



SFY 2026 Deputy Sheriff Salary Supplementation Fund (DSSSF) Compliance Workshop

Missouri Department of Public Safety/Office of Homeland Security (DPS/OHS)

DPS Grants

July 23, 2025/July 29, 2025

Grant Requirements



DSSSF 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

Note: The Information Bulletins are in the process of being revised. Updated links will be provided when the revisions are complete

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](#): Uniform Crime Reporting (UCR)
 - ▶ [Section 590.650 RSMo](#): Vehicle Stops Report
 - ▶ [Section 513.653 RSMo](#): Federal Forfeiture Report
 - ▶ [Section 590.700 RSMo](#): Written Policy on Recording Custodial Interrogations
 - ▶ [Section 43.544 RSMo](#): Written Policy on Forwarding Intoxication-Related Traffic Offenses
 - ▶ [Section 590.1265 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 and/or 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](#)
- ▶ The recipient understands that the DSSSF monies paid to an individual must be included in the individual's annual salary when calculating the individual's hourly overtime rate
 - ▶ Per a decision rendered by the U.S. Department of Labor

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 or bi-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:
 - ▶ Supplement rate/full-time hours = supplement amount
 - ▶ Supplement amount * quantity of hours worked = prorated supplement

Example: Deputy Smith gets paid \$166.66 in supplement 1 time a month, but worked 120 hours, however, to be full time 130 hours are required
 $(\$166.66 / 130 = \$1.28 * 120) = \$153.84$

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 supplanting has not occurred
 - ▶ Depending on the circumstances, relevant documents might include annual appropriations acts, executive orders directing board reductions of operating budgets, county commission resolutions, or meeting minutes concerning budget cuts and layoffs

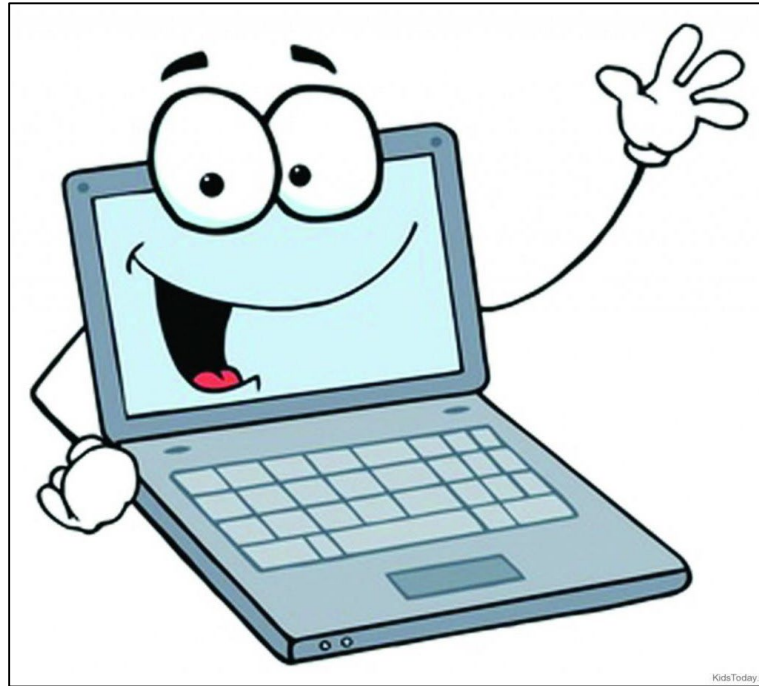
Reporting of Fraud

- ▶ Recipients, or employees thereof, must promptly notify the MoSMART Board and/or the DPS/OHS 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 Award Agreement was sent via email
- ▶ The Authorized Official must sign this award and initial each page of the Articles of Agreement
- ▶ The signed Award Agreement should be emailed to the DPS/OHS at Veronica Giedd at Veronica.Giedd@dps.mo.gov
- ▶ Grants will be marked underway in WebGrants upon return of the signed Award Agreement and Compliance Workshop Acknowledgement
 - ▶ Compliance Workshop Acknowledgement will be sent via email upon completion of the Compliance Workshop

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, 2025 - June 30, 2026
- ▶ Final claim due: August 15, 2026
- ▶ Status Report due: August 15, 2026

Claims

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

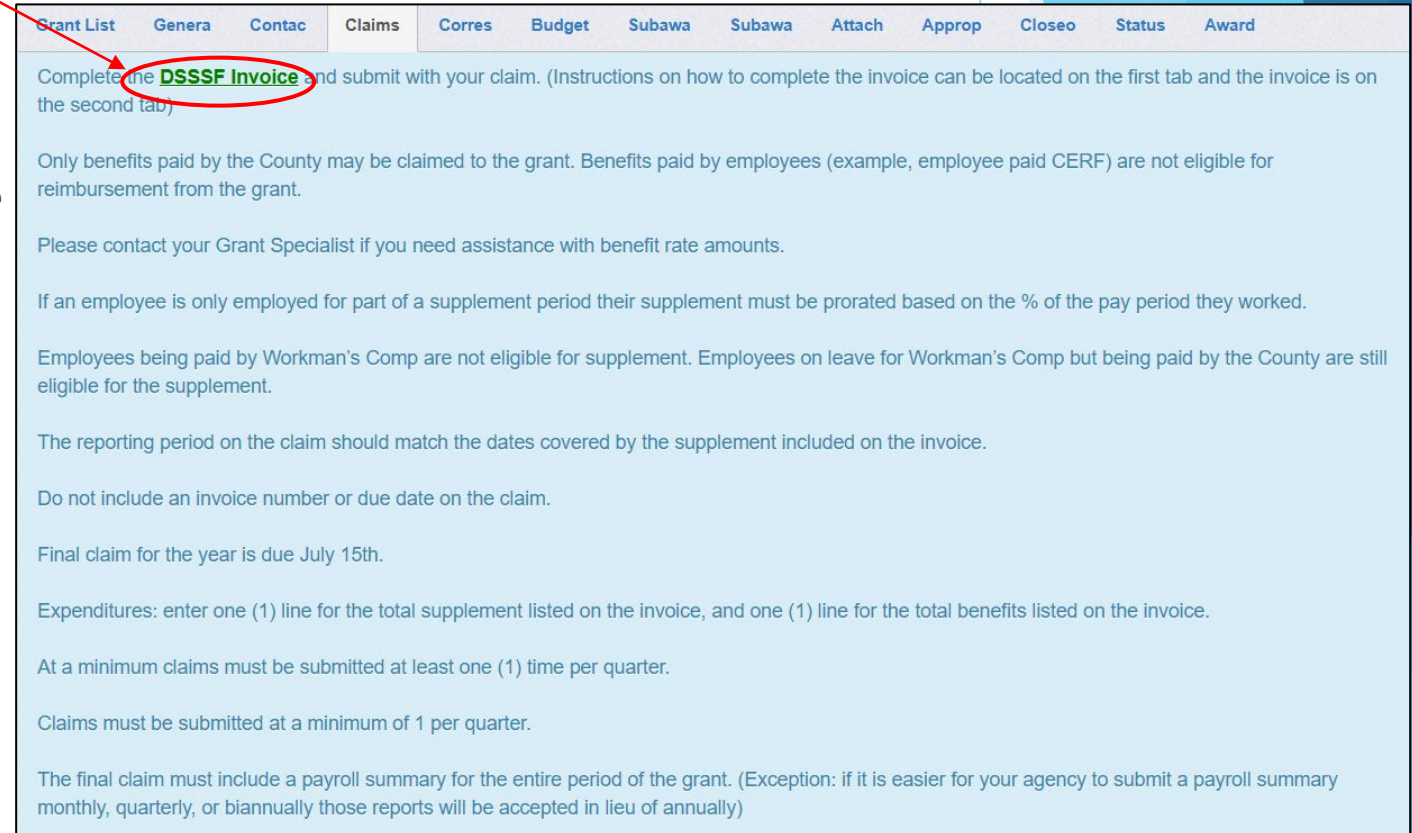
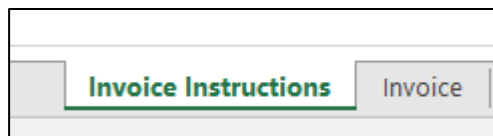
Grant Components

- ▶ Claim Submission
 - ▶ 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 | Jul 9, 2025 12:02 PM - Amelia Jaegers | |
| Contact Information | | |
| Claims | | |
| Correspondence | | |
| Budget | Apr 23, 2025 11:51 AM - Elizabeth Leuckel | |
| Subaward Adjustments | | |
| Subaward Adjustment Notices | | |
| Closeout | Apr 23, 2025 9:32 AM - Elizabeth Leuckel | |
| Status Reports | | |
| Award Documents - Final | Apr 23, 2025 9:34 AM - Elizabeth Leuckel | |
| Funding Opportunity | - | |
| Application | - | |

Claim Submission

- ▶ 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 claim submission. The interface has a top navigation bar with tabs: Grant List, Genera, Contac, Claims, Corres, Budget, Subawa, Subawa, Attach, Approp, Closeo, Status, and Award. A red arrow points to the 'Claims' tab. Below the navigation bar, the text reads: '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)'. The text 'DSSSF Invoice' is circled in red. Below this, there are several paragraphs of instructions: '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.', and '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 Submission cont.

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

[illegible]

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
 - ▶ Invoice Numbers should match with the Claim Number
 - ▶ Enter the Invoice Date
 - ▶ The date should reflect the day which the invoice is created

Sheriff's Department

Invoice Number:
Invoice Date:

DSSSF Invoice

| 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 \$166.66 supplement rate they should enter 3
 - ▶ If the agency has 2 deputies at \$166.66 supplement rate and 1 at \$200.00 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 line

| 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 Dates(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 Dates(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 period for the deputy(s) listed in the budget
 - ▶ A deputy with an annual supplement amount of \$2,000.00, and the agency pays monthly, the amount entered should be \$166.66

| 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 | 07/01/25-07/31/25 | \$ 166.66 | | \$ 333.32 | \$ - |
| | | | | | \$ - | \$ - |
| 1 | Full Time | 07/01/25-07/15/25 | \$ 83.33 | | \$ 83.33 | \$ - |
| 1 | Full Time | 07/16/25-07/31/25 | \$ 83.33 | | \$ 83.33 | \$ - |

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 slide

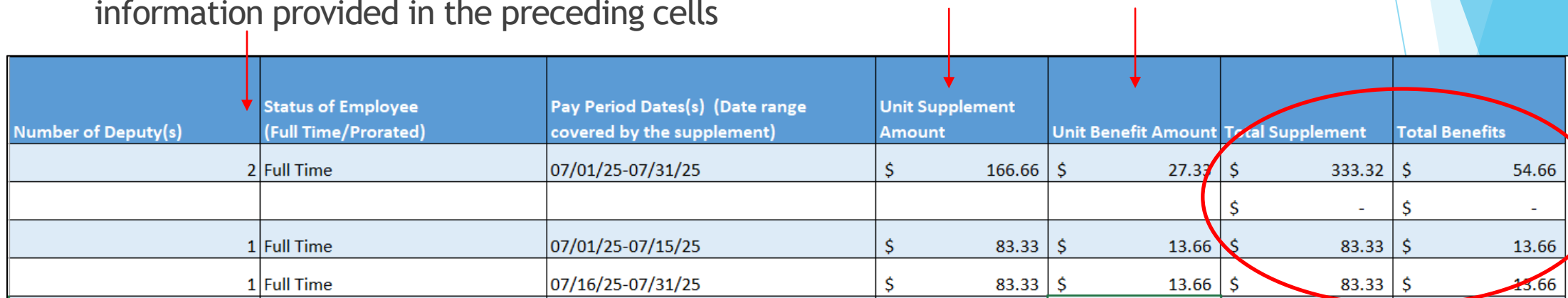
| Number of Deputy(s) | Status of Employee (Full Time/Prorated) | Pay Period Dates(s) (Date range covered by the supplement) | Unit Supplement Amount | Unit Benefit Amount | Total Supplement | Total Benefits |
|---------------------|--|---|---------------------------|---------------------|------------------|----------------|
| 2 | Full Time | 07/01/25-07/31/25 | \$ 166.66 | \$ 27.33 | \$ 333.32 | \$ 54.66 |
| | | | | | \$ - | \$ - |
| 1 | Full Time | 07/01/25-07/15/25 | \$ 83.33 | \$ 13.66 | \$ 83.33 | \$ 13.66 |
| 1 | Full Time | 07/16/25-07/31/25 | \$ 83.33 | \$ 13.66 | \$ 83.33 | \$ 13.66 |

DSSSF Invoice cont.

- ▶ Example total benefit rate calculation using example rates and a supplement amount of \$166.66
 - ▶ Per deputy, the county paid:
 - 7.65% FICA/Medicare
 - 4.00% Cerf
 - 3.50% LAGERS
 - + 1.25% Workers Comp
 - ▶ Total benefit rate would be 16.40%
- ▶ (The supplement amount) x (total benefit rate) = (the total benefit amount)
 - ▶ \$166.66 X 16.40% = \$27.33
- ▶ 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 |
|---------------------|--|---|---------------------------|---------------------|------------------|----------------|
| 2 | Full Time | 07/01/25-07/31/25 | \$ 166.66 | \$ 27.33 | \$ 333.32 | \$ 54.66 |
| | | | | | \$ - | \$ - |
| 1 | Full Time | 07/01/25-07/15/25 | \$ 83.33 | \$ 13.66 | \$ 83.33 | \$ 13.66 |
| 1 | Full Time | 07/16/25-07/31/25 | \$ 83.33 | \$ 13.66 | \$ 83.33 | \$ 13.66 |

- ▶ 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/or 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

| | Number of Deputy(s) | Status of Employee (Full Time/Prorated) | Title of Deputy | Pay Period Dates(s) (Date range of Pay Period) | U A |
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DSSSF Invoice cont.

- ▶ The total amount of Supplement and Benefits are auto-calculated at the bottom of the invoice
- ▶ The numbers displayed in the total columns, after all payroll 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 |
|---------------------|--|---|---------------------------|---------------------|-------------------------|-----------------------|
| 2 | Full Time | 07/01/25-07/31/25 | \$ 166.66 | \$ 27.33 | \$ 333.32 | \$ 54.66 |
| | | | | | \$ - | \$ - |
| 1 | Full Time | 07/01/25-07/15/25 | \$ 83.33 | \$ 13.66 | \$ 83.33 | \$ 13.66 |
| 1 | Full Time | 07/16/25-07/31/25 | \$ 83.33 | \$ 13.66 | \$ 83.33 | \$ 13.66 |
| | | | | | Total Supplement | Total Benefits |
| | | | | Total | \$ 499.98 | \$ 81.98 |
| | | | | Claim Total | | \$ 581.96 |

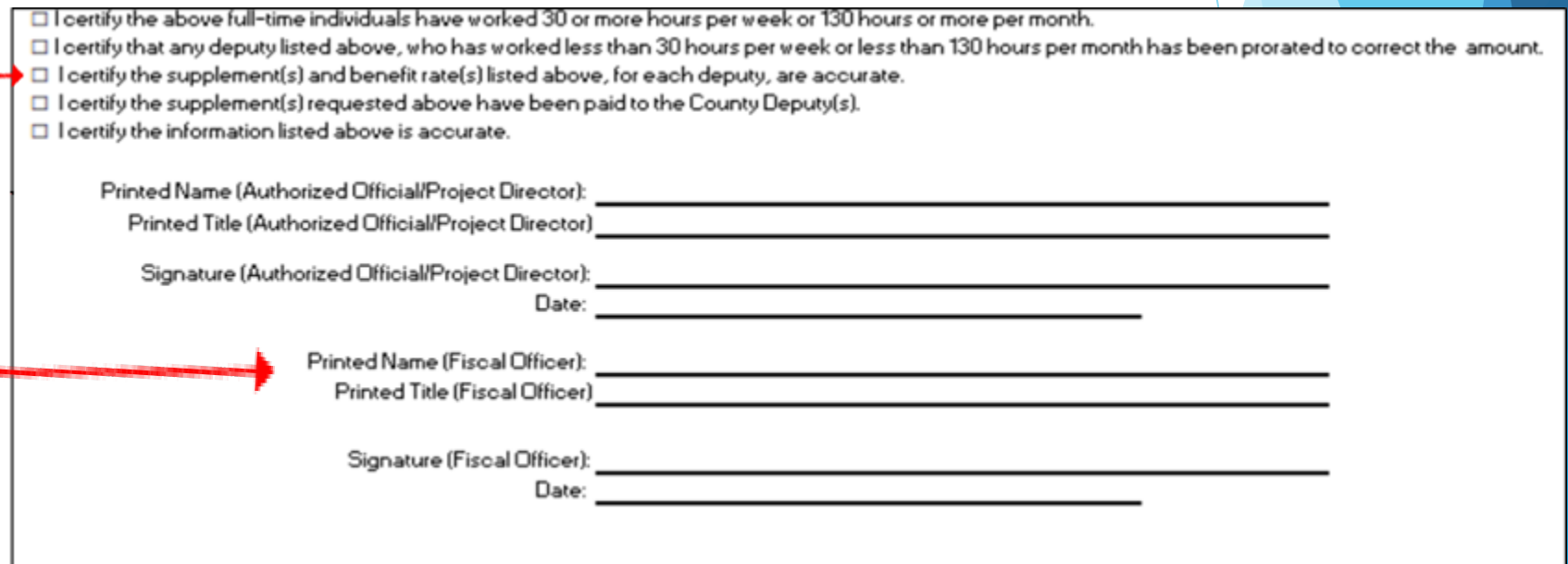
**Total Claim for
Reimbursement**

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: _____

Claim Submission 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 →](#)

Claim Submission 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”

The screenshot shows the 'General Information - Claim - Edit' form. A red circle highlights the 'Save Form' button in the top right corner, with a red arrow pointing to it from above. Four red arrows point to the following fields on the left side of the form:

- Type:** A dropdown menu showing 'Monthly'.
- Report Period:** Two date input fields showing '07/01/2024' and '07/31/2025'.
- Final Request?:** Two buttons, 'Yes' and 'No', with 'No' selected.
- Invoice Number:** A text input field.

Below the 'Invoice Number' field, there is a note: 'State Agencies Only! Drop first 3 digits of number. Leave blank if there is not an invoice number!'

Detail 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
- ▶ 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 | | - |

Detail of Expenditure form cont.

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



The screenshot shows a web form titled "Budget - Multi-List". It contains a table with columns: "Budget Line Label", "Description", "Cost", and "Expense Total". The table is currently empty, displaying "No Data for Table". A green button with a plus icon and the text "+ Add Row" is located in the top right corner of the table area. A red arrow points to this button. Below the first table is a section titled "Reimbursement" which contains another table with columns: "Budget Category", "Subaward Budget", "Expenses This Period", "Prior Expenses (Paid)", "Total", and "Available Balance (Unpaid)". This second table has two data rows, both showing \$0.00 values.

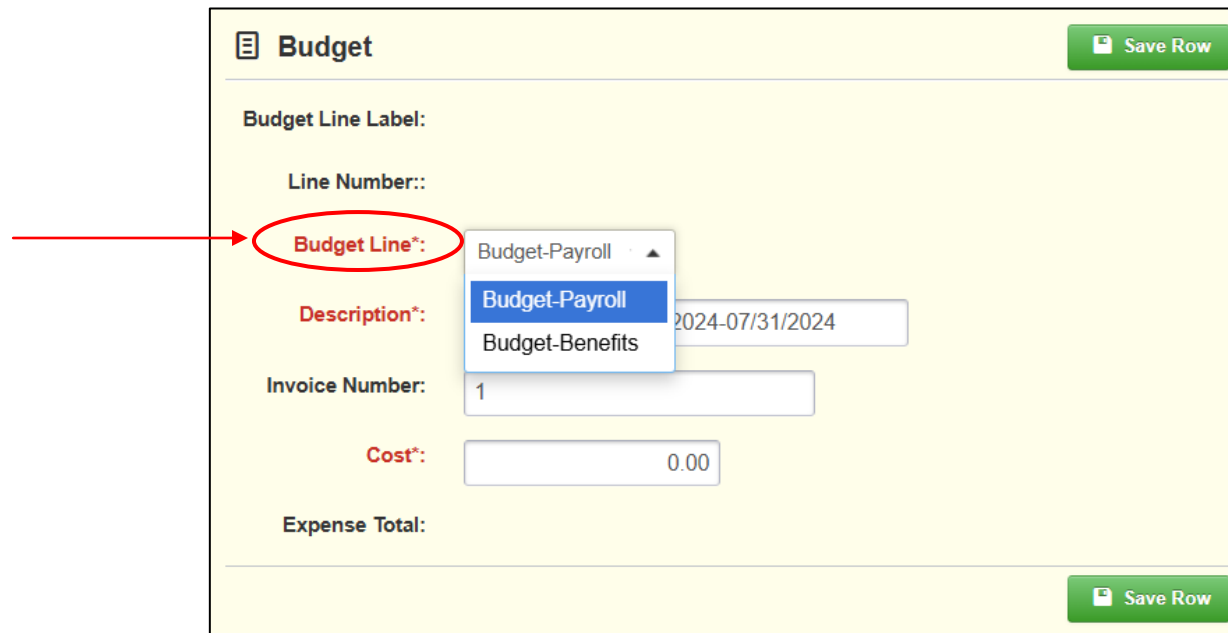
| Budget Line Label | Description | Cost | Expense Total |
|----------------------|-------------|------|---------------|
| No Data for Table | | | |
| <div>+ Add Row</div> | | | |

| 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 it, you will have to delete row and re-add if you selected the wrong drop-down

Detail of Expenditure form cont.

- ▶ Complete each line of the Detail of 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 'Budget' form with the following fields and values:

- Budget Line Label:** (empty)
- Line Number::** (empty)
- Budget Line*:** (highlighted with a red circle and a red arrow pointing to it). The dropdown menu is open, showing three options: 'Budget-Payroll' (selected), 'Budget-Payroll', and 'Budget-Benefits'.
- Description*:** (empty)
- Invoice Number:** 1
- Cost*:** 0.00
- Expense Total:** (empty)

There are two 'Save Row' buttons: one at the top right and one at the bottom right of the form.

Detail of Expenditure form cont.

- ▶ Complete each line of the Detail of Expenditure form
 - ▶ Description
 - ▶ Enter either “Supplement” or “Benefits” followed by the date(s) of pay period(s) from the completed invoice
 - ▶ Enter 1 line for supplement - regardless of how many payroll periods are being claimed on the Invoice
 - ▶ Enter 1 line for benefits - regardless of how many payroll periods are being claimed on the Invoice

Budget

Save Row

Budget Line Label:

Line Number::

Budget Line*: Budget-Payroll

Description*: Supplements 07/01/2024-07/31/2024

Invoice Number: 1

Cost*: 499.98

Expense Total:

Save Row

Budget

Save Row

Budget Line Label:

Line Number::

Budget Line*: Budget-Benefits

Description*: Benefits 07/01/2024-07/31/2024

Invoice Number: 1

Cost*: 499.98

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 |
|------------------|----------------|
| \$ 333.32 | \$ 54.66 |
| \$ - | \$ - |
| \$ 83.33 | \$ 13.66 |
| \$ 83.33 | \$ 13.66 |
| \$ - | \$ - |
| \$ 499.98 | \$ 81.98 |
| | \$ 581.96 |

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: | 7/31/25 |

| Budget | | Save Row |
|--------------------|-----------------------------------|----------|
| Budget Line Label: | | |
| Line Number:: | | |
| Budget Line*: | Budget-Payroll | |
| Description*: | Supplements 07/01/2024-07/31/2024 | |
| Invoice Number: | 1 | |
| Cost*: | 499.98 | |
| Expense Total: | | |
| | | Save Row |

Expenditures cont.

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

 Budget

Save Row

Budget Line Label:

Line Number::

Budget Line*:

Budget-Payroll

Description*:

Supplements 07/01/2024-07/31/2024

Invoice Number:

1

Cost*:

499.98

Expense Total:

Save Row

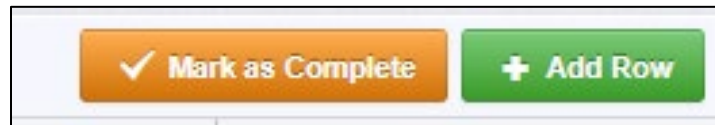
| Total Supplement | Total Benefits |
|------------------|----------------|
| \$ 333.32 | \$ 54.66 |
| \$ - | \$ - |
| \$ 83.33 | \$ 13.66 |
| \$ 83.33 | \$ 13.66 |
| \$ - | \$ - |
| \$ 499.98 | \$ 81.98 |
| | \$ 581.96 |

Detail of Expenditure cont.

- ▶ Once the supplement amount has been added, select "Save Row"



- ▶ Select "Add Row" to add the benefits and complete the same steps as you did to add in the supplement



Reimbursement Form

- ▶ Verify the amounts entered on the Detail Expenditure form have carried down to Reimbursement section correctly
- ▶ 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-Payroll | 0 | Supplements 07/01/2024-07/31/2024 | 1 | \$499.98 | \$499.98 |
| Budget-Benefits | 0 | Benefits 07/01/2024-07/31/2024 | 1 | \$81.98 | \$81.98 |

Last Edited By: TEST TEST - Jul 9, 2025 3:53 PM

+ Add Row

Reimbursement

✓ Mark as Complete

| Budget Category | Subaward Budget | Expenses This Period | Prior Expenses (Paid) | Total | Available Balance (Unpaid) |
|-----------------|-----------------|----------------------|-----------------------|----------|----------------------------|
| Budget | | | | | |
| Payroll | \$33,000.00 | \$499.98 | \$0.00 | \$499.98 | \$32,500.02 |
| Benefits | \$4,000.00 | \$81.98 | \$0.00 | \$81.98 | \$3,918.02 |
| | \$37,000.00 | \$581.96 | \$0.00 | \$581.96 | \$36,418.04 |
| | \$37,000.00 | \$581.96 | \$0.00 | \$581.96 | \$36,418.04 |

Last Edited By: TEST TEST - Jul 9, 2025 3:53 PM

Edit Claim

- ▶ To edit a claim, select the claim that is in “Editing” status, 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



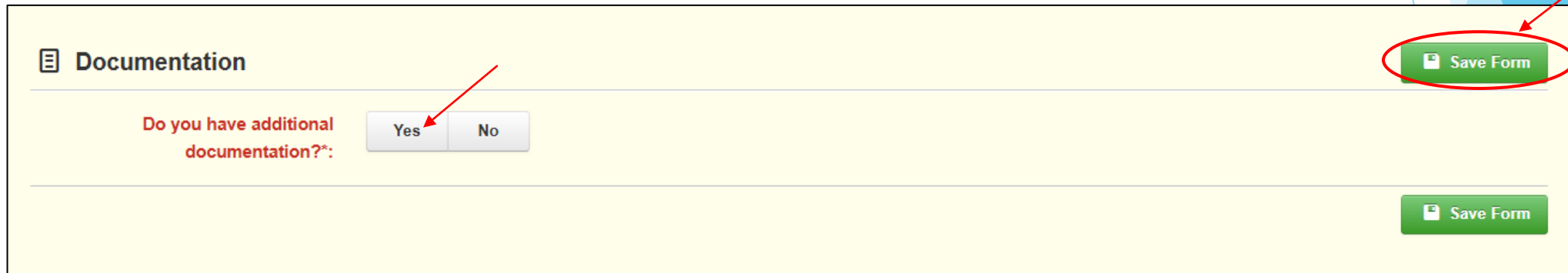
Other Attachments

- ▶ Select “Other Attachments”

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

Other Attachments cont.

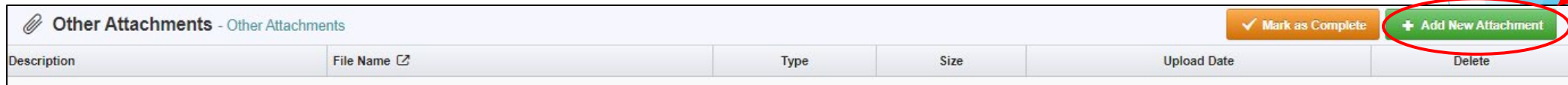
- ▶ Select “Yes” to attach the supporting documentation (i.e., signed invoice)
 - ▶ Select “Save Form”



The screenshot shows a form titled "Documentation" with a yellow background. Below the title, there is a question in red text: "Do you have additional documentation?:". To the right of the question are two buttons: "Yes" and "No". A red arrow points to the "Yes" button. In the top right corner of the form, there is a green button labeled "Save Form" with a document icon, which is circled in red. Another red arrow points to this button. In the bottom right corner of the form, there is another green button labeled "Save Form" with a document icon.

Other Attachments cont.

- ▶ Select “Add New Attachment”



The screenshot shows a web interface for managing attachments. At the top, there is a header bar with a paperclip icon, the text 'Other Attachments - Other Attachments', and two buttons: '✓ Mark as Complete' and '+ Add New Attachment'. The '+ Add New Attachment' button is circled in red, and a red arrow points to it from the right. Below the header is a table with the following columns: Description, File Name (with a link icon), Type, Size, Upload Date, and Delete.

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

- ▶ Follow the instructions in WebGrants to attach the supporting 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
 - ▶ Payroll Summary
- ▶ 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 web-based 'Attach File' dialog box. The title bar at the top is dark grey with a paperclip icon and the text 'Attach File'. The main content area has a light yellow background. At the top left of this area is a paperclip icon followed by the text 'Attach File'. Below this, there are two main sections. The first section is labeled 'Upload File*' in red text, followed by a white text input field and a grey button labeled 'Select file'. A red arrow points from the 'Select file' button to the 'Select File' text in the list above. The second section is labeled 'Description*' in red text, followed by a larger white text area containing the placeholder text 'Description'. A red arrow points from the 'Description*' label to this text area. Below the text area, it says '500 character(s) left'. In the top right corner of the dialog, there are two buttons: a green button labeled 'Save File' with a document icon, and a red button labeled 'Cancel' with a close icon. A red circle is drawn around the 'Save File' button, and a red arrow points from the 'Save File' text in the list above to this button.

Other Attachments cont.

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



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

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 |

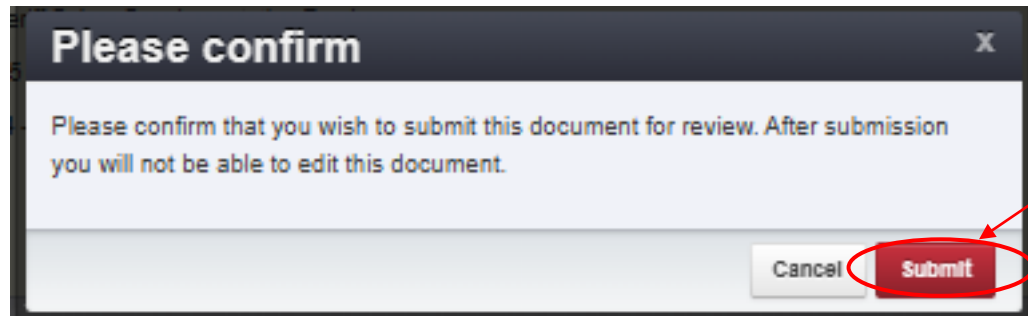
✓ Submit Claim

✕ Withdraw

🔍 Preview Claim

Submit Claim cont.

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



Claim Facts

- ▶ Claims may be submitted by:
 - ▶ Pay period
 - ▶ Monthly
 - ▶ Quarterly - minimum of 4 claims a year
- ▶ **Final Claim:** Submission of the final claim must include a payroll summary report detailing the supplement and benefit amounts paid for all deputies and pay periods within the grant, to include those no longer active on the budget

(If it is easier for your agency to submit payroll summaries throughout the project period, you may submit those reports with the corresponding claim, but they are only required to be submitted with 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 must submit a payroll summaries with the final claim
 - ▶ The agency may choose to supply payroll summaries more often throughout the grant period, but it is not required
- ▶ The payroll summary(s) must be submitted in the “Other Attachments” component of the corresponding claim, and/or the final claim
- ▶ A payroll summary report must come from the payroll/accounting system, and must contain:
 - ▶ **Each deputy** and how much supplement they were paid during the grant period

Grant Components

- ▶ 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

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

Budget - Multi-List

Add Row

| Line Number: | Line Description | Total |
|--------------|------------------|------------|
| 1001 | Personnel | \$9,000.00 |
| 2001 | Benefits | \$1,476.00 |

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 | 16.40% | \$ 196.80 | \$ 1,396.80 |
| 2 | Deputy Name | \$ 1,200.00 | 16.40% | \$ 196.80 | \$ 1,396.80 |
| 3 | Deputy Name | \$ 1,200.00 | 16.40% | \$ 196.80 | \$ 1,396.80 |
| 4 | Deputy Name | \$ 1,200.00 | 16.40% | \$ 196.80 | \$ 1,396.80 |
| 5 | Deputy Name | \$ 1,200.00 | 16.40% | \$ 196.80 | \$ 1,396.80 |
| 6 | Deputy Name | \$ 1,200.00 | 16.40% | \$ 196.80 | \$ 1,396.80 |
| 7 | Deputy Name | \$ 1,800.00 | 16.40% | \$ 295.20 | \$ 2,095.20 |

Grant Components

- ▶ Select Subaward Adjustments

| Component |
|-----------------------------|
| General Information |
| Contact Information |
| Claims |
| Correspondence |
| Budget |
| Subaward Adjustments |
| Subaward Adjustment Notices |
| Closeout |
| Status Reports |
| Award Documents - Final |
| Funding Opportunity |
| Application |

Subaward Adjustments

- ▶ Subaward Adjustments are required for:
 - ▶ Budget Modifications
 - ▶ A change in deputy that is listed in the Budget Justification
 - ▶ 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 Modifications
 - ▶ Program changes include changes in Recipient staff, Authorized Officials, Project Directors, Fiscal Officers, and Officers in Charge
 - ▶ Additional changes may include address, phone or email changes or any other information in the Organization component in WebGrants
 - ▶ A request for a program modification must be submitted through WebGrants as a Subaward Adjustment

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

Status*: Editing

Amendment Type*: Program Revision

Title*: Program Revision

Save Form

- ▶ Select “Save Form”

Subaward Adjustments cont.

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

| Component | Complete? |
|---------------------|---|
| General Information |   |
| Justification | |
| Budget | |
| Confirmation | |
| Attachments | |

Budget Modifications

▶ Budget Modifications

- ▶ Budget revision spreadsheet will be provided at the conclusion of the workshop

| | 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 cont.

► Justification

- ▶ A description of the change(s) that are being requested to the budget
- ▶ Attach the Budget Revision Spreadsheet if transferring funds from one budget line to another

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 cont.

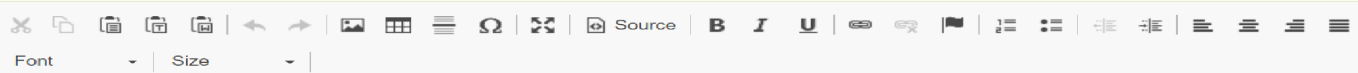
- ▶ When requesting to add or remove a deputy to the justification:
 - ▶ List the position number listed on the budget
 - ▶ Name of the deputy
 - ▶ Last date of employment, if the deputy needs to be removed
 - ▶ Starting date of new deputy
 - ▶ New hires will also need to add their annual salary

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

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.

Budget Modifications cont.

- ▶ Select “Save Form”



- ▶ Select “Mark as Complete”



Budget Modifications 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 cont.

- ▶ Adjust the budget line to mirror the changes that are to occur, if any

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

Budget

| 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

| 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 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

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*:

Becky Block

Title*:

Grant Specialist

Date*:

08/08/2024

Save Form

- ▶ Select “Mark as Complete”



Budget Modifications 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 | | - |

- ▶ Attachments may include:
 - ▶ Updated benefit rate sheet
 - ▶ Budget revision spreadsheet

Budget Modifications cont.

- ▶ Select “Yes” or “No” to add supporting documentation
 - ▶ Select “Save Form”

Documentation

Do you have any documentation?*:

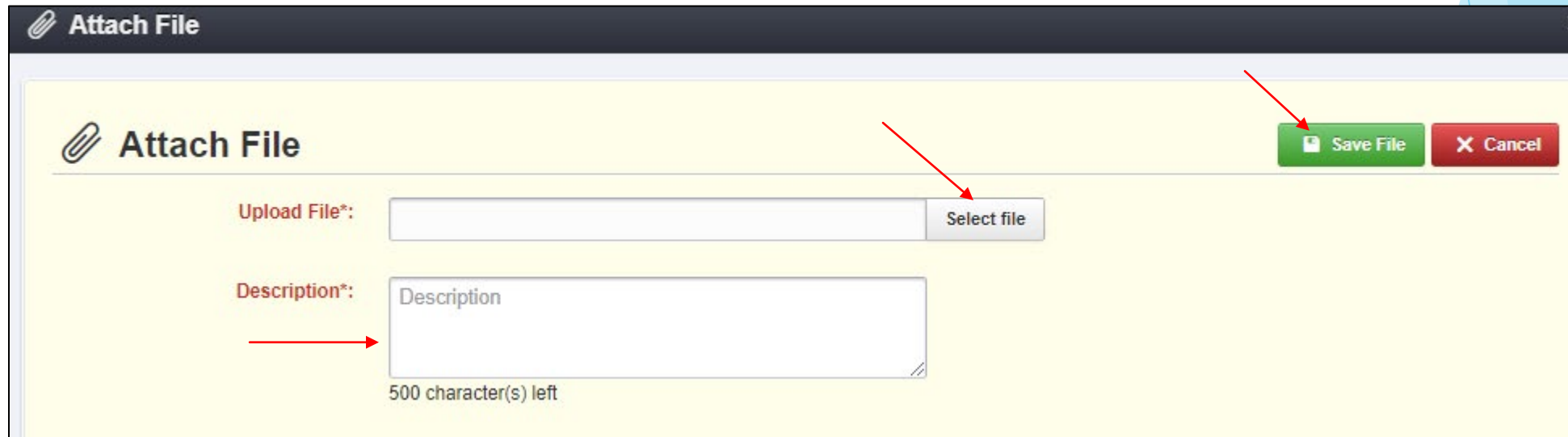
- ▶ To add supporting documentation, select “Add New Attachment”

Other Attachments - Other Attachments

| Description | File Name | Type | Size | Upload Date | Delete |
|-------------|-----------|------|------|-------------|--------|
|-------------|-----------|------|------|-------------|--------|

Budget Modifications 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 web-based 'Attach File' dialog box. It has a title bar with a paperclip icon and the text 'Attach File'. Inside the dialog, there is a header section with a paperclip icon and the text 'Attach File'. Below this, there are two main sections: 'Upload File*' and 'Description*'. The 'Upload File*' section contains a text input field and a 'Select file' button. The 'Description*' section contains a larger text input field with the placeholder text 'Description' and a character count '500 character(s) left' at the bottom. In the top right corner, there are two buttons: 'Save File' (green) and 'Cancel' (red). Three red arrows are overlaid on the image: one points to the 'Select file' button, one points to the 'Description' text input field, and one points to the 'Save File' button.

Budget Modifications cont.

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



Other Attachments - Other Attachments

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

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”

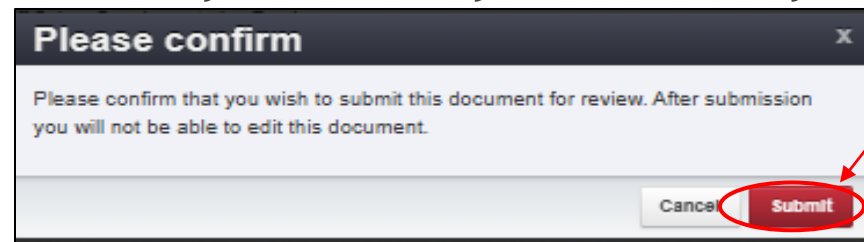
Budget Modifications cont.

- ▶ 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 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

General Information - Amendment - Edit Save Form

Status*: Editing ▼

Amendment Type*: Program Revision ▼

Title*: Brief Title

Program Revision cont.

- Select “Justification”

| Component | Completed? |
|---------------------|------------|
| General Information | ✓ |
| Justification | |
| Confirmation | |
| Attachments | |

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

[illegible]

Program Revision cont.

- ▶ Select “Save Form” once completed



- ▶ 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 

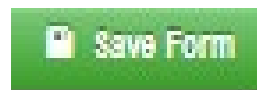
Your typed name as the applicant authorized official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of the veracity of the representations made in this subaward adjustment. You must include your title, full legal name, and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

Authorized Official Name*:

Title*:

Date*:

- ▶ Select “Save Form”



- ▶ Select “Mark as Complete”



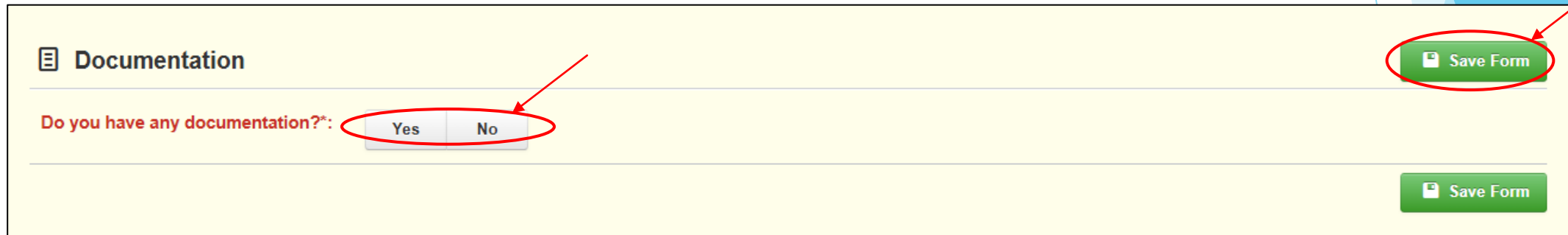
Program Revision cont.

► 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 | | - |

Program Revision cont.

- ▶ Select “Yes” or “No” to add supporting documentation
 - ▶ Select “Save Form”



The screenshot shows a form section titled "Documentation" with a list icon. Below the title is a question: "Do you have any documentation?*" with two radio button options, "Yes" and "No". Both options are circled in red, with a red arrow pointing to the "No" option. In the top right corner, there is a green "Save Form" button with a document icon, also circled in red with a red arrow. In the bottom right corner, there is another green "Save Form" button with a document icon.

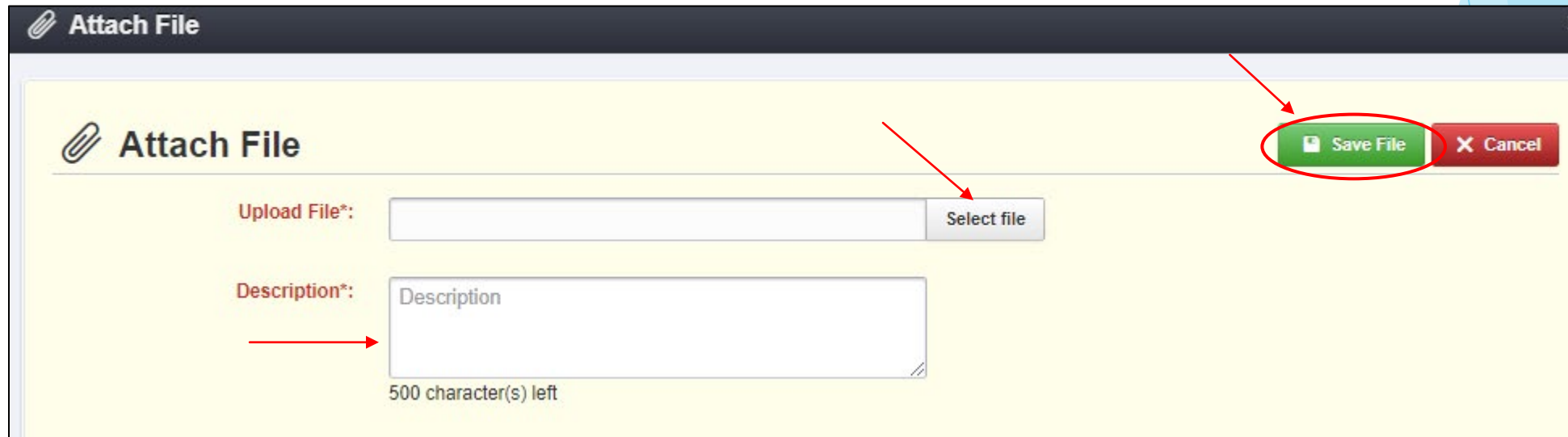
- ▶ To add supporting documentation, select “Add New Attachment”



The screenshot shows a form section titled "Other Attachments - Other Attachments" with a paperclip icon. Below the title is a table with columns: Description, File Name (with a link icon), Type, Size, Upload Date, and Delete. In the top right corner, there are two buttons: an orange "Mark as Complete" button with a checkmark icon, and a green "+ Add New Attachment" button with a plus icon. The "+ Add New Attachment" button is circled in red with a red arrow.

Program Revision cont.

- ▶ Select “Select file” to browse your computer for the attachment
- ▶ 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. Inside the dialog, there is a section titled "Attach File" with a paperclip icon. Below this, there are two main input areas:

- 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 with the placeholder text "Description". A red arrow points to the text area. Below the text area, it says "500 character(s) left".

At the top right of the dialog, there are two buttons: "Save File" (green) and "Cancel" (red). The "Save File" button is circled in red, and a red arrow points to it.

Program Revision cont.

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



The screenshot shows a web interface for managing attachments. At the top, there's a header bar with a paperclip icon, the text 'Other Attachments - Other Attachments', and two buttons: '✓ Mark as Complete' (orange) and '+ Add New Attachment' (green). Below this is a table with columns: Description, File Name (with a link icon), Type, Size, Upload Date, and Delete. A single row is visible with the description 'Invoice', file name 'DSSSF Invoice Spreadsheet 06222022.xlsx', type 'xlsx', size '16 KB', and upload date '08/07/2024 02:39 PM'. A 'Delete' button is in the last column. At the bottom right, it says 'Last Edited By: TEST TEST - Aug 7, 2024 2:39 PM'.

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

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”

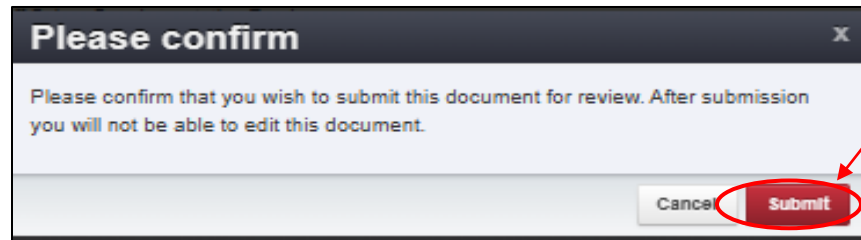
Program Revision cont.

- ▶ 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 ready to submit, if you are sure, select “Submit”



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

Correspondence

- ▶ Select Correspondence
- ▶ Requests may be submitted through the Correspondence component
 - ▶ Approvals will be sent through Correspondence as well
 - ▶ The Correspondence component works similar to email

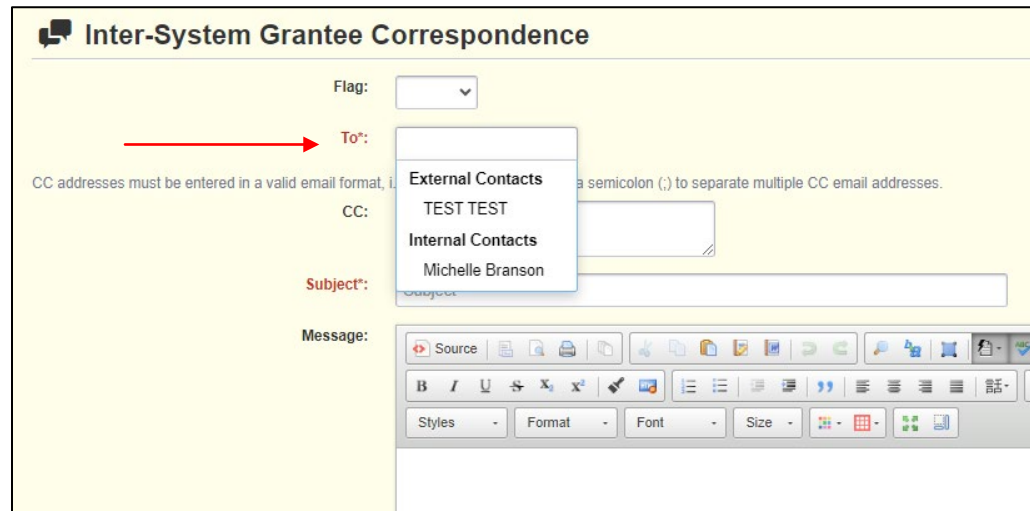
| Component |
|-----------------------------|
| General Information |
| Contact Information |
| Claims |
| Correspondence |
| Budget |
| Subaward Adjustments |
| Subaward Adjustment Notices |
| Closeout |
| Status Reports |
| Award Documents - Final |
| Funding Opportunity |
| Application |

Correspondence

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

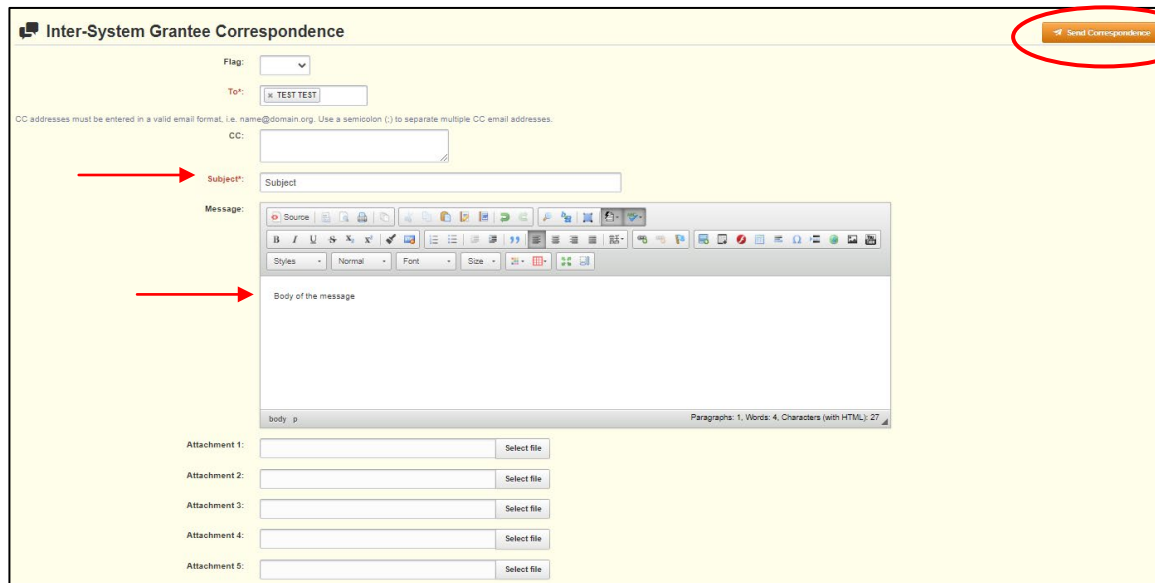


- ▶ Select from the “To” drop-down, who you want to send the correspondence to

A screenshot of a web form titled "Inter-System Grantee Correspondence". The form has a yellow background. It includes fields for "Flag:" (a dropdown menu), "To:" (a dropdown menu with a red arrow pointing to it), "CC:" (a text input field), "Subject*:" (a text input field), and "Message:" (a large text area). A red arrow points to the "To:" dropdown menu, which is open and shows a list of contacts: "External Contacts", "TEST TEST", "Internal Contacts", and "Michelle Branson". Below the "To:" field, there is a note: "CC addresses must be entered in a valid email format, separated by a semicolon (;) to separate multiple CC email addresses." At the bottom of the form, there is a toolbar with various icons for editing the message, including bold, italic, underline, link, unlink, list, and image.

Correspondence cont.

- ▶ Enter the “Subject” and the “Message” that you want to send
 - ▶ You can add any other individual with “CC”
- ▶ Once the correspondence has been completed, select “Send Correspondence”
- ▶ You can also add up to 5 attachments



The screenshot shows the 'Inter-System Grantee Correspondence' form. It includes fields for 'Flag', 'To:' (with a dropdown menu), 'CC:', 'Subject:', and a rich text editor for the 'Message:'. Below the message editor are five attachment slots, each with a 'Select file' button. A red circle highlights the 'Send Correspondence' button in the top right corner, with a red arrow pointing to it. Another red arrow points to the 'Subject:' field, and a third red arrow points to the 'Body of the message' text area. The status bar at the bottom right of the message editor shows 'Paragraphs: 1, Words: 4, Characters (with HTML): 27'.

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 Revision
- ▶ 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 a Correspondence
 - ▶ Select the subject of the Correspondence

| Inter-System Grantee Correspondence | | | | | | | | | |
|-------------------------------------|----------------------|-----------|----------------|---------|---------|--------------|--------------|--------------|--------------|
| | | | | | | | | | |
| Search: <input type="text"/> | | | | | | | | | |
| Flag | Sent/Received | From | To | Subject | Message | Attachment 1 | Attachment 2 | Attachment 3 | Attachment 4 |
| | Oct 18, 2024 9:34 AM | TEST TEST | Amelia Jaegers | test | test | | | | |

- ▶ In the open correspondence select “Reply to Message”

Inter-System Grantee Correspondence

← Reply to Message

To: Amelia Jaegers

From: TEST TEST

CC:

Subject: test

Sent/Received Date: Oct 18, 2024 9:34 AM

Correspondence cont.

- ▶ Complete the correspondence reply and then select, “Send Correspondence”

Inter-System Grantee Correspondence

[Send Correspondence](#)

Flag: ▼

To*: To

CC addresses must be entered in a valid email format, i.e. name@domain.org. Use a semicolon (;) to separate multiple CC email addresses.

CC: ↵

Subject*: Subject

Message:

Source | [Icons]

B I U [Icon] X⁻ X⁺ [Icon] [List Icon] [Table Icon] [Link Icon] [Image Icon] [Media Icon] [Code Icon] [Quote Icon] [Indent Icon] [Outdent Icon] [Align Left Icon] [Align Center Icon] [Align Right Icon] [Justify Icon] [Undo Redo Icons] [Find Replace Icons] [Print Icon] [Fullscreen Icon] [Help Icon]

Styles ▾ Format ▾ Font ▾ Size ▾ [Color Picker] [Background Color] [Text Background Color] [More Options]

Paragraphs: 0, Words: 0, Characters (with HTML): 0

Attachment 1:

Select file

Attachment 2:

Select file

Attachment 3:

Select file

Attachment 4:

Select file

Attachment 5:

Select file

Status Reports

- ▶ Status Reports will no longer be required for the DSSSF!

MoSMART Board Members

- ▶ Sheriff Randee M. Kaiser - Chairman
- ▶ Sheriff Michael Bonham - Vice-Chair
- ▶ Sheriff Jim C. Arnott - Secretary

Contacts

- ▶ Veronica Giedd - Grant Specialist
Veronica.Giedd@dps.mo.gov
(573) 751-5289
- ▶ Amelia Jaegers - Lead Grant Specialist
Amelia.Jaegers@dps.mo.gov
(573) 522-4094
- ▶ Chelsey Call - Grant Supervisor
Chelsey.Call@dps.mo.gov
(573) 526-9203
- ▶ Joni McCarter - Grant Program Manager
Joni.McCarter@dps.mo.gov
(573) 526-9020