



# Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Drug Task Force (DTF) Compliance Training FY23

Department of Public Safety Grants

Criminal Justice/Law Enforcement Unit

# FY 2023 JAG DTF Purpose

- ▶ The purpose of the Edward J. Byrne Memorial Justice Assistance Grant
  - ▶ The Missouri Department of Public Safety's strategic priorities encompass several key initiatives including; building relationships with external stakeholders, identifying hazards and threats to public safety, maintaining sufficient capacities to perform statutorily required responsibilities and utilizing Federal and State programs to protect, as well as, provide impactful service to Missouri citizens. The JAG DTF grant opportunity provides resources to combat drug related crimes

# Grant Requirements

- ▶ Edward Byrne Memorial Justice Assistance Grant (JAG)
  - ▶ Authorized by 34 U.S.C. §§ 10151-10158
  - ▶ CFDA # 16.738
  - ▶ Awarded to Missouri by the U.S. Department of Justice (DOJ), Office of Justice Program (OJP), Bureau of Justice Systems (BJA)
  - ▶ Provides federal criminal justice funding

# Grant Requirements cont.

- ▶ Administrative Guide and Information Bulletins
- ▶ Financial & Administrative Guide for DPS Grants
  - ▶ [DPS Financial and Administrative Guidelines \(mo.gov\)](https://dps.mo.gov/dir/programs/dpsgrants/documents/financial-admin-guidelines.pdf)
    - ▶ <https://dps.mo.gov/dir/programs/dpsgrants/documents/financial-admin-guidelines.pdf>
- ▶ Information Bulletins
  - ▶ CJ/LE-GT-2020-002, Policy on Claim Request Requirements including DPS Reimbursement Checklist
  - ▶ CJ/LE-GT-2020-003, Policy on Budget Modifications, Program Changes, Scope of Work Changes, Status Reports, and Return of Funds
  - ▶ CJ/LE-GT-2023-004, Policy on Monitoring Subrecipient Reporting, Recordkeeping, and Internal Operation and Accounting Control Systems
  - ▶ CJ/LE-GT-2023-005, Policy for Requirement of Subrecipient Pass-Through Entities

# Grant Requirements cont.

- ▶ FY 2022 Edward Byrne Memorial Justice Grant (JAG) Program State Formula Solicitation: <https://bja.ojp.gov/funding/opportunities/o-bja-2022-171322>
  - ▶ FY 2023 state formula has not been posted as of today
- ▶ Missouri State Statutes: <http://revisor.mo.gov/main>
- ▶ Office of Justice Programs (OJP) Financial Guide: <https://ojp.gov/financialguide/doj/index.htm>

# Audit Requirements

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

# State Civil Rights

- ▶ Agencies must comply with State Civil Rights
  - ▶ Section 213.055 RSMo - Unlawful Employment Practices
  - ▶ Section 213.065 RSMo - Discrimination in Public Accommodations
  - ▶ Section 285.530.1 RSMo indicates that an agency will not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri

# Federal Civil Rights

- ▶ Agencies must comply with Federal Civil Rights
  - ▶ Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d)
  - ▶ Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794)
  - ▶ Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § § 12131-34)
  - ▶ Title IX of the Education Amendments of 1972 (21681, 1683, and 1685-860 U.S.C. § §)
  - ▶ Age Discrimination Act of 1975 (42 U.S.C. § § 6101-07)
  - ▶ U.S. Department of Justice Regulations - Non-Discrimination; Equal Employment Opportunity; Policies and Procedures (28 C.F.R. pt 42)
  - ▶ U.S. Department of Justice Regulations - Equal Treatment for Faith Based Organizations (28 C.F.R. pt 38)
  - ▶ U.S. Department of Justice Regulations - Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance (28 C.F.R. pt 54)
  - ▶ Executive Order 13279 (equal protection of the laws for faith-based and community organizations)
  - ▶ Executive Order 13559 (fundamental principles and policymaking criteria for partnerships with faith-based and other neighborhood organizations)



# Equal Employment Opportunity Plan (EEOP)

- ▶ A workforce report that some organizations must complete as a condition for receiving U.S. Department of Justice funding authorized by the Omnibus Crime Control and Safe Streets Act of 1968
- ▶ EEOPs are intended to ensure recipients (and subrecipients) of federal funding are providing equal employment opportunities to men and women regardless of sex, race, or national origin
- ▶ The U.S. Department of Justice regulations pertaining to the development of a comprehensive EEOP can be found at 28 C.F.R. § 42.301-42.308
- ▶ The U.S. Department of Justice, Office for Civil Rights (OCR) is the federal branch that collects, reviews, and approves EEOPs
- ▶ Effective in December 2016, the OCR developed an Equal Employment Opportunity (EEO) Reporting Tool to streamline the EEO reporting process. The deployment of the EEO Reporting Tool, however, changed the reporting requirements for recipients of funding from the U.S. Department of Justice

# Office for Civil Right's EEOP Website:

<https://ojp.gov/about/ocr/eeop.htm>

## Equal Employment Opportunity Plans

The statutory and regulatory information contained on this page does not constitute legal advice and is for general informational purposes only. The OCR makes no guarantee that the statutory authority or regulatory code cited within is the most current version of said law/regulation. For more recent versions of the U.S. Code and the CFR, users should consult the official [revised U.S.C.](#) or the [eCFR](#).

An Equal Employment Opportunity (EEO) plan is a comprehensive document that analyzes a recipient's relevant labor market data, as well as the recipient's employment practices, to identify possible barriers to the participation of women and minorities in all levels of a recipient's workforce. Its purpose is to ensure the opportunity for full and equal participation of men and women in the workplace, regardless of race, color, or national origin.

As a recipient of Department of Justice funding, your organization may be required to submit a Certification Report or the Utilization Report portion of your plan to the Office for Civil Rights. If you are unsure of whether your organization is subject to the Civil Rights requirements of the Safe Streets Act, please refer to the FAQ [How can I tell if a recipient is subject to the Safe Streets Act?](#)

The Equal Employment Opportunity (EEO) Reporting System will allow you to create your organization's account, then prepare and submit an EEO Certification Form and if required, create and submit an EEO Utilization Report. You will also be able to access your organization's saved information in subsequent logins.

[EEO Reporting Tool Login](#)

- Civil Rights Home
- Training Resources
- Filing a Civil Rights Complaint
- Equal Employment Opportunity Plans**
- Equal Employment Opportunity Program (EEOP) FAQs
- Investigative Findings
- Your Language
- Initiatives of Interest
- Statutes & Regulations
- Other Resources and Links
- Data Tools

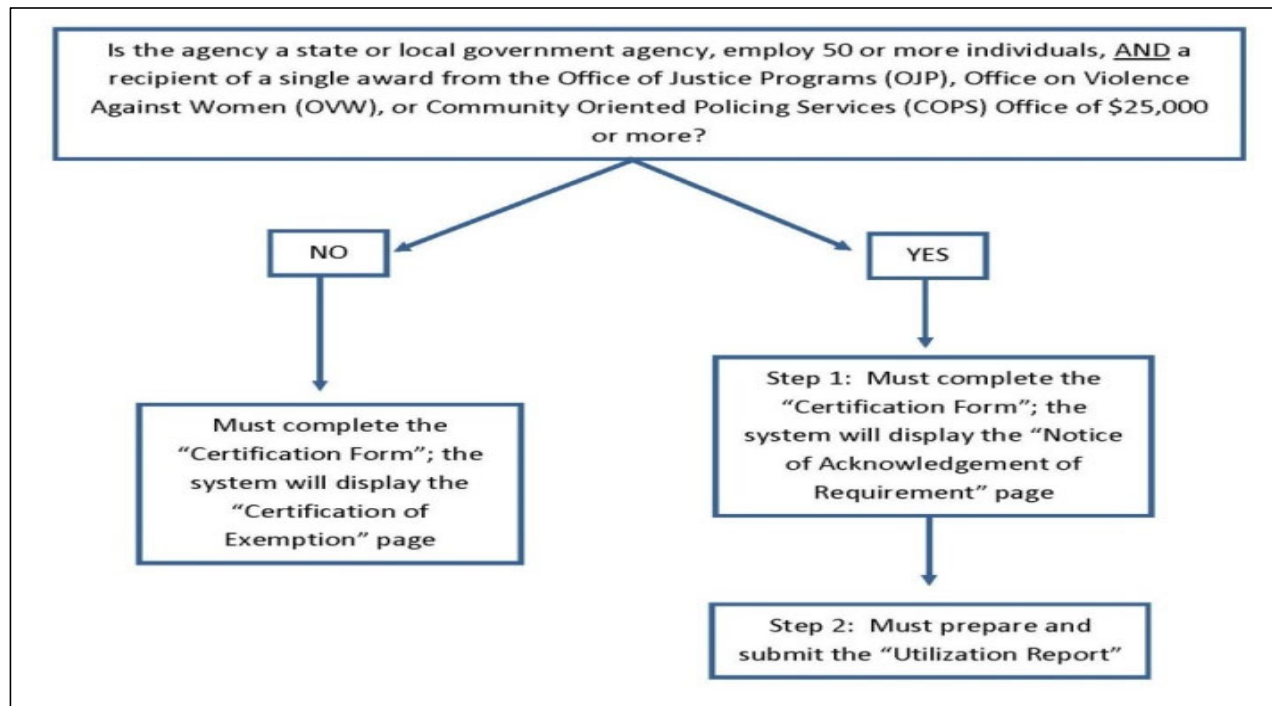
Provides access to the "EEO Reporting Tool Job Aid"

# Equal Employment Opportunity (EEO) Plans Certification Form

- ▶ The EEO Certification Form must be prepared for the recipient (or subrecipient) of the federal funding (i.e. county, city, university/college, or state department); the EEO Certification Form is not just for the project agency (i.e. Sheriff's Office, Police Department, State Division)
- ▶ Recipients (and subrecipients) exempt from the EEO reporting requirement must claim such exemption
- ▶ Recipients (and subrecipients) required to prepare an EEO Utilization Report must acknowledge such requirement
  - ▶ Effective with the "EEO Reporting Tool", a "Notice of Acknowledgement of Requirement" form will populate and be submitted to OCR. The Form must be submitted each calendar year for which DOJ funding is received

# EEO Determination

- ▶ For calculating the total number of employees, include part-time and fulltime workers but exclude seasonal employees, political appointees, and elected officials



# Equal Employment Opportunity Plans Form Example

**CERTIFICATION FORM**  
**Compliance with the Equal Employment Opportunity Plan (Equal Employment Opportunity Program) Requirements**

Recipient's Name:	Cole County		
Address:	1101 Riverside Dr., Jefferson City, MO 65102		
Recipient Type:	Subrecipient	Law Enforcement Agency:	Yes
DUNS Number:		Vendor Number (only if direct recipient):	
Name of Contact Person:	John Smith	Title of Contact Person:	H.R. Director
Telephone Number:	573-522-1908	E-Mail Address:	<a href="mailto:jsmith@organization.com">jsmith@organization.com</a>
Subrecipients:	No		

**Acknowledgement of EEO Data Collection, Maintenance and Submission Requirements**

I, **John Smith** (authorized official), acknowledge that **Cole County** (recipient organization) has an obligation to develop and submit an EEO Utilization Report to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice (OCR) for 2017 *(fiscal year)*. I understand the regulatory obligations under 28 C.F.R. Section 42.301-308 to collect and maintain extensive employment data by race, national origin, and sex, even though our organization may not use all of this data in completing the EEO Utilization Report.

By accepting financial assistance subject to the civil rights provisions of the Safe Streets Act, **Cole County** (organization) is on notice that at some future date, during the active award period, the OCR may request any of the employment data noted in the EEO regulations. I understand that in the context of an administrative investigation of an employment discrimination complaint, failure to produce employment data required for a comprehensive EEO may allow the OCR to draw an adverse inference based on the data's absence.

John Smith, H.R. Director                      *John Smith*                      3/2/2017  
 \_\_\_\_\_  
 Print or Type Name and Title                      Signature                      Date

- ▶ Navigate to the OCR EEOP webpage
- ▶ Sign into the EEO Reporting Tool
- ▶ The applicable EEO Certification Form will populate based on responses to the type of agency, number of employees, and single largest DOJ award
- ▶ When completed, the EEO Certification Form must be e-signed by the designated official (the “EEO Reporting Tool Job Aid” provides instruction on how to designate this individual)
- ▶ Once e-signed, the EEO Certification Form is then submitted electronically through the EEO Reporting Tool and a confirmation email will be received

# Non-Discrimination

- ▶ If the subrecipient has 50 or more employees and receives OJP, OVW, or COPS funding of \$25,000 or more:
  - ▶ The subrecipient must have written policies or procedures in place to notify program participants and employees on how to file complaints alleging discrimination
  - ▶ The subrecipient must designate a person(s) to coordinate complaints alleging discrimination

# Non-Discrimination Findings

- ▶ Subrecipients must notify DPS of any findings of discrimination within 30 days of the court judgment
- ▶ Submit the Court Judgment with a cover letter to DPS; the cover letter should identify the DPS-assigned Subaward Number, as indicated on the Subaward Document

Missouri Department of Public Safety

Attn: Director of Public Safety

PO Box 749

Jefferson City, MO 65102

- ▶ DPS must forward to the Office for Civil Rights (OCR)



# Grant Set-Up

- ▶ The grant Subaward Agreement was sent to the Project Director and the Officer in Charge via email correspondence
  - ▶ Subaward Documents for both State and Federal award amounts were sent
- ▶ The subaward must be signed by the Authorized Official
- ▶ Each page of the Articles of Agreement must be initialed by the Authorized Official
- ▶ The signed subaward needs to be submitted to the Missouri Department of Public Safety
- ▶ A copy of the signed subaward will be available in WebGrants under Subaward Documents - Final



# Pass-Through Requirements

## ▶ Pass-Through Entities

- ▶ 2 CFR 200.74 defines a pass-through entity as a “non-Federal entity that provides a subaward to a subrecipient to carry out part of a Federal program.”
- ▶ 2 CFR 200.92 defines a subaward as an “award provided by a pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.”

# Pass-Through Requirements cont.

- ▶ Who is a Pass-Through Entity?
  - ▶ The Missouri Department of Public Safety, DPS Grants, is a pass-through entity as subawards are issued to all of the Drug Task Forces
  - ▶ Your agency is a pass-through entity if it receives a subaward from the DPS Grants and subsequently passes funds, personnel costs, equipment, supplies, etc., to another entity
    - ▶ Example: If the pass-through agency submits a payment to the task force and/or another agency, the agency is a pass-through entity



# Pass-Through Requirements cont.

- ▶ 2 CFR 200.332 discusses pass-through entity requirements, which are included:
  - ▶ Risk Assessment
  - ▶ Subaward
  - ▶ Monitoring
- ▶ Information Bulletins
  - ▶ CJ/LE-GT-2023-004, Policy on Monitoring Subrecipient Reporting, Recordkeeping, and Internal Operation and Accounting Control Systems
  - ▶ CJ/LE-GT-2023-005, Policy for Requirement of Subrecipient Pass-Through Entities



# Subawards

- ▶ Pass-through entities are required to issue subawards as detailed in 2 CFR 200.332(a)
- ▶ IB CJ/LE-GT-2023-004 - Policy for Requirements of Subrecipient Pass-Through Entities also discusses subaward requirements
- ▶ Certain elements are required to be detailed in the subaward as discussed in 2 CFR 200.332 (a)
- ▶ DPS Grants will provide a subaward template for agencies to use
- ▶ If the pass-through entity chooses to utilize their own subaward template, it must be approved by DPS Grants prior to issuance
- ▶ All Articles of Agreement in the subaward, issued to the pass-through entity, by DPS Grants, must be passed through to their subrecipient via the subaward
  - ▶ It is the responsibility of the pass-through entity to thoroughly read and understand all conditions to maintain compliance

**Subawards need to be fully executed prior to issuing any payments to the subrecipients**

# Subaward Agreement Template

▶ Example:

SUBAWARD AGREEMENT			
<b>Example: Agency Name</b> <b>Agency Address</b> <b>Agency Phone Number</b>		DATE <b>(Date agreement completed)</b>	
SUBRECIPIENT NAME		FEDERAL IDENTIFICATION NUMBER <b>EMW-2022-SS-00094</b>	OHS CONTROL NUMBER <b>01402 Project#</b>
ADDRESS		USI NUMBER	
CITY	STATE	ZIP CODE	
TOTAL AMOUNT OF THE FEDERAL AWARD <b>(Amount awarded to subrecipient)</b>		AMOUNT OF FEDERAL FUNDS OBLIGATED BY THIS ACTION <b>(Amount awarded to subrecipient)</b>	
TOTAL AMOUNT OF FEDERAL FUNDS OBLIGATED TO THE SUBRECIPIENT <b>(Amount awarded to subrecipient)</b>		TOTAL APPROVED COST SHARING OR MATCHING <b>(0)</b>	
PROJECT PERIOD FROM <b>09/01/2022</b>	PROJECT PERIOD TO <b>08/31/2024</b>	FEDERAL AWARD DATE <b>09/01/2022 (same as OHS award)</b>	
PROJECT TITLE <b>(Provided on the Project Budget Summary of OHS award)</b>		FUNDED BY <b>FY 2022 Homeland Security Grant Program</b>	
FEDERAL AWARDOING AGENCY <b>Department of Homeland Security</b>	PASS THROUGH ENTITY <b>(MO Dept. of Public Safety / Agency)</b>	IS THIS AWARD RAD YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INDIRECT COST RATE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>AMOUNT (should be no, if not check with OHS)</b>
CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER <b>97.007 (same as OHS award)</b>	METHOD OF PAYMENT (Reimbursement – Advanced) <b>Reimbursement</b>		
CONTACT INFORMATION			
<b>(AGENCY) GRANT SPECIALIST</b>		<b>SUBRECIPIENT PROJECT DIRECTOR</b>	
NAME	NAME		
E-MAIL ADDRESS	ADDRESS (if different from above)		
TELEPHONE	CITY, STATE AND ZIP CODE		
PROGRAM MANAGER	TELEPHONE	E-MAIL ADDRESS	
SUMMARY DESCRIPTION OF PROJECT <b>(Summary of the project can be located on the application (after corrections are completed))</b>			
AWARDING AGENCY APPROVAL		SUBRECIPIENT AUTHORIZED OFFICIAL	
TYPED NAME AND TITLE OF <b>(RPG/COG)</b> OFFICIAL		TYPED NAME & TITLE OF SUBRECIPIENT AUTHORIZED OFFICIAL	
SIGNATURE OF APPROVING <b>(RPG/COG)</b> OFFICIAL	DATE	SIGNATURE OF SUBRECIPIENT AUTHORIZED OFFICIAL	DATE
<b>THIS SUBAWARD IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS SET FORTH ON THE ATTACHED SPECIAL CONDITION(S). BY SIGNING THIS SUBAWARD AGREEMENT, THE SUBRECIPIENT IS AGREEING TO READ AND COMPLY WITH ALL SPECIAL CONDITIONS.</b>			

FY 2022

# Risk Assessments

- ▶ Risk assessment evaluates subrecipient risk of noncompliance to determine appropriate monitoring or additional special conditions
- ▶ 2 CFR 200.332 (b) discusses risk assessment requirements
- ▶ IB CJ/LE-GT-2023-004 - Policy on Monitoring Subrecipient Reporting, Recordkeeping, and Internal Operation and Accounting Control Systems
- ▶ IB CJ/LE-GT-2023-005 - Policy for Requirements of Subrecipient Pass-Through Entities also discuss risk assessment requirements



## Risk Assessments cont.

- ▶ Must be completed by pass-through entities for each subrecipient before a subaward is issued
  - ▶ DPS grants will provide the pass-through entity with the Risk Assessment
- ▶ Evaluation of risk may include factors such as:
  - ▶ Prior experience
  - ▶ Previous audit conclusions
  - ▶ New personnel or new/changed time/accounting systems
  - ▶ Federal monitoring conclusions
  - ▶ Other

# Risk Assessment Results

- ▶ The pass-through entity may choose to impose special conditions on the subrecipient's subaward based on the results of the risk assessment
- ▶ 2 CFR 200.208 discusses specific conditions the pass-through entity may impose such as:
  - ▶ Withholding authority to proceed to the next phase of a project until receipt of evidence of acceptable performance within a given period of performance
  - ▶ Requiring additional, more detailed financial reports
  - ▶ Requiring additional project monitoring
  - ▶ Requiring the non-Federal entity to obtain technical or management assistance
  - ▶ Establishing additional prior approvals
- ▶ Any special conditions imposed on the subrecipient should be included in the subaward Articles of Agreement



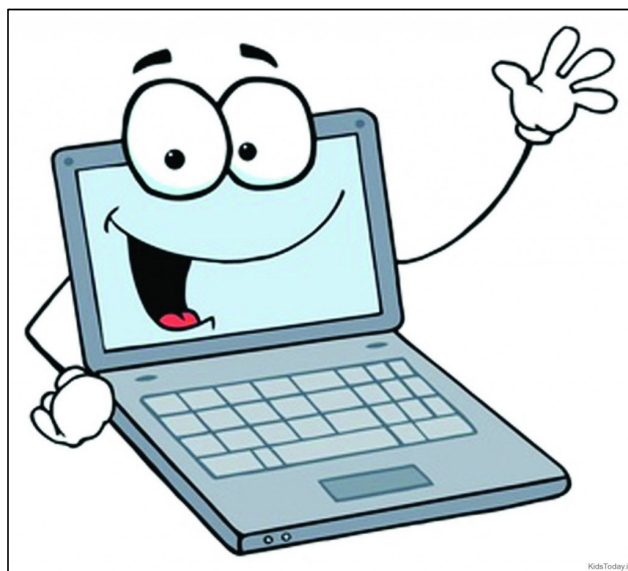
# Spending Grant Dollars

- ▶ Funds must be obligated within the project period and expended with 60 days following the project period end date
- ▶ Project Period: July 1, 2023 - June 30, 2024
- ▶ Final claim due August 15, 2024

# Grant Reporting

- ▶ Claims **must** be submitted at least every 3 months
  - ▶ Claims may be submitted as needed
  - ▶ Only one claim may be submitted at a time (i.e. the previous claims must be in “Paid” status before the next claim is submitted)
- ▶ Status Reports **must** be submitted every Quarter
- ▶ PMT Reports **must** be submitted every Quarter once Federal Funds are being expended

# WebGrants



# Awards

- ▶ The Subrecipient Agency will again have 2 awards: 1 Federal and 1 State
- ▶ State funds will be required to be reimbursed before Federal funds
  - ▶ Once the State funds have been expended the Federal award status will be changed to underway

<input type="checkbox"/>	FY 2022 JAG DTF Federal	Awarded	2022	JAG 22 - Whoville Island Narcotics (WIN) Task Force	Edward Byrne Memorial Justice Assistance Grant (JAG)	BaseLine Organization	TEST TEST	Michelle Branson	138208 - Test 2022 JAG-DTF	\$264,182.86
<input type="checkbox"/>	FY 2022 JAG DTF State	Underway	2022	JAG 22 - Whoville Island Narcotics (WIN) Task Force	Edward Byrne Memorial Justice Assistance Grant (JAG)	BaseLine Organization	TEST TEST	Michelle Branson	138208 - Test 2022 JAG-DTF	\$220,500.00

# Budget

Grant Components	
	Component
General Information	
Budget	
Claims	
Correspondence	
Subaward Adjustments	
Subaward Adjustment Notices	
Status Reports	
Attachments	
Subaward Documents - Final	
Closeout	
Site Visits	
Opportunity	
Application	



# Budget Changes

- ▶ Budgets will be adjusted to 1 line per category, (i.e. all Personnel on 1 line, all Personnel Benefits on 1 line, etc.), except for Equipment. Each piece of Equipment requested will have its own individual budget line.

Budget					<a href="#">Negotiate Component</a>   <a href="#">Create New Version</a>   <a href="#">Return to Components</a>   <a href="#">Add</a>
To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.					
Line Item Code:	Budget Line Category:	Line Name:	Description:	Amount of Grant Funds Requested:	
1001	<b>1. Personnel</b>	Salary	1 Analyst, 2 TFO	\$100,000.00	
				<b>\$100,000.00</b>	
2001	<b>2. Personnel Benefits</b>	Benefits	F/M, WC, LAGERS, Health Insurance	\$25,000.00	
				<b>\$25,000.00</b>	
3001	<b>3. Overtime Personnel</b>	OT Salary	2 TFOS	\$20,000.00	
				<b>\$20,000.00</b>	
4001	<b>4. Overtime Benefits</b>	OT Benefits	F/M, WC, LAGERS	\$5,000.00	
				<b>\$5,000.00</b>	
9001	<b>5. Travel/Training</b>	Fuel	Fuel	\$45,000.00	
				<b>\$45,000.00</b>	
10001	<b>6. Equipment</b>	Portable Radio	APX 8000	\$7,000.00	
10002	<b>6. Equipment</b>	Mobile Radio	APX 8500	\$5,000.00	
				<b>\$12,000.00</b>	
11001	<b>7. Supplies/Operations</b>	DTF Supplies	Office Supplies, Field Supplies	\$7,500.00	
				<b>\$7,500.00</b>	
12001	<b>8. Contractual</b>	Office Rent	Covert Office Rent	\$6,000.00	
				<b>\$6,000.00</b>	
				<b>\$220,500.00</b>	

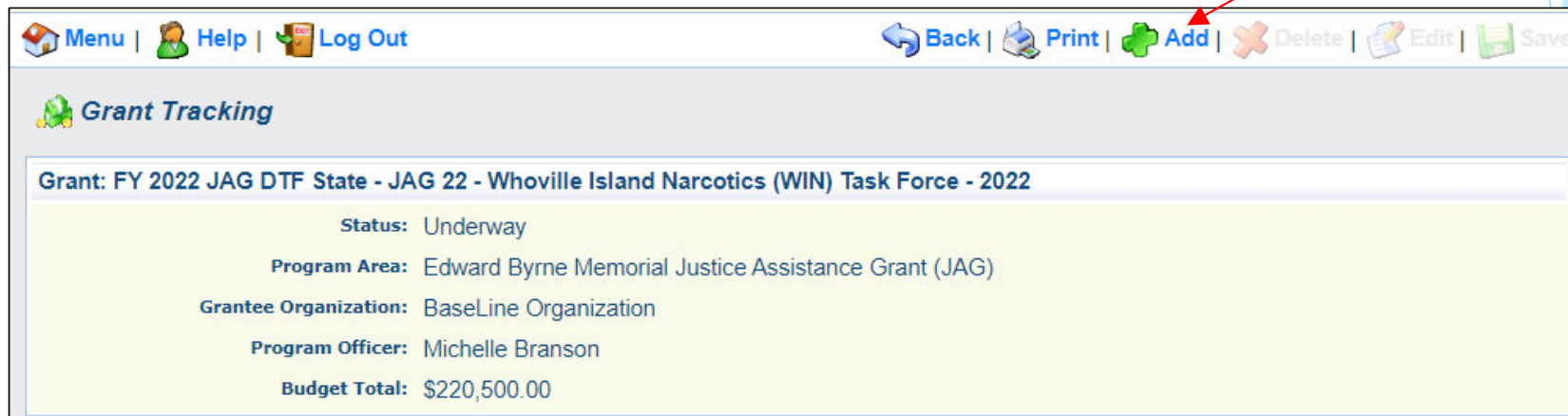
# Claims Entry

- ▶ Sign into the WebGrants System and select the applicable grant
- ▶ From Grant Components, select “Claims”

Grant Components	
	Component
General Information	
Budget	
Claims	
Correspondence	
Subaward Adjustments	
Subaward Adjustment Notices	
Status Reports	
Attachments	
Subaward Documents - Final	
Closeout	
Site Visits	
Opportunity	
Application	

# Claims Entry cont.

- ▶ Select “Add” at the top of the screen
- ▶ If this is not your first claim, and a previous claim is in “Paid” status, then the ability to select “Copy Claim” is available (when using “Copy Claim” errors are often made because updates are not all completed. It may be easier to use the “Add” option for each claim.)



Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

**Grant Tracking**

**Grant: FY 2022 JAG DTF State - JAG 22 - Whoville Island Narcotics (WIN) Task Force - 2022**

**Status:** Underway

**Program Area:** Edward Byrne Memorial Justice Assistance Grant (JAG)

**Grantee Organization:** BaseLine Organization

**Program Officer:** Michelle Branson

**Budget Total:** \$220,500.00





# Claims Entry cont.

- ▶ Complete the Claim General Information
- ▶ Claim Type - Monthly
- ▶ Reporting Period - Month(s) covered by the claim
- ▶ Due date - Can be left blank as there is no longer a required due date
- ▶ Invoice Number - **LEAVE BLANK**
- ▶ Is this your Final Report - Select No on all claims until the final claim
- ▶ Select “Save”

### Claim General Information

*To create a new Claim enter the starting date and the ending date of the Report Period. This is the period of coverage for this Claim.*

Claim Type:\* Monthly ▾

Reporting Period:\* 07/01/2022  07/31/2022   
From To

Invoice Number:

State Agencies Only! Drop first 3 digits of number. Leave blank if there is not an invoice number!

Is This Your Final Report?\*:  Yes  No

 Back |  Print |  Add |  Delete |  Edit |  Save

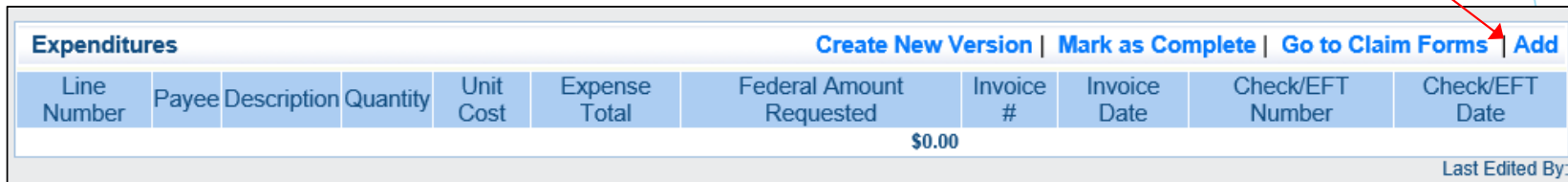
# Expenditures Form

- ▶ Select “Expenditures” from the Components Section

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>			
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/30/2022	
<a href="#">Expenditures</a>			
<a href="#">Reimbursement</a>	✓	06/30/2022	
<a href="#">Program Income</a>			
<a href="#">Equipment Inventory</a>			
<a href="#">Other Attachments</a>			

# Expenditures Form cont.

- ▶ For each expenditure, select “Add”, to add a line to the Expenditures Form



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

# Expenditures Form cont.

- ▶ Complete each line of the Expenditures form
- ▶ Line Number - this is a drop down section, which will show each line of the approved budget

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

1001 - Budget - Salary  
2001 - Budget - Benefits  
3001 - Budget - OT Salary  
4001 - Budget - OT Benefits  
9001 - Budget - Fuel  
10001 - Budget - Portable Radio  
10002 - Budget - Mobile Radio  
11001 - Budget - DTF Supplies  
12001 - Budget - Office Rent

# Expenditures Form cont.

- ▶ Line Number
  - ▶ Select the corresponding budget line (i.e. Personnel, Benefits, etc.)
- ▶ Payee
  - ▶ Add the name of the Individual or Company that is receiving the payment
- ▶ Description
  - ▶ Payroll and Benefits should include the dates of the pay period for the person listed in Payee (i.e. Payroll (07/01/23 - 07/31/23); or Benefits (07/01/23 - 07/31/23))
  - ▶ Description of item purchased for other categories (i.e. Fuel; Equipment; Office Supplies; Vehicle Lease)
- ▶ Quantity
  - ▶ Quantity for a pay period should be 1
  - ▶ When purchasing equipment it should list the actual number, also if leasing multiple vehicles it should have the correct number of vehicles listed in the expenditure line
- ▶ Unit Cost
  - ▶ Unit cost of item (this needs to be the amount if multiplied by the Quantity will equal the Federal Amount Requested)
  - ▶ The Federal Amount Requested for each line will then auto-transfer to the Reimbursement chart

# Expenditures Form cont.

- ▶ Federal Amount Requested
  - ▶ This is the total amount of funds being requested
  - ▶ NOTE: The number in Unit Cost multiplied by the Quantity that is added needs to be equal to the Federal Amount requested
- ▶ Invoice #
  - ▶ For payroll and benefits you may use the number of the claim being submitted, or the month(s), (i.e. 1 or July), can also be listed as N/A
  - ▶ For other items the invoice number from the vendor should be entered
- ▶ Invoice Date
  - ▶ For payroll the date that the employee is paid should be used
  - ▶ For purchases it should be the date listed on the invoice
- ▶ Check/EFT Number
  - ▶ Number of the check used for payment(s) to the employee or the vendor
- ▶ Check/EFT Date
  - ▶ Date of the check used for the payment(s)

# Expenditures Form cont.

## ▶ Example Payroll

Expenditures	
Line Number*	1001 - Budget - Salary ▼
Payee*	Amelia Jaegers
Description*	Salary 07/01/22-07/31/22
Quantity*	1
Unit Cost*	3000.00
Federal Amount Requested*	3000.00
Invoice #*	N/A
Invoice Date*	08/05/22
Check/EFT Number*	3241
Check/EFT Date*	08/05/22

## ▶ Select "Save"

 Back	 Print	 Add	 Delete	 Edit	 Save
--	---	---	--	--	--



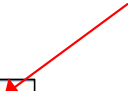
# Expenditures Form cont.

▶ Benefit Example

Expenditures	
Line Number*	2001 - Budget - Benefits
Payee*	Amelia Jaegers
Description*	Benefits 07/01/22-07/31/22
Quantity*	1
Unit Cost*	150.00
Federal Amount Requested*	150.00
Invoice #	N/A
Invoice Date*	N/A
Check/EFT Number*	N/A
Check/EFT Date*	N/A

▶ Select "Save"

Back | Print | Add | Delete | Edit | Save





# Expenditures Form cont.

## ▶ Travel/Training Example

Expenditures	
Line Number*	9001 - Budget - Fuel
Payee*	Wex
Description*	Fuel 07/01/22-07/31/22
Quantity*	1
Unit Cost*	550.00
Federal Amount Requested*	550.00
Invoice #*	76582
Invoice Date*	08/03/22
Check/EFT Number*	7456
Check/EFT Date*	08/12/22

## ▶ Select "Save"

 Back	 Print	 Add	 Delete	 Edit	 Save
--	---	---	--	--	--

# Expenditures Form cont.

## ▶ Equipment Example

Expenditures	
Line Number*	10001 - Budget - Portable Radio ▼
Payee*	Motorola
Description*	APX8000 Portable Radio
Quantity*	1
Unit Cost*	5500.00
Federal Amount Requested*	5500.00
Invoice #*	9652
Invoice Date*	07/15/22
Check/EFT Number*	3245
Check/EFT Date*	08/01/22

## ▶ Select "Save"

 Back    Print    Add    Delete    Edit    Save
---

# Expenditures Form cont.

## ▶ Supplies Example

Expenditures	
Line Number*	11001 - Budget - DTF Supplies ▼
Payee*	Staples
Description*	Office Supplies
Quantity*	1
Unit Cost*	156.26
Federal Amount Requested*	156.26
Invoice #*	319846521984
Invoice Date*	07/05/22
Check/EFT Number*	3490
Check/EFT Date*	07/15/21

## ▶ Select "Save"

 Back	 Print	 Add	 Delete	 Edit	 Save
--	---	---	--	--	--

# Expenditures Form cont.

## ▶ Contractual Example

Expenditures	
Line Number*	12001 - Budget - Office Rent ▼
Payee*	Renters-R-Us
Description*	July 2022 rent
Quantity*	1
Unit Cost*	750.00
Federal Amount Requested*	750.00
Invoice #*	24698
Invoice Date*	07/01/22
Check/EFT Number*	3469
Check/EFT Date*	07/15/22

## ▶ Select "Save"

 Back	 Print	 Add	 Delete	 Edit	 Save
--	---	---	--	--	--

# Expenditures Form cont.

- ▶ When all Expenditure lines have been entered, select “Mark as Complete”

Expenditures											<a href="#">Mark as Complete</a>	<a href="#">Go to Claim Forms</a>	<a href="#">Add</a>
Line Number	Payee	Description	Quantity	Unit Cost	Expense Total	Federal Amount Requested	Invoice #	Invoice Date	Check/EFT Number	Check/EFT Date			
1001	Amelia Jaegers	Salary 07/01/22-07/31/22	1.0	\$3,000.00	\$3,000.00	\$3,000.00	N/A	08/05/22	3241	08/05/22			
2001	Amelia Jaegers	Benefits 07/01/22-07/31/22	1.0	\$150.00	\$150.00	\$150.00	N/A	N/A	N/A	N/A			
9001	Wex	Fuel 07/01/22-07/31/22	1.0	\$550.00	\$550.00	\$550.00	76582	08/03/22	7456	08/12/22			
10001	Motorola	APX8000 Portable Radio	1.0	\$5,500.00	\$5,500.00	\$5,500.00	9652	07/15/22	3245	08/01/22			
11001	Staples	Office Supplies	1.0	\$156.26	\$156.26	\$156.26	319846521984	07/05/22	3490	07/15/21			
12001	Renters-R-Us	July 2022 rent	1.0	\$750.00	\$750.00	\$750.00	24698	07/01/22	3469	07/15/22			
						\$10,106.26							

# Advanced Payment

- ▶ Information Bulletin #1: Policy on Advanced Payment and Cash Advances
- ▶ If your agency does not have funding to make an upfront payment, Advanced Payment may be requested
  - ▶ Required documentation
    - ▶ Official payroll documentation, timesheets or personnel certification form
    - ▶ Invoice
    - ▶ Signed Proof of Delivery
    - ▶ Minimum amount per vendor per invoice request is \$2500
- ▶ Advanced Payment recipients are required to submit Proof of Payment due to DPS Grants within 30 days of the claim being paid in WebGrants through the “Correspondence” component
- ▶ Contact your Grant Specialist prior to, if you are needing Advanced Payment(s)

# Advanced Payment cont.


▶ Example on how to report Advanced Payment

Line Number	Payee	Description	Quantity	Unit Cost	Expense Total	Federal Amount Requested	Invoice #	Invoice Date	Check/EFT Number	Check/EFT Date
10001	SHI Missouri State Vendor	Desk Top Workstation	2.0	\$2,063.50	\$4,127.00	\$4,127.00	1234	8/12/22	Advance Payment	Advance Payment
1001	Whoville County	07/01-07/15/22 (AG, BB, MW)	1.0	\$3,000.00	\$3,000.00	\$3,000.00	N/A	N/A	Advanced Payment	Advanced Payment

- ▶ Advanced Payment must be stated in the Check Number & Check Date fields of the Expenditure
- ▶ Payee must be reported as **Agency or Vendor** that is receiving the payment
- ▶ Description if requesting for payroll must report the name or initial of the task force officer & to include payroll periods

# Reimbursement Form

► Open Reimbursement Form

Components <span style="float: right;"><a href="#">Preview</a>   <a href="#">Submit</a></span>		
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>		
Name	Complete?	Last Edited
<a href="#">General Information</a>	✓	06/30/2022
<a href="#">Expenditures</a>	✓	06/30/2022
<a href="#">Reimbursement</a> 		
<a href="#">Program Income</a>		
<a href="#">Equipment Inventory</a>		
<a href="#">Other Attachments</a>		



# Reimbursement Form cont.

- ▶ Verify that the amounts entered on the Expenditure Form have carried over to the Reimbursement Form

Reimbursement		Mark as Complete   Go to Claim Forms				
Budget Category	Details	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)
<b>Budget</b>						
Benefits	2001 (Line Item Code: ) Benefits (Line Name:)	\$25,000.00	\$150.00	\$0.00	\$150.00	\$24,850.00
DTF Supplies	11001 (Line Item Code: ) DTF Supplies (Line Name:)	\$7,500.00	\$156.26	\$0.00	\$156.26	\$7,343.74
Fuel	9001 (Line Item Code: ) Fuel (Line Name:)	\$45,000.00	\$550.00	\$0.00	\$550.00	\$44,450.00
Mobile Radio	10002 (Line Item Code: ) Mobile Radio (Line Name:)	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00
Office Rent	12001 (Line Item Code: ) Office Rent (Line Name:)	\$6,000.00	\$750.00	\$0.00	\$750.00	\$5,250.00
OT Benefits	4001 (Line Item Code: ) OT Benefits (Line Name:)	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00
OT Salary	3001 (Line Item Code: ) OT Salary (Line Name:)	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00
Portable Radio	10001 (Line Item Code: ) Portable Radio (Line Name:)	\$7,000.00	\$5,500.00	\$0.00	\$5,500.00	\$1,500.00
Salary	1001 (Line Item Code: ) Salary (Line Name:)	\$100,000.00	\$3,000.00	\$0.00	\$3,000.00	\$97,000.00
<b>Total:</b>		<b>\$220,500.00</b>	<b>\$10,106.26</b>	<b>\$0.00</b>	<b>\$10,106.26</b>	<b>\$210,393.74</b>

- ▶ Select “Mark as Complete”

# Program Income

- ▶ Select “Program Income”

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>			
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/30/2022	
<a href="#">Expenditures</a>	✓	06/30/2022	
<a href="#">Reimbursement</a>	✓	06/30/2022	
<a href="#">Program Income</a>			
<a href="#">Equipment Inventory</a>			
<a href="#">Other Attachments</a>			

# Program Income cont.

- ▶ Program Income reporting is the same as previous years

Program Income	
Balance Prior to Reporting Period:	<input type="text" value="\$0.00"/>
Earned this Reporting Period:	<input type="text" value="\$0.00"/>
Expended this Reporting Period:	<input type="text" value="\$0.00"/>

Program Income Attachment	
<i>If reporting the expenditure of program income, must attach copies of receipts to support the expenses.</i>	
<i>If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location.</i>	
<i>If the document is multiple pages and you wish to attach just one file, check your scanner settings to ensure the pages can be saved as one file or use the free, online tool called <a href="#">PDF Merge</a> if it is necessary to combine multiple 1-page scans into 1 saved document.</i>	
<i>Do not attach a password-protected file as the Print to PDF feature in WebGrants will not be able to open it.</i>	
Program Income Attachment:	<input type="text"/> <input type="button" value="Browse..."/>

## Program Income cont.

- ▶ Select “Save”




- ▶ Select “Mark as Complete”



# Equipment Inventory

- ▶ Select “Equipment Inventory”

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>			
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/30/2022	
<a href="#">Expenditures</a>	✓	06/30/2022	
<a href="#">Reimbursement</a>	✓	06/30/2022	
<a href="#">Program Income</a>	✓	06/30/2022	
<a href="#">Equipment Inventory</a> 			
<a href="#">Other Attachments</a>			


# Equipment Inventory cont.

- ▶ If no Equipment is requested for reimbursement - “Mark as Complete”
- ▶ If Equipment is requested:
  - ▶ Requesting Organization - Subrecipient’s Organization
  - ▶ County - Subrecipient’s County
  - ▶ Year - Grant year that Equipment was purchased; Federal 2021 or State 2023
  - ▶ Manufacturer - Who made the Equipment purchased
  - ▶ Model - Model Number of Equipment purchased
  - ▶ Description - What the Equipment is (i.e. Mobile Radio, Laptop or MDT)
  - ▶ Identification # (s) - Unique string of characters used for identification, such as, serial number or vehicle identification number. If there is not unique identification number for the equipment, N/A should be annotated in the box. When reporting multiple identification numbers please enter them into one cell and separate them with a comma.
  - ▶ Source of Funding - Federal or State Funding
  - ▶ Title Holder - Grantee Organization
  - ▶ Date of Delivery - Date that Equipment was delivered
  - ▶ Quantity - Number of items received
  - ▶ Individual Items Cost - Cost of each individual tem
  - ▶ % of Federal Participation in the cost - Percentage of the cost of Equipment being requested
  - ▶ Current Physical Location - Place (address) where the equipment is located. A post office box address is not a physical location for the purpose of inventory.
  - ▶ Use - Local, regional, statewide, national. This is a progressive scale. If national use is indicated, it is assumed it is available at the other levels as well.
  - ▶ Readiness Condition - Mission capable = material condition of equipment indicating it can perform at least one and potentially all of its designated missions. Not mission capable = material condition indicating that equipment is not capable of performing any of its designated missions.

# Equipment Inventory cont.

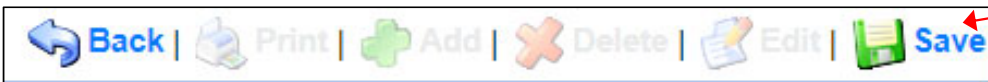
## ▶ Example

- ▶ Each piece of equipment that is being requested for reimbursement must be completed separately

Equipment Detail	
<b>Requesting Organization:</b> *	Whoville Island Narcotics (WIN) Task Force <small>Organization that has or will end up with equipment.</small>
<b>County:</b> *	Suession
<b>Year:</b> *	2022 <small>Federal fiscal year of the grant.</small>
<b>Manufacturer:</b> *	Motorola
<b>Model:</b> *	APX 8000 <small>Style, type, design or version of particular equipment.</small>
<b>Description:</b> *	Portable Radio <small>250 Character Limit - Generic description of the equipment that was purchased.</small>
<b>Identification #(s):</b> *	12345MAGHKAH1573GFA <small>500 Character Limit - Unique string of characters used for identification, such as, serial number or vehicle identification number. If there is not unique identification number for the equipment, N/A should be annotated in the box. When reporting multiple identification numbers please enter them into one cell and separate them with a comma.</small>
<b>Source of Funding:</b> *	FY 22 JAG DTF
<b>Title Holder:</b> *	Whoville Narcotics DTF <small>If there is no title for the equipment, N/A should be annotated in the box.</small>
<b>Date of Delivery:</b> *	07/10/2022  <small>Date you received possession of the equipment.</small>
<b>Quantity:</b> *	1
<b>Individual Item Costs:</b> *	5500.00
<b>% of Federal Participation in the cost:</b> *	100 <small>Percentage of federal funds used to purchase the equipment.</small>
<b>Current Physical Location:</b> *	12345 Main St, Whoville, MO 12354 <small>Place (address) where the equipment is located. A post office box address is not a physical location for the purpose of inventory.</small>
<b>Use:</b> *	Regional <small>Local, regional, statewide, national. This is a progressive scale. If national use is indicated, it is assumed it is available at the other levels as well.</small>
<b>Readiness Condition:</b> *	Mission capable <small>Mission capable = material condition of equipment indicating it can perform at least one and potentially all of its designated missions. Not mission capable = material condition indicating that equipment is not capable of performing any of its designated missions.</small>

# Equipment Inventory cont.

- ▶ Select “Save”



- ▶ Select “Mark as Complete”

Equipment Detail														<a href="#">Mark as Complete</a>   <a href="#">Go to Claim Forms</a>	
Requesting Organization:	County:	Year:	Manufacturer:	Model:	Description:	Identification #(s):	Source of Funding:	Title Holder:	Date of Delivery	Quantity	Individual Item Costs	% of Federal Participation in the cost:	Current Physical Location	Use:	Readiness Condition:
Whoville Island Narcotics (WIN) Task Force	Suession	2022	Motorola	APX 8000	Portable Radio	12345MAGHKAH1573GFA	FY 22 JAG DTF	Whoville Narcotics DTF	07/10/2022	1	\$5,500.00	100.0%	12345 Main St, Whoville, MO 12354	Regional	Mission capable



# Other Attachments

- ▶ Select “Other Attachments”

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
Complete each component of the Claim and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/30/2022	
<a href="#">Expenditures</a>	✓	06/30/2022	
<a href="#">Reimbursement</a>	✓	06/30/2022	
<a href="#">Program Income</a>	✓	06/30/2022	
<a href="#">Equipment Inventory</a>	✓	06/30/2022	
<a href="#">Other Attachments</a>			

- ▶ Follow the instructions in the WebGrants system to attach the appropriate backup documentation, which could include
  - ▶ Payroll Documentation (Pay Stub).
  - ▶ Timesheets or Certification form
  - ▶ Fringe Benefit Rate Sheets
  - ▶ Additional Supporting Documentation (i.e. cancelled checks, and signed proof of delivery)
- ▶ After all documents have been uploaded, select “Mark as Complete”



# Submit Claim

- ▶ After all forms on the claim have been Marked as Complete, select “Submit”

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>			
Name	Complete?	Last Edited	
General Information	✓	06/30/2022	
Expenditures	✓	06/30/2022	
Reimbursement	✓	06/30/2022	
Program Income	✓	06/30/2022	
Equipment Inventory	✓	06/30/2022	
Other Attachments	✓	06/30/2022	

# Correspondence

- ▶ All requests must be submitted through Correspondence in the Grant Component of the WebGrants System
  - ▶ Request approval will be sent through Correspondence as well
  - ▶ **DO NOT** submit a Change of Information form

Grant Components	
	Component
General Information	
Budget	
Claims	
Correspondence	
Subaward Adjustments	
Subaward Adjustment Notices	
Status Reports	
Attachments	
Subaward Documents - Final	
Closeout	
Site Visits	
Opportunity	
Application	

# Correspondence cont.

- ▶ Create a new Correspondence

Inter-System Grantee Correspondence				<a href="#">Return to Components</a>   <a href="#">Add</a>
Subject	From	To	Sent/Received	Attachments

**Correspondence** Send

**To:**

**CC:**   
CC addresses must be entered in a valid email format. Use a semicolon (;) to separate multiple CC email addresses.

**Subject:**

**Message:**

**Attachments:**  No file chosen  
 No file chosen  
 No file chosen  
 No file chosen  
 No file chosen

# Correspondence cont.

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

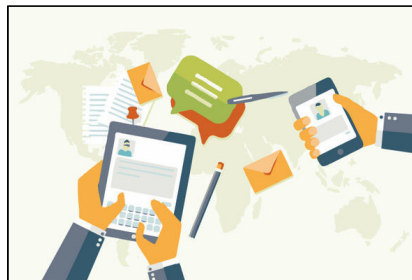
Inter-System Grantee Correspondence					<a href="#">Return to Components</a>   <a href="#">Add</a>	
Subject	From	To	Sent/Received	Attachments		
Grant FY 2022 JAG DTF State - JAG 22 - Whoville Island Narcotics (WIN) Task Force: Test	TEST TEST	Amelia Jaegers	06/30/2022			

- ▶ In the open correspondence select “Reply”

Correspondence	<a href="#">Reply</a>
----------------	-----------------------

## Correspondence cont.

- ▶ Your Grant Specialist will receive an email 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](mailto: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 your Grant Specialist, and will delay the response



# Correspondence cont.

- ▶ Things that would be sent in through Correspondence
  - ▶ Questions pertaining to the grant
  - ▶ Personnel certifications
  - ▶ CTFLI certificates



# Subaward Adjustments

Grant Components	
	Component
General Information	
Budget	
Claims	
Correspondence	
Subaward Adjustments	
Subaward Adjustment Notices	
Status Reports	
Attachments	
Subaward Documents - Final	
Closeout	
Site Visits	
Opportunity	
Application	



# Subaward Adjustments cont.

- ▶ Subaward Adjustments are required for:
  - ▶ Budget Modifications
    - ▶ Prior written approval from DPS is required for budget modifications. A budget modification is a transfer among existing budget lines within the grant budget (i.e. transferring funds from an existing budget line to another existing budget line)
    - ▶ A request for a budget modification must be submitted through WebGrants as a subaward adjustment and **must be** approved by DPS prior to the subrecipient obligating or expending the grant funds

# Subaward Adjustments cont.

## ▶ Program Changes

- ▶ A request for program changes must be submitted through WebGrants as a subaward adjustment and must be approved by DPS. Program changes include changes in subrecipient staff, authorized officials, project directors, fiscal officers or officers in charge. Additional changes may include address change or any other information in the organization component in WebGrants
- ▶ A request to change the project period of performance

# Subaward Adjustment cont.

## ▶ Scope of Work Changes

- ▶ A subrecipient requesting changes to the scope of work described in its grant award, must contact DPS for approval to make this change. A change to a subrecipient's scope of work means:
  - ▶ Adding new line items to the approved budget
  - ▶ Changes in the quantity of an existing line item in the approved budget
  - ▶ Changes to the specifications of an existing line item in the approved project budget (i.e. an equipment line item on the approved budget lists a 12x20 tent, in order to purchase a tent that is 10x10 instead of the listed equipment, prior approval would be required)

# Subaward Adjustments cont.

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

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

# Subaward Adjustments cont.

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

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/23/2021	
<a href="#">Justification</a>			
<a href="#">Budget</a>			
<a href="#">Confirmation</a>			
<a href="#">Attachments</a>			

# 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

Project	Line Number	Current Budget	Requested Change	Updated Budget	Description
					Moving funds from the Portable Radio budget line to the Mobile Radio Budget line to cover costs
22	1001	\$ 100,000.00		\$ 100,000.00	
22	2001	\$ 25,000.00		\$ 25,000.00	
22	3001	\$ 20,000.00		\$ 20,000.00	
22	4001	\$ 5,000.00		\$ 5,000.00	
22	9001	\$ 45,000.00		\$ 45,000.00	
22	10001	\$ 7,000.00	\$ (500.00)	\$ 6,500.00	
22	10002	\$ 5,000.00	\$ 500.00	\$ 5,500.00	
22	11001	\$ 7,500.00		\$ 7,500.00	
22	12001	\$ 6,000.00		\$ 6,000.00	
		\$ 220,500.00		\$ 220,500.00	

# Budget Modifications/Scope of Work Changes cont.

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

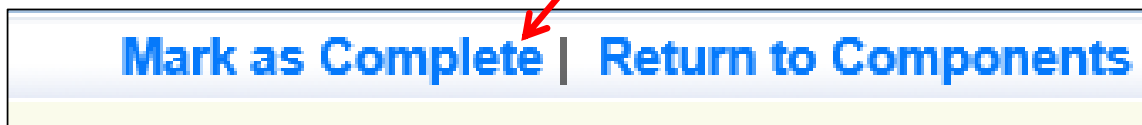
Justification						<a href="#">Mark as Complete</a>   <a href="#">Return to Components</a>
Justification*						
<i>Please explain the reason for the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the objectives of the project.</i>						
The Portable radio cam in under budgeted amount and the Mobile radio was more that the quote provided.						
Line Project	Number	Current Budget	Requested Change	Updated Budget	Description	
22	1001	\$ 100,000.00		\$ 100,000.00	Moving funds from the Portable Radio budget line to the Mobile Radion Budget line to cover costs	
22	2001	\$ 25,000.00		\$ 25,000.00		
22	3001	\$ 20,000.00		\$ 20,000.00		
22	4001	\$ 5,000.00		\$ 5,000.00		
22	9001	\$ 45,000.00		\$ 45,000.00		
22	10001	\$ 7,000.00	\$ (500.00)	\$ 6,500.00		
22	10002	\$ 5,000.00	\$ 500.00	\$ 5,500.00		
22	11001	\$ 7,500.00		\$ 7,500.00		
22	12001	\$ 6,000.00		\$ 6,000.00		
		\$ 220,500.00		\$ 220,500.00		

# Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Save”



- ▶ Select “Mark as Complete”





# Budget Modifications/Scope of Work Changes cont.

## ► Budget

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/30/2022	
<a href="#">Justification</a>	✓	06/30/2022	
<a href="#">Budget</a> ←			
<a href="#">Confirmation</a>			
<a href="#">Attachments</a>			

# 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**

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
Personnel	100000.00	100000.00
Personnel Benefits	25000.00	25000.00
Personnel Overtime	20000.00	20000.00
Personnel Overtime Benefits	5000.00	5000.00
PRN Time	\$0.00	\$0.00
PRN Benefits	\$0.00	\$0.00
Volunteer Match	\$0.00	\$0.00
Travel/Training	45000.00	45000.00
Equipment	12000.00	12000.00
Supplies/Operations	7500.00	7500.00
Contractual	6000.00	6000.00
Renovation/Construction	\$0.00	\$0.00
Indirect Costs	\$0.00	\$0.00

**Federal/State and Local Match Share**

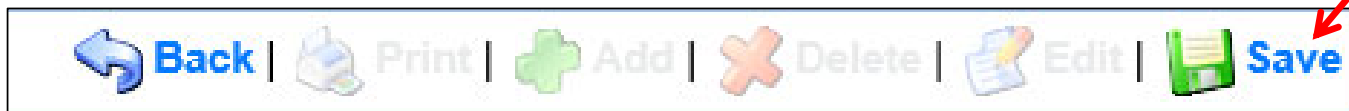
The **Current Budget** column represents the current subaward. Enter the total federal/state share and total local match share as it is reflected in the current version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Current Budget column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

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

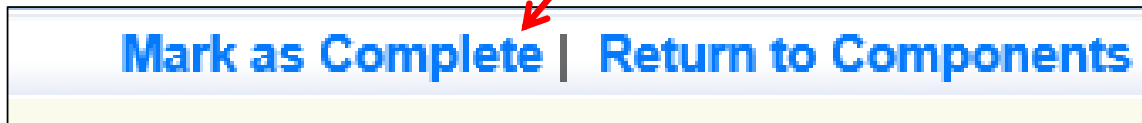
Row	Current Budget	Revised Amount
Total Federal/State Share	220500.00	220500.00
Total Local Match Share	\$0.00	\$0.00

# Budget Modifications/Scope of Work Changes cont.

- ▶ Budget cont.
  - ▶ Select “Save”



- ▶ Select “Mark as Complete”




# Budget Modifications/Scope of Work Changes cont.

## ► Confirmation

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/30/2022	
<a href="#">Justification</a>	✓	06/30/2022	
<a href="#">Budget</a>	✓	06/30/2022	
<a href="#">Confirmation</a> ←			
<a href="#">Attachments</a>			

## ► Complete the form

Confirmation	
<i>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.</i>	
<b>Authorized Official Name:*</b>	<input type="text" value="Joni McCarter"/>
<b>Title:*</b>	<input type="text" value="Mayor"/>
<b>Date:*</b>	<input type="text" value="08/30/2022"/> 

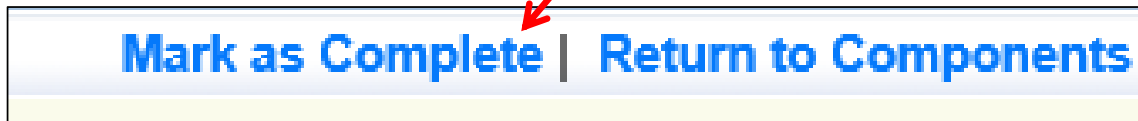
# Budget Modifications/Scope of Work Changes cont.

- ▶ Confirmation cont.

- ▶ Select “Save”



- ▶ Select “Mark as Complete”



# Budget Modifications/Scope of Work Changes cont.

## ▶ Attachments

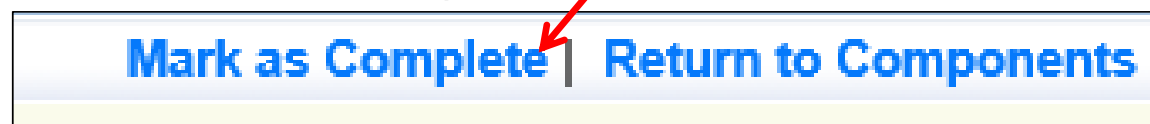
- ▶ Which could include new quotes

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/30/2022	
<a href="#">Justification</a>	✓	06/30/2022	
<a href="#">Budget</a>	✓	06/30/2022	
<a href="#">Confirmation</a>	✓	06/30/2022	
<a href="#">Attachments</a> ←			

## ▶ Select “Save”




## ▶ Select “Mark as Complete”



# Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Submit” to submit the revision

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/30/2022	
<a href="#">Justification</a>	✓	06/30/2022	
<a href="#">Budget</a>	✓	06/30/2022	
<a href="#">Confirmation</a>	✓	06/30/2022	
<a href="#">Attachments</a>	✓	06/30/2022	



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

# Status Reports

Grant Components	
	Component
General Information	
Budget	
Claims	
Correspondence	
Subaward Adjustments	
<del>Subaward Adjustment Notices</del>	
Status Reports	
Attachments	
Subaward Documents - Final	
Closeout	
Site Visits	
Opportunity	
Application	



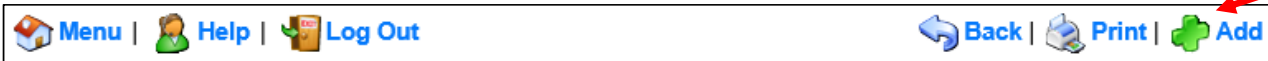


# Status Reports cont.

- ▶ Each Status Reports must be completed through the WebGrants System
- ▶ Each subrecipient must submit a Quarterly Status Report
  - ▶ Due Dates
    - ▶ October 10, 2023 (July 1 - September 30, 2023)
    - ▶ January 10, 2024 (October 1 - December 31, 2023)
    - ▶ April 10, 2024 (January 1 - March 31, 2024)
    - ▶ July 10, 2024 (April 1 - June 30, 2024)

# Status Reports cont.


- ▶ To create a Status Report, select “Add”





- ▶ Complete the General Information

**General Information**

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

**Status Report Type:\***  

**Report Period:\***    

From To

A screenshot of a web form titled 'General Information'. It contains a dropdown menu for 'Status Report Type' with 'Quarterly Report' selected. Below it is a 'Report Period' section with two date input fields: '07/01/2022' (labeled 'From') and '09/30/2022' (labeled 'To'). Each date field has a calendar icon to its right. A red arrow points to the dropdown menu, and another red arrow points to the '09/30/2022' date field.

- ▶ Select “Save”



# Status Report cont.

- ▶ Complete the “Drug Task Force” component

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
Complete each component of the status report and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	06/30/2022	
<a href="#">Drug Task Force</a>			

- ▶ Select “Save”

[Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#)

# Status Reports cont.

- ▶ Select “Mark as Complete”

[Mark as Complete](#) | [Go to Status Report Forms](#)

- ▶ Select “Submit”

Components			<a href="#">Preview</a>   <a href="#">Submit</a>
<i>Complete each component of the status report and mark it as complete. Click Submit when you are done.</i>			
Name	Complete?	Last Edited	
General Information	✓	06/23/2021	
Drug Task Force	✓	06/23/2021	

# Monitoring

- ▶ We will no longer be Site Visiting 100% of subrecipients every year
- ▶ You will be notified when your agency is chosen for Site Visit Monitoring
- ▶ Key things to remember
  - ▶ Monitoring is NOT an audit
  - ▶ DPS Grants is NOT monitoring to catch error - we are monitoring to help correct area of noncompliance to prevent audit findings
  - ▶ Change to provide technical assistance and answer questions

# Monitoring cont.

- ▶ Why do we have to monitor?
  - ▶ 2 CFR 200.328(a) states, “The non-Federal entity is responsible for oversight of the operations of the Federal award supported activities. The non-Federal entity must monitor its activities under federal awards to assure compliance with applicable Federal requirements and performance expectations are being achieved.”
  - ▶ 2 CFR 200.331(d) states, “all pass-through entities must monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.”

# What Documents Guide Monitoring

- ▶ 2 CFR part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- ▶ Applicable State of Missouri statutes and regulations
- ▶ DPS Financial and Administrative Guidelines
- ▶ DPS Grants Information Bulletins
- ▶ FY 2022 DTF Notice of Funding Opportunity
- ▶ FY 2022 DTF Certified Assurances
- ▶ FY 2022 DTF Subaward Agreement

# Types of Monitoring

## ▶ Desk Monitoring

- ▶ Review which is completed by DPS Grants - telephone and email communication, grant document review, reports and correspondence



## ▶ On-Site Monitoring

- ▶ Review which is conducted by the DPS Grants at the subrecipient's agency - policy review, property records, etc.





# What to Expect During Monitoring

- ▶ The DPS Grants is required to monitor the following, as applicable
  - ▶ LEA Statutory Requirements
  - ▶ Equipment (inventory control, tags/labels)
  - ▶ Policies and Procedures
  - ▶ Project Implementation
  - ▶ Federal Civil Rights Compliance
  - ▶ State Civil Rights Compliance


# What to Expect During Monitoring - LEA Statutory Requirements

- ▶ Section 43.505 RSMo - Uniform Crime Reports (UCRs)
  - ▶ DPS will receive the report form MO Hwy Patrol
  - ▶ On January 1, 2021, the FBI retired the UCR Program Summary System and replaced it solely with the National Incident Based Reporting System (NIBRS). To comply with section 43.505 RSMo, all MO law enforcement data must adhere to the state specific Missouri Incident Based Reporting System (MIBRS)
    - ▶ Any agency that is not compliant after December 31, 2021, may be ineligible to receive state or federal funds
- ▶ Section 590.650 RSMo - Vehicle Stops Reporting
  - ▶ DPS will verify with the Attorney General's Officer
- ▶ Section 590.700 RSMo - Recording of Custodial Interrogations
  - ▶ Must present DPS with a copy of the written policy
- ▶ Section 43.544 RSMo - Forwarding Intoxication-Related Offences
  - ▶ Must present DPS with a copy of the written policy

# What to Expect During Monitoring - Programmatic

- ▶ Project Implementation
- ▶ Personnel/Standard Operating Procedures Manual, if applicable
- ▶ Equipment inventory control list, if applicable
  - ▶ Tags/label on equipment
  - ▶ The Equipment Inventory component within your Claim will be used as an inventory control list

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



# What to Expect During Monitoring - Financial

- ▶ Local procurement/purchasing policy, if applicable
- ▶ Bid/quote records, if applicable
- ▶ Sole source letters, if applicable

# What to Expect During Monitoring - Federal and State Civil Rights

- ▶ EEO Plan - even if your agency is not chosen for monitoring this report needs to be completed EVERY year
- ▶ Non-Discrimination Policies and Procedures
- ▶ Access to Limited English Proficiency (LEP) services
- ▶ Civil Rights Training
- ▶ Subrecipients are required by federal and state law to display labor poster regarding these statutes, which can be found at: <https://labor.mo.gov/posters>

# Common Areas of Non-Compliance and Recommendations

- ▶ LEA Statutory Requirements
  - ▶ Missing report submissions
  - ▶ Missing copies of written policies
- ▶ Equipment
  - ▶ Missing equipment inventory information
  - ▶ Equipment items missing tags/labels
  - ▶ Usage logs not containing all required information

# Common Areas of Non-Compliance and Recommendations cont.

- ▶ Federal Civil Rights
  - ▶ Missing policies
  - ▶ EEO Plan not complete
  - ▶ EEO Certification Form not complete
- ▶ State Civil Rights
  - ▶ No display of labor posters

# Pass-Through Entity Monitoring Requirements

- ▶ As a pass-through entity, you are also required to monitor each subrecipient
- ▶ Forward the monitoring report to DPS Grants through the Correspondence component of WebGrants



# Contact

For assistance, please contact your Grant Specialist

- ▶ Amelia Jaegers - Lead Grant Specialist

[Amelia.Jaegers@dps.mo.gov](mailto:Amelia.Jaegers@dps.mo.gov)

(573) 522-4094

- ▶ Michelle Branson - Grant Program Supervisor

[Michelle.Branson@dps.mo.gov](mailto:Michelle.Branson@dps.mo.gov)

(573) 526-9014

- ▶ Joni McCarter - Grant Program Manager

[Joni.McCarter@dps.mo.gov](mailto:Joni.McCarter@dps.mo.gov)

(573) 526-9020