Name | \$ 1,200.00 | 18.40% | \$ 198.80 | \$ 1,398.80 |
| 5 | Deputy Name | \$ 1,200.00 | 18.40% | \$ 198.80 | \$ 1,398.80 |
| 6 | Deputy Name | \$ 1,200.00 | 18.40% | \$ 198.80 | \$ 1,398.80 |
| 7 | Deputy Name | \$ 1,800.00 | 18.40% | \$ 295.20 | \$ 2,095.20 |

Subaward Adjustments

| |
|-----------------------------------|
| Component |
| General Information |
| Contact Information |
| Claims |
| Correspondence |
| Budget |
| Subaward Adjustments ← |
| Subaward Adjustment Notices |
| Attachments |
| Appropriations |
| Closeout |
| Status Reports |
| Award Documents - Need Signatures |
| Award Documents - Final |

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 Recipient staff, Authorized Officials, Project Directors, Fiscal Officers, and Officers in Charges. Additional changes may include address, phone or email changes or any other information in the Organization component in WebGrants

Subaward Adjustments cont.

- ▶ General Information
 - ▶ Choose from the drop-down box which type of adjustment is being requested
 - ▶ Provide a brief title

General Information - Amendment - Edit Save Form

Status:

Amendment Type:
Budget Revision
Program Revision

Title:

- ▶ Select “Save Form”

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

| Component | Complete? |
|---------------------|---|
| General Information |  <input checked="" type="checkbox"/> |
| Justification | <input type="checkbox"/> |
| Budget | <input type="checkbox"/> |
| Confirmation | <input type="checkbox"/> |
| Attachments | <input type="checkbox"/> |

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

| | 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 | |

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*
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.

Moving money from Supplemental to Benefits to cover benefit rate increase

| 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 Form”



- ▶ Select “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Budget”

| Component | Complete? | Last Edited |
|---------------------|-----------|-----------------------------------|
| General Information | ✓ | Aug 6, 2024 3:25 PM - Becky Block |
| Justification | ✓ | Aug 6, 2024 3:31 PM - Becky Block |
| Budget ← | | - |
| 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 | | | |
|---|--------------------|---|----------------|-----------------|------------|
| <ul style="list-style-type: none"> 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 | \$9,950.00 | \$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 | | | | | |
| <ul style="list-style-type: none"> 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 Grid”



- ▶ Select “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Confirmation”

| Component | Complete? | Last Edited |
|---------------------|-----------|-----------------------------------|
| General Information | ✓ | Aug 6, 2024 3:25 PM - Becky Block |
| Justification | ✓ | Aug 6, 2024 3:31 PM - Becky Block |
| Budget | ✓ | Aug 6, 2024 3:38 PM - Becky Block |
| Confirmation ← | | - |
| Attachments | | - |

- ▶ Complete the form and select “Save Form”

Confirmation Save Form

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 “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

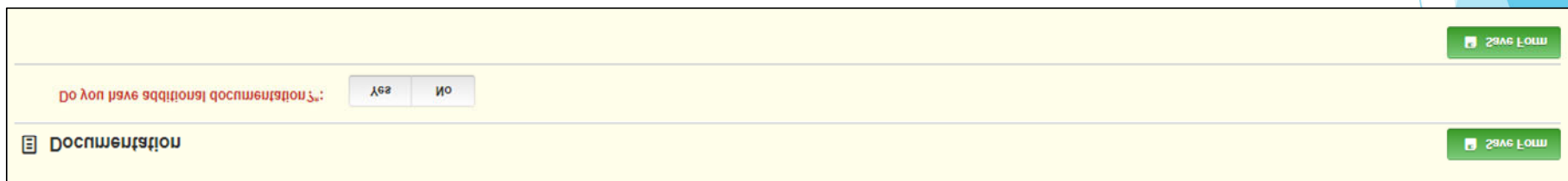
- ▶ Select “Attachments“

| Component | Complete? | Last Edited |
|---|-----------|-----------------------------------|
| General Information | ✓ | Aug 6, 2024 3:25 PM - Becky Block |
| Justification | ✓ | Aug 6, 2024 3:31 PM - Becky Block |
| Budget | ✓ | Aug 6, 2024 3:38 PM - Becky Block |
| Confirmation | ✓ | Aug 6, 2024 3:49 PM - Becky Block |
| Attachments  | | - |

- ▶ These can include update benefit rate sheet

Budget Modifications/Scope of Work Changes cont.

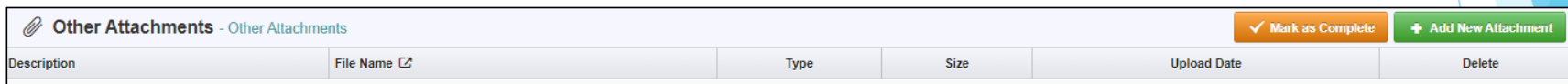
- ▶ Select “Yes” or “No” if you have supporting documentation
 - ▶ Select “Save Form”



The screenshot shows a web form with a yellow background. At the top right, there is a green button labeled "SAVE FORM". Below this, there is a question in red text: "Do you have additional documentation?". To the right of the question are two buttons: "YES" and "NO". Below the question, there is a section titled "Documentation" with a small icon to the left. At the bottom right of this section, there is another green button labeled "SAVE FORM".

Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Add New Attachment”



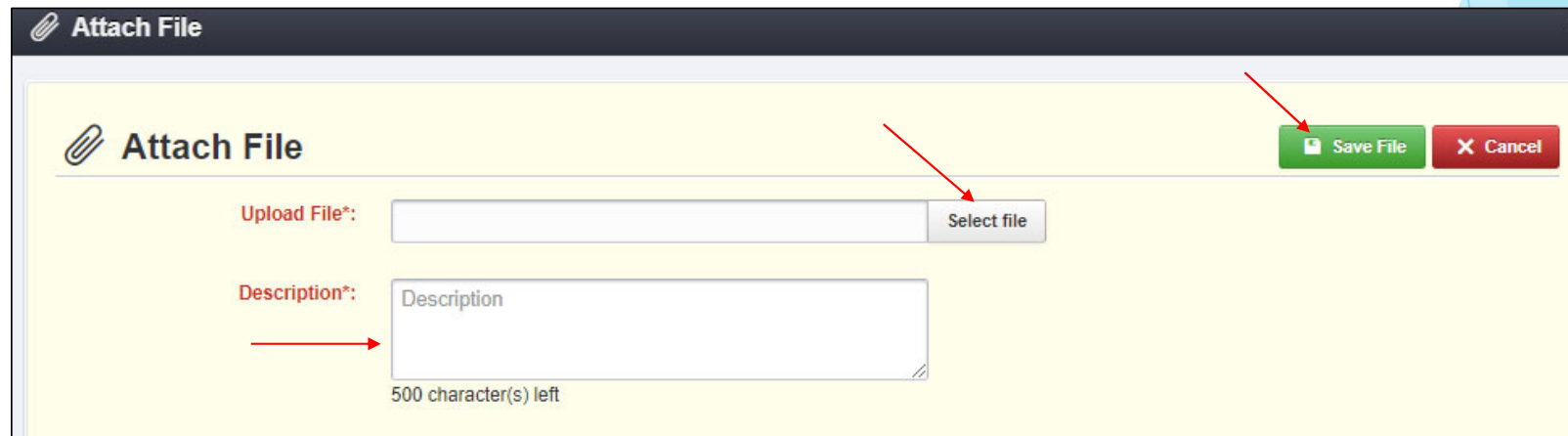
| Other Attachments - Other Attachments | | | | | |
|---------------------------------------|-----------------------------|------|------|-------------|--------|
| Description | File Name ↗ | Type | Size | Upload Date | Delete |

Buttons: [✓ Mark as Complete](#) [+ Add New Attachment](#)

- ▶ Follow the instructions in WebGrants to attach the backup documentation
 - ▶ Completed/Signed Invoice
 - ▶ Payroll Summary (if applicable)
 - ▶ A payroll summary is required with your final claim

Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Select file” to browse your computer for the signed and certified invoice
- ▶ Add a brief description in the “Description” box for the item that was attached
- ▶ Select “Save File” to save the attachment to the claim



The screenshot shows a dialog box titled "Attach File" with a yellow background. It contains the following elements:

- Upload File*:** A text input field with a "Select file" button to its right. A red arrow points to the "Select file" button.
- Description*:** A text area containing the word "Description". A red arrow points to the text area. Below the text area, it says "500 character(s) left".
- Buttons:** In the top right corner, there are two buttons: a green "Save File" button and a red "Cancel" button. A red arrow points to the "Save File" button.

Budget Modifications/Scope of Work Changes cont.

- ▶ Once the documentation is attached, select “Mark as Complete”



The screenshot shows a table titled "Other Attachments - Other Attachments". In the top right corner, there are two buttons: "Mark as Complete" (orange) and "Add New Attachment" (green). A red arrow points to the "Mark as Complete" button. The table has columns for Description, File Name, Type, Size, Upload Date, and Delete. One row is visible with the following data:

| Description | File Name 🔗 | Type | Size | Upload Date | Delete |
|-------------|---|------|-------|---------------------|------------------------|
| Invoice | DSSSF Invoice Spreadsheet 06222022.xlsx | xlsx | 16 KB | 08/07/2024 02:39 PM | Delete |

At the bottom right of the table, it says "Last Edited By: TEST TEST - Aug 7, 2024 2:39 PM".

- ▶ If you do not have any attachments to add, choose “No” and then select “Mark as Complete”

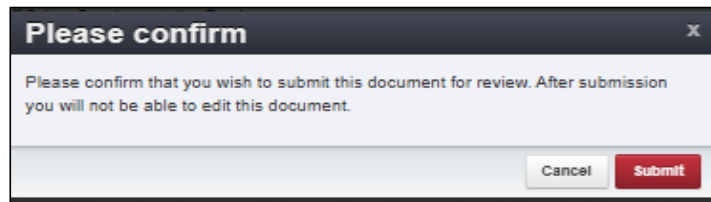
Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Submit Amendment” to submit the revision



| Component | Complete? | Last Edited |
|---------------------|-----------|-----------------------------------|
| General Information | ✓ | Aug 6, 2024 3:25 PM - Becky Block |
| Justification | ✓ | Aug 6, 2024 3:31 PM - Becky Block |
| Budget | ✓ | Aug 6, 2024 3:38 PM - Becky Block |
| Confirmation | ✓ | Aug 6, 2024 3:49 PM - Becky Block |
| Attachments | ✓ | Aug 6, 2024 3:55 PM - Becky Block |

A pop-up box will ask if you are sure, you are ready to submit, if you are sure, select “Submit”



- ▶ 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 - Amendment - Edit Save Form

Status*:

Amendment Type*:

Title*:

- ▶ Select “Save Form”

Program Revision cont.

| Component | Complete? |
|---------------------|-----------|
| General Information | ✓ |
| Justification ← | |
| Confirmation | |
| Attachments | |

▶ Select “Justification”


- ▶ Add text to explain what change(s) is being requested, then select “Save Form”, see the next slide for the required information needed




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.

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.

Font Size

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

- ▶ Position number listed on the budget
- ▶ Name of individual
- ▶ Last date of employment or if it is a new hire
 - ▶ 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 Form”



- ▶ Select “Mark as Complete”




Program Revision cont.

- ▶ Select “Confirmation”

| Component | Complete? | Last Edited |
|---------------------|-----------|-----------------------------------|
| General Information | ✓ | Aug 6, 2024 4:04 PM - Becky Block |
| Justification | ✓ | Aug 6, 2024 4:13 PM - Becky Block |
| Confirmation ← | | Aug 6, 2024 4:11 PM - Becky Block |
| Attachments | | - |


Program Revision cont.

- ▶ Confirmation
 - ▶ Complete the form

 **Confirmation** Save Form

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 Form”



- ▶ Select “Mark as Complete”



Program Revision cont.

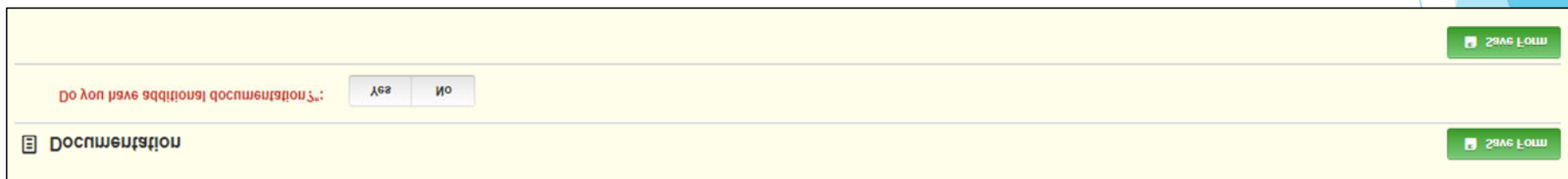
- ▶ Select “Attachments”

| Component | Complete? | Last Edited |
|---|-----------|---------------------------------|
| General Information | ✓ | Aug 7, 2024 3:06 PM - TEST TEST |
| Justification | ✓ | Aug 7, 2024 3:06 PM - TEST TEST |
| Confirmation | ✓ | Aug 7, 2024 3:06 PM - TEST TEST |
| Attachments  | | - |

- ▶ These can include update benefit rate sheet

Program Revision cont.

- ▶ Select “Yes” or “No” if you have supporting documentation
 - ▶ Select “Save Form”



The screenshot shows a web form with a yellow background. At the top right, there is a green button labeled "SAVE FORM". Below this, there is a question in red text: "Do you have additional documentation?". To the right of the question are two buttons: "YES" and "NO". Below the question, there is a section titled "Documentation" with a folder icon on the left. At the bottom right of this section, there is another green button labeled "SAVE FORM".

Program Revision cont.

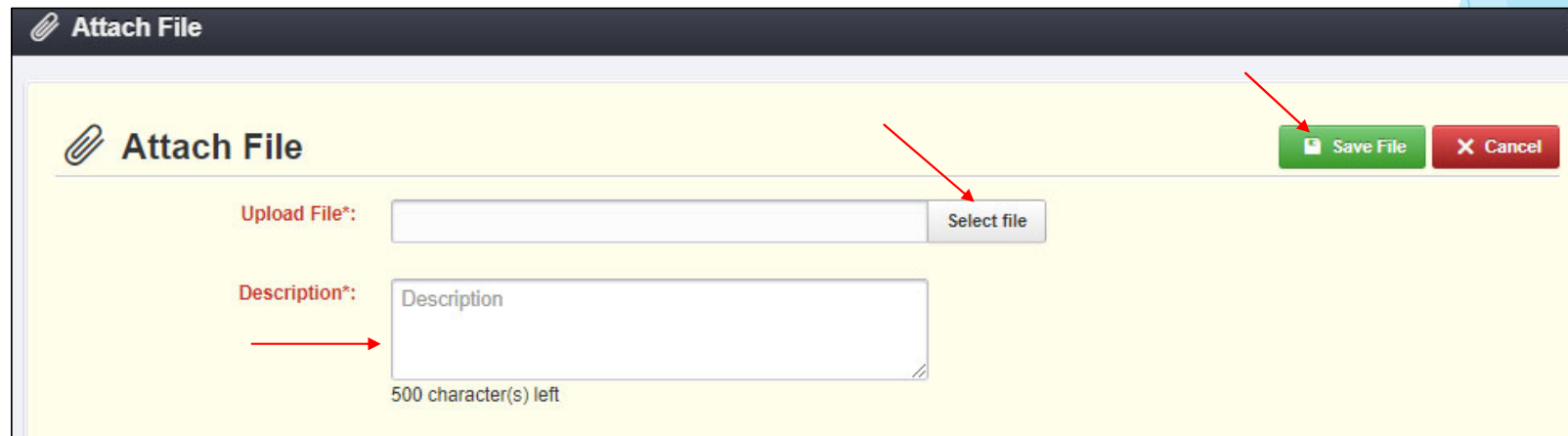
- ▶ Select “Add New Attachment”

| Other Attachments - Other Attachments | | | | | | ✓ Mark as Complete | + Add New Attachment |
|---------------------------------------|-----------------------------|------|------|-------------|--------|--------------------|----------------------|
| Description | File Name ↗ | Type | Size | Upload Date | Delete | | |

- ▶ Follow the instructions in WebGrants to attach the backup documentation
 - ▶ Completed/Signed Invoice
 - ▶ Payroll Summary (if applicable)
 - ▶ A payroll summary is required with your final claim

Program Revision cont.

- ▶ Select “Select file” to browse your computer for the signed and certified invoice
- ▶ Add a brief description in the “Description” box for the item that was attached
- ▶ Select “Save File” to save the attachment to the claim



The screenshot shows a dialog box titled "Attach File" with a paperclip icon. The dialog has a yellow background and a dark header. Inside, there is a sub-header "Attach File" with a paperclip icon. Below this, there are three main sections: "Upload File*" with a text input field and a "Select file" button; "Description*" with a text area containing the word "Description" and a "500 character(s) left" indicator; and a bottom right corner with a green "Save File" button and a red "Cancel" button. Three red arrows point to the "Select file" button, the "Description" text area, and the "Save File" button.

Program Revision cont.

- ▶ Once the documentation is attached, select “Mark as Complete”



The screenshot shows a table titled "Other Attachments - Other Attachments". In the top right corner, there are two buttons: "Mark as Complete" (orange) and "Add New Attachment" (green). A red arrow points to the "Mark as Complete" button. The table has columns for Description, File Name, Type, Size, Upload Date, and Delete. There is one row with the following data:

| Description | File Name 🔗 | Type | Size | Upload Date | Delete |
|-------------|---|------|-------|---------------------|------------------------|
| Invoice | DSSSF Invoice Spreadsheet 06222022.xlsx | xlsx | 16 KB | 08/07/2024 02:39 PM | Delete |

At the bottom right of the table, it says "Last Edited By: TEST TEST - Aug 7, 2024 2:39 PM".

- ▶ If you do not have any attachments to add, choose “No” and then select “Mark as Complete”

Program Revision cont.

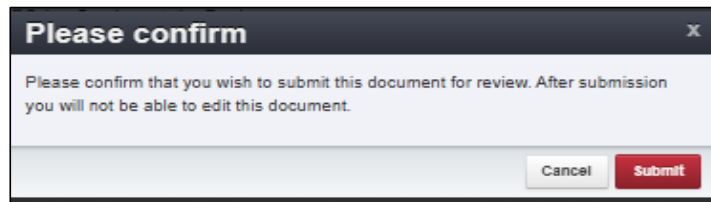
- ▶ Select “Submit Amendment” to submit the revision



• Amendment is in compliance and is ready for Submission!

| Component | Complete? | Last Edited |
|---------------------|-----------|---------------------------------|
| General Information | ✓ | Aug 7, 2024 3:06 PM - TEST TEST |
| Justification | ✓ | Aug 7, 2024 3:06 PM - TEST TEST |
| Confirmation | ✓ | Aug 7, 2024 3:06 PM - TEST TEST |
| Attachments | ✓ | Aug 7, 2024 3:10 PM - TEST TEST |

A pop-up box will ask if you are sure, you are ready to submit, if you are sure, select “Submit”



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

Correspondence

- ▶ Requests may be submitted through "Correspondence" in the Grant Components of the WebGrants System
 - ▶ Request approvals will be sent through Correspondence as well
 - ▶ The Correspondence component works the same as your email system

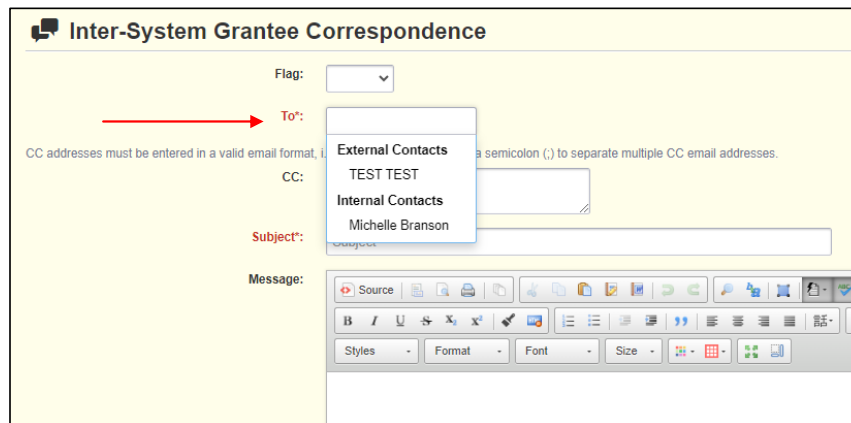
| ☰ Grant Components | |
|-----------------------------------|---|
| Component | |
| General Information | |
| Contact Information | |
| Claims | |
| Correspondence | ← |
| Budget | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Attachments | |
| Appropriations | |
| Closeout | |
| Status Reports | |
| Award Documents - Need Signatures | |
| Award Documents - Final | |

Correspondence cont.

- ▶ To send a correspondence, select “Add Grantee Correspondence”



- ▶ Select from the “To” drop-down, who you want to send the correspondence to



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

| Flag | Sent/Received | From | To | Subject | Message |
|------|---------------------|-------------|-----------|---------|---------|
| → | Aug 6, 2024 4:48 PM | Becky Block | TEST TEST | Test | Test |

- ▶ Select “Send Correspondence”

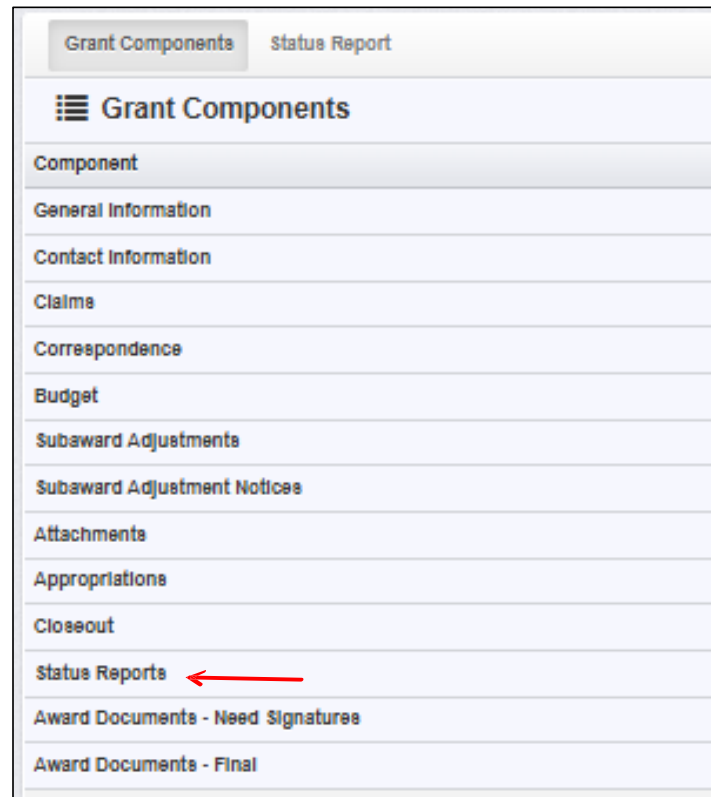


Status Report

- ▶ Status Report due July 15, 2025
- ▶ Must submit an annual “Status Report” in WebGrants
 - ▶ Used to provide feedback and program evaluation data for the MoSMART Board, the Missouri Department of Public Safety, and the State Legislature

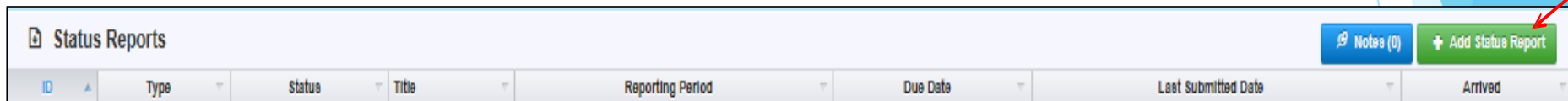
Status Report cont.

- ▶ Select Status Report from the Grant Components



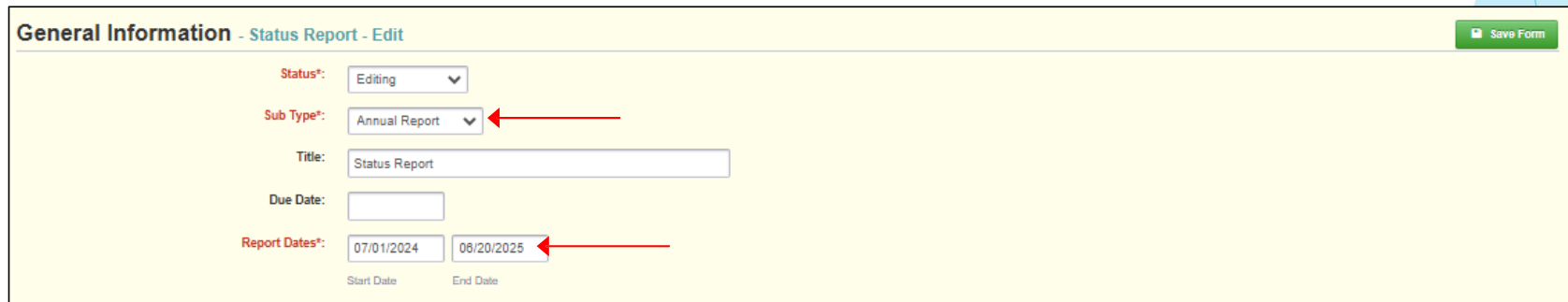
Status Report cont.

- ▶ Select “Add Status Report”



The screenshot shows the header of a table titled "Status Reports". On the right side of the header, there are two buttons: "Notes (0)" and "Add Status Report". A red arrow points to the "Add Status Report" button. The table columns are: ID, Type, Status, Title, Reporting Period, Due Date, Last Submitted Date, and Arrived.

- ▶ General Information
 - ▶ Select “Annual Report”
 - ▶ Report Dates 07/01/2024 - 06/30/2025



The screenshot shows the "General Information - Status Report - Edit" form. The form contains the following fields:

- Status*: Editing (dropdown)
- Sub Type*: Annual Report (dropdown, highlighted with a red arrow)
- Title: Status Report (text input)
- Due Date: (empty text input)
- Report Dates*: 07/01/2024 (Start Date) and 06/20/2025 (End Date, highlighted with a red arrow)

A "Save Form" button is located in the top right corner of the form.

Status Report cont.

- ▶ Select “Evaluation”

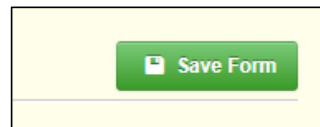
| Status Report cannot be Submitted Currently | |
|---|-----------|
| • Status Report components are not complete | |
| Component | Complete? |
| General Information | ✓ |
| Evaluation ← | |

- ▶ Evaluation

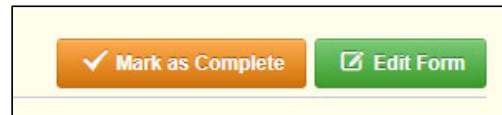
- ▶ Used to provide feedback and details for the following questions:
 - ▶ Did these grant monies assist your office in the recruitment of deputies?
 - ▶ Did these grant monies assist your office in retaining deputy sheriffs?
 - ▶ Did these grant monies assist in making your office more effective?
 -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

Status Report cont.

- ▶ After you have answered the required questions, select “Save Form”



- ▶ Select “Mark as Complete”



Status Report cont.

Status Report Preview Attachments Alert History Map Versions

Status Report Details

✓ Submit Status Report

GENERAL INFORMATION SCREEN:

Status Report Type: select "Annual Report"

Report Period: enter "07/01/2022" to "06/30/2023"

COMPONENTS SCREEN:

If you get to this screen and do not see the 1) General Information and 2) Evaluation forms, click on the General Information form and make sure the Status Report Type is identical to the previous report.

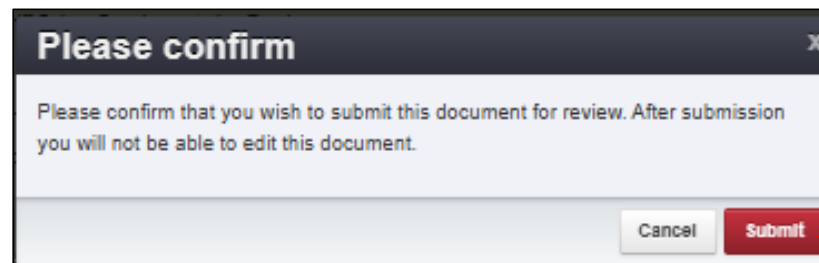
• Status Report is in compliance and is ready for Submission!

| Component | Complete? | Last Edited |
|---------------------|-----------|-----------------------------------|
| General Information | ✓ | Aug 6, 2024 5:08 PM - Becky Block |
| Evaluation | ✓ | Aug 6, 2024 5:17 PM - Becky Block |

- ▶ Select "Submit Status Report"

Status Report cont.

- ▶ A pop-up box will ask if you are sure, you are ready to submit, if you are sure, select “Submit”
 - ▶ Select “Submit”



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

- ▶ Becky Block - Grant Specialist

Rebecca.Block@dps.mo.gov

(573) 522-3455

- ▶ Liz Leuckel - Grant Specialist

Elizabeth.Leuckel@dps.mo.gov

(573) 751-1318

- ▶ Maggie Glick - Grant Specialist

Maggie.Glick@dps.mo.gov

(573) 526-3510

- ▶ Amelia Jaegers - Lead Grants Specialist

Amelia.Jaegers@dps.mo.gov

(573) 522-4094

- ▶ Michelle Branson - Program Specialist

Michelle.Branson@dps.mo.gov

(573) 526-9014

- ▶ Joni McCarter - Program Manager

Joni.McCarter@dps.mo.gov

(573) 526-9020