

SFY 2023 Canine Replacement Grant (CRG) Program Compliance Training

Department of Public Safety Grants

SFY 2023 CRG Program Purpose

The purpose of the Canine Replacement Grant Program

- The purpose of this funding opportunity is to provide support to the drug task forces by providing funding to law enforcement agencies to replace canine's that have been or will be retired due to Missouri Amendment 3 Marijuana Legalization Initiative. This funding opportunity is to pay for expenses associated with the purchase of supplies, training, related travel and certification of a replacement canine team. The canine replacement must be trained on controlled substance(s) other than marijuana.
- The CRG may not be used to add a canine to an existing program, or to start a new program. The canine replacement and training must have occurred or occur between July 1, 2022 and May 31, 2023. A signed memo from the head law enforcement officer of the agency, certifying CRG funds were used to replace an existing and retired canine, will be required prior to reimbursement.

Grant Requirements

- Administrative Guide and Information Bulletins
- Financial & Administrative Guide for CJ/LE
 - https://dps.mo.gov/dir/programs/cjle/documents/financial-admin-guidelines.pdf
- Information Bulletins
 - CJ/LE-GT-2020-001, Policy on Advance Payment and Cash Advances
 - 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
- Missouri State Statutes: <u>http://revisor.mo.gov/main</u>

Audit Requirements

- An audit is required if the recipient expends \$375,000 or more in state funds within the organization's fiscal year for any state source (including, but not limited to, CRG Program)
 - If the recipient is required to have an audit:
 - > The audit must be performed organization-wide by an independent firm
 - The audit must be conducted with reasonable frequency, usually, but no less that every two (2) years
 - If the recipient is not required to have an audit, the agency is still responsible for monitoring activities to provide reasonable assurance than the agency administers state awards in compliance with state requirements

This doesn't mean that the audit can include every other year

State Civil Rights

Agencies must comply with State Civil Rights

- Section 213.055 RSMo Unlawful Employment Practices
 - Recipient may not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability in its employment practices (i.e. hiring, compensation, conditions, or privileges)
- Section 213.065 RSMO Discrimination in Public Accommodations
 - Recipient may not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability in the use and enjoyment of any place or public accommodation
 - If 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
- 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

Non-Discrimination Findings

- Recipients 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 Award Number, as indicated on the Award 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 Award Agreement is available in WebGrants under Award Documents need Signatures
- The award must be signed by the Authorized Official
- Each page of the Articles of Agreement must be initialed by the Authorized Official
- The signed award needs to be submitted to the Missouri Department of Public Safety

Spending Grant Dollars

- Funds must be obligated within the project period and expended with 10 days following the project period end date
- Project Period: July 1, 2022 May 31, 2023
- Final claim due: June 10, 2023

Procurement

- Recipient assures that all procurement transactions whether negotiated or competitively bid and without regard to dollar value shall be conducted in a manner to provide maximum open and free competition
- Recipient assures that all procurement transactions will meet the minimum standards set forth by the "DPS Financial and Administrative Guidelines"
 - All quotes/bids and the rationale behind the selection of source of supply must be retained
 - Purchases to a single vendor that is less than \$10,000 may be purchased with prudence on the open market
 - Purchases estimated to be between \$10,000 but less than \$100,000 to a single vendor, must be competitively bid
 - Purchases with an estimate of \$100,000 or more to a single vendor must be advertised for bids in at least 2 daily newspapers of general circulation in places as are most likely to reach prospective bidders at least 5 days before bids for such purposes are to be opened
 - Where 1 bid or positive proposal is received, it is deemed to be sole source procurement
 - Sole sources procurement on purchases to a single vendor of \$10,000 and over requires PRIOR approval from the Missouri Department of Public Safety

Travel Policy/Mileage/Per Diem Rate

- The Department of Public Safety Subrecipient Travel Guidelines can be found
 - Missouri Department of Public Safety | State Drug Task Force (DTF) Program (mo.gov)
- Mileage Reimbursement
 - https://acct.oa.mo.gov/state-employees/travel-portal/mileage
 - Effective March 1, 2023, the State of Missouri mileage rate is \$0.62 per mile
 - > Prior to March 1, 2023, the State of Missouri mileage rate was \$0.55 per mile
- The State of Missouri Per Diem rates can be found
 - https://acct.oa.mo.gov/state-employees/travel-portal/meals-per-diem
 - Verify the per diem rate before reimbursement requests
- > DPS will reimburse based on the most restrictive travel policy (i.e. State of Missouri or local)
- GSA lodging rates will be reimbursed
 - Per Diem Rates | GSA

Grant Reporting

- Claims <u>must</u> be submitted by June 10, 2023 for reimbursement
 - 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)
 - Proof of payment is required for all expenses (i.e. cancelled check, credit card statements)
- Status Report <u>must</u> be submitted by June 10, 2023

WebGrants



Budget

| Grant Components | |
|--------------------------------------|-----------|
| | Component |
| General Information | |
| Claims | |
| Cerrespondence | |
| Budget V | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Site Visits | |
| Subaward Documents - Need Signatures | |
| Award Documents - Final | |
| Closeout | |
| Opportunity | |
| Application | |



Budget, cont.

- View your budget for approved item(s)
- View your budget for line item number(s)



Claims Entry

- Sign into the WebGrants System and select the applicable grant
- From Grant Components, select "Claims"

| Grant Components | |
|--------------------------------------|-----------|
| | Component |
| General Information | |
| Claims | |
| Serreepondence | |
| Budget | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Site Visits | |
| Subaward Documents - Need Signatures | |
| Award Documents - Final | |
| Closeout | |
| 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 | | Sack 🔌 Print 🥐 A | dd 💥 Delete 🥳 Edit 🔚 Save | 2 |
|---------------------------------|--------------------------------------|--------------------|-------------------------------|---|
| 🐊 Grant Tracking | | | | |
| Grant: 2023-CRGP-001-TEST - SFY | 2023 CRG - Your Agency's Name - 2023 | | | |
| Status: | Underway | | | |
| Program Area: | State Drug Task Force Grant | | | |
| Grantee Organization: | BaseLine Organization | | | |
| Program Officer: | Michelle Branson | | | |
| Budget Total: | \$20,000.00 | | | |

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 a | and the ending date of the Report Period. This is the period of coverage for this Claim. |
| Claim Type:* | Other 🗸 |
| Reporting Period:* | 03/01/2023 03/31/2023 |
| | 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 |
| | |
| Sack 🔕 Print 🦣 A | dd 💢 Delete 🧭 Edit 🦕 Save |
| | |

Claim Forms

Select "Expenditures" from the Components Section

| Components | | Preview Submit |
|---|------------------------|------------------|
| Complete each component of the Claim and mark it as complete. Click Sub | mit when you are done. | |
| Name | Complete? | Last Edited |
| General Information | ✓ | 10/31/2022 |
| Expenditures | | |
| Reimburgement | | |
| Equipment Inventory | | |
| Other Attachments | | |

Expenditures Form cont.

For each expenditure, select "Add", to add a line to the Expenditures Form

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

- 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* | ~ |
| Payee* | |
| Description* | 9001 - Budget - Canine and handler training 10001 - Budget - K-9 |
| Quantity* | 11001 - Budget - K-9 training supplies |
| Unit Cost* | |
| Federal Amount Requested* | \$0.00 |
| Invoice #* | |
| Invoice Date* | |
| Check/EFT Number* | |
| Check/EFT Date* | |

- Line Number
 - Select the corresponding budget line (i.e. Equipment, Supplies, Training)
- Payee
 - Add the name of the Company that is receiving the payment
- Description
 - Training expenses should include the dates of the training listed in Payee (i.e. K-9 Training (04/01/23 04/30/23)
 - Description of item purchased for other categories (i.e. K-9; Training; Supplies)
- Quantity
 - List the quantity of the item(s) that are being claimed for reimbursement
 - When purchasing equipment it should list the actual number
- Unit Cost
 - Unit cost of item (This amount needs to equal the Federal Amount Requested when multiplied by the quantity)
 - The Federal Amount Requested for each line will then auto-transfer to the Reimbursement chart

- 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 #
 - Number of the invoice from the vendor
- Invoice Date
 - Date that is on the invoice
- Check/EFT Number
 - Number of the check/EFT used for payment(s) to the employee or the vendor
- Check/EFT Date
 - Date of the check/EFT used for the payment(s)

Travel/Training Example

| Expenditures | |
|---------------------------|---|
| Line Number* | 9001 - Budget - Canine and handler training 🗸 |
| Payee* | K-9 training is us |
| Description* | March 3-6, 2023 K-9/Handler training |
| Quantity* | 1 |
| Unit Cost* | 5000.00 |
| Federal Amount Requested* | 5000.00 |
| Invoice #* | 10234 |
| Invoice Date* | 03/03/2023 |
| Check/EFT Number* | 7894 |
| Check/EFT Date* | 03/03/2023 |

Save

Select "Save"

- Travel/Training cont.
- You may use the State of Missouri Expense Report to track/request mileage reimbursement, if your agency does not have one
 - Monthly Expense Report (Travel After March 1, 2023) | Missouri Office of Administration
 - You may also contact your Grant Specialist for a created expense report to submit with the claim
 - You may only claim expenses up to the State of Missouri rates, but <u>MUST</u> use the most restrictive rate if your agency's rate is less
 - <u>https://acct.oa.mo.gov/travel-portal</u> (Travel Resources)
 - > You may only claim GSA rates for hotel costs
 - Per Diem Rates | GSAhttps://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-ratesresults/?fiscal_year=2023&state=MO&perdiemSearchVO_city=&action=perdiems_report&zip=&op= Find+Rates&form_build_id=form-9bijDa4SZDaNC2Vp1QpJ-SOM_b7crkg_4FsyKZ3RGE4&form_id=perdiem_form

GSA website

| GSA U.S. G | eneral Services Administration | | | | | ۵ | Per Dier | n Lookuj | | Search G | SA.gov | | ۹ |
|---|---|-------------|---------|-------|-------------|--------|----------|----------|---------|----------|--------|-------|-------|
| Buy Through Us | ✓ Sell to Government ✓ Real Estate ✓ Polic | y & Regu | lations | ∽ Sm | all Busir | ness 🗸 | Trave | ~ T | echnolo | gy 🗸 | About | Us ∨ | |
| Home > Travel > | Plan & Book > Per Diem Rates > Results | | | | | | | | | | | | |
| FY 2023 P | er Diem Rates for Missouri | | | | | | | | | | | | |
| I'm interested in: Lodging Rates Meals & Incidentals (M&IE) Rates New Search | | | | | | | | | | | | | |
| Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the National Association of Counties (NACO) website (a non-federal website). | | | | | | | | | | | | | |
| Primary Destination 🗿 | County 🚺 | 2022 Oct | Nov | Dec | 2023 Jan | Feb | Mar | Apr | Мау | Jun | Jul | Aug | Sep |
| Kansas City | Jackson / Clay / Cass / Platte | \$123 | \$123 | \$123 | \$123 | \$123 | \$123 | \$123 | \$123 | \$123 | \$123 | \$123 | \$123 |
| St. Louis | St. Louis / St. Louis City / St. Charles | \$141 | \$141 | \$141 | \$141 | \$141 | \$141 | \$141 | \$141 | \$141 | \$141 | \$141 | \$141 |
| Standard Rate | Applies for all locations without specified rates | \$98 | \$98 | \$98 | \$98 | \$98 | \$98 | \$98 | \$98 | \$98 | \$98 | \$98 | \$98 |
| Showing 1 to 3 of | 3 entries | | | | | | | | | | | | |

Equipment Example

| Expenditures | |
|---------------------------|------------------------|
| Line Number* | 10001 - Budget - K-9 🗸 |
| Payee* | K-9s are us |
| Description* | K-9 Blue |
| Quantity* | 1 |
| Unit Cost* | 7500.00 |
| Federal Amount Requested* | 7500.00 |
| Invoice #* | 54863 |
| Invoice Date* | 02/25/2023 |
| Check/EFT Number* | 34675 |
| Check/EFT Date* | 02/25/2023 |

Select "Save"

Save 🖓 😪 🖓 🖓 Save 🎼 Save

Supplies Example

| Expenditures | |
|---------------------------|--|
| Line Number* | 11001 - Budget - K-9 training supplies 🗸 |
| Payee* | K-9s are us |
| Description* | Feed bowls (2), Collar (1), Harness (1), Leads (2) |
| Quantity* | 1 |
| Unit Cost* | 500.00 |
| Federal Amount Requested* | 500.00 |
| Invoice #* | 75412 |
| Invoice Date* | 02/25/2023 |
| Check/EFT Number* | 46596 |
| Check/EFT Date* | 02/25/2023 |

Select "Save"

Save 😪 Print | 👘 Add | 🛸 Delete | 🔮 Edit 🌘 Save

When all expenditure lines have been entered, select "Mark as Complete"

| Expendit | Expenditures Go to Claim Forms Add | | | | | | | | | | |
|----------------|--------------------------------------|---|----------|--------------|------------------|-----------------------------|--------------|-----------------|---------------------|-------------------|--|
| Line Number | Payee | Description | Quantity | Unit Cost | Expense Total | Federal Amount Requested | Invoice # | Invoice Date | Check/EFT Number | Check/EFT Date | |
| 9001 | K-9 training is us | March 3-6, 2023 K-9/Handler training | 1.0 | \$5,000.00 | \$5,000.00 | \$5,000.00 | 10234 | 03/03/2023 | 7894 | 03/03/2023 | |
| 10001 | K-9s are us | K-9 Blue | 1.0 | \$7,500.00 | \$7,500.00 | \$7,500.00 | 54863 | 02/25/2023 | 34675 | 02/25/2023 | |
| 11001 | K-9s are us | Feed bowls (2), Collar (1), Harness (1), Leads (2) | 1.0 | \$500.00 | \$500.00 | \$500.00 | 75412 | 02/25/2023 | 46596 | 02/25/2023 | |
| | | | | | | \$13,000.00 | | | | | |

Claim Forms

Open Reimbursement Form

| Components | | Preview Submit | | |
|---|-----------|------------------|--|--|
| Complete each component of the Claim and mark it as complete. Click Submit when you are done. | | | | |
| Name | Complete? | Last Edited | | |
| General Information | ✓ | 03/15/2023 | | |
| Expenditures | ✓ | 03/21/2023 | | |
| Reimbursement | | | | |
| Equipment Inventory Other Attachments | | | | |
| Other Attachments | | | | |

Reimbursement Form cont.

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

| Reimbursement | | | | lark as Compl | lete Go to C | laim Forms |
|-----------------------------|--|--------------------|-------------------------|-----------------------------|--------------|----------------------------------|
| Budget Category | Details | Contract Budget | Expenses This Period | Prior Expenses (Paid) | Total Paid | Available Balance (Unpaid) |
| Budget | | | | | | |
| Canine and handler training | 9001 (Line Item Code:) Canine and handler training (Line Name:) | \$5,000.00 | \$5,000.00 | \$0.00 | \$5,000.00 | \$0.00 |
| K-9 | 10001 (Line Item Code:) K-9 (Line Name:) | \$10,000.00 | \$7,500.00 | \$0.00 | \$7,500.00 | \$2,500.00 |
| K-9 training supplies | 11001 (Line Item Code:) K-9 training supplies (Line Name:) | \$5,000.00 | \$500.00 | \$0.00 | \$500.00 | \$4,500.00 |
| Total | : | \$20,000.00 | \$13,000.00 | \$0.00 | \$13,000.00 | \$7,000.00 |
| | | | | | | |

Select "Mark as Complete"

Claim Forms

Select "Equipment Inventory"

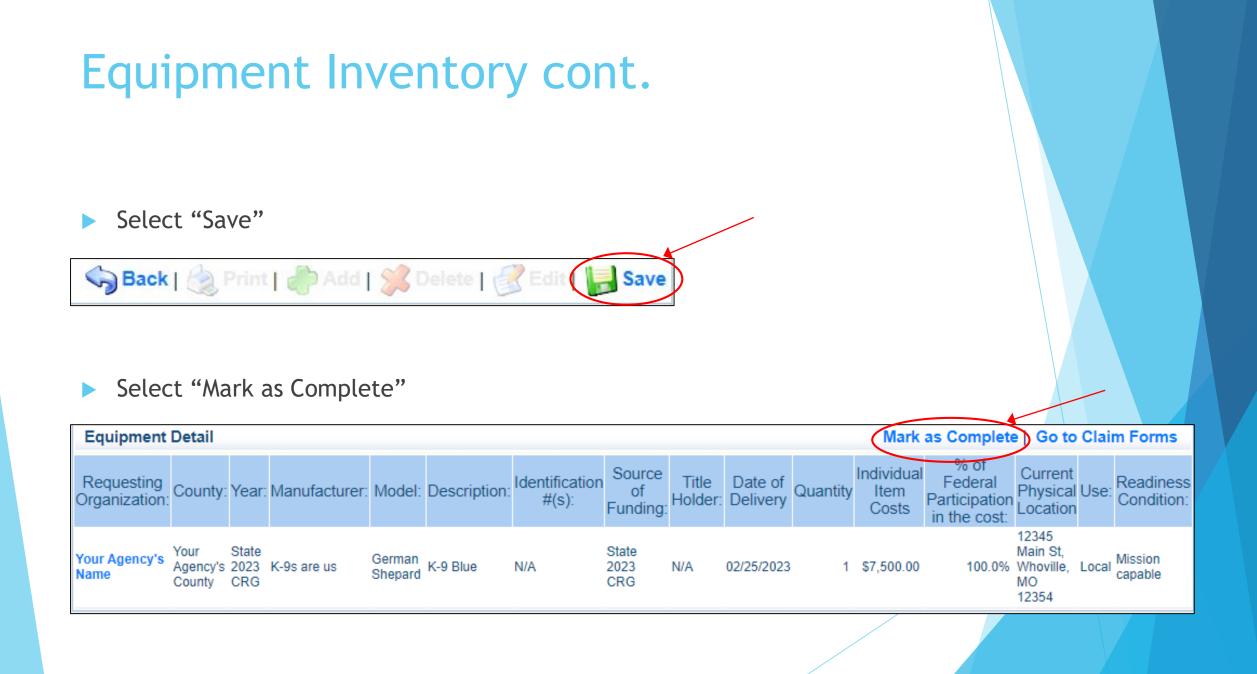
| Components | | Preview Submit | | |
|---|-----------|------------------|--|--|
| Complete each component of the Claim and mark it as complete. Click Submit when you are done. | | | | |
| Name | Complete? | Last Edited | | |
| General Information | ✓ | 03/15/2023 | | |
| Expenditures | ✓ | 03/21/2023 | | |
| Reimbursement | √ | 03/21/2023 | | |
| Equipment Inventory | | | | |
| Other Attachments | | | | |

Equipment Inventory cont.

- If no equipment is requested for reimbursement "Mark as Complete"
- If equipment is requested:
 - Requesting Organization Recipient's Organization
 - County Recipient's County
 - Year Grant year that equipment was purchased: State 2023 CRG
 - Manufacturer Who made the equipment purchased
 - Model Model number of equipment purchased
 - Description Brief description (i.e. Canine ABC)
 - 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.

Equipment Inventory cont.

- Equipment Inventory cont.
 - Source of Funding State CRG
 - Title Holder Grantee Organization
 - Date of Delivery Date that equipment was delivered
 - Quantity 1, each piece of equipment MUST be reported on a separate line
 - Individual Items Cost Cost of individual item
 - % 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 | |
|---|---|
| Requesting Organization:* | Your Agency's Name |
| | Organization that has or will end up with equipment. |
| County:* | Your Agency's County |
| Year:* | State 2023 CRG |
| | Federal fiscal year of the grant. |
| Manufacturer:* | K-9s are us |
| Model:* | German Shepard Style, type, design or version of particular equipment. |
| Description:* | |
| Description. | K-9 Blue |
| | |
| | 250 Character Limit - Generic description of the equipment that was purchased. |
| Identification #(s):* | N/A |
| | |
| | |
| | 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. |
| Source of Funding:* | State 2023 CRG |
| Title Holder:* | N/A |
| | If there is no title for the equipment, N/A should be annotated in the box. |
| Date of Delivery* | 02/25/2023 |
| o 17 t | Date you received possession of the equipment. |
| Quantity* | |
| Individual Item Costs* | 7500.00 |
| % of Federal Participation in the cost:* | 100 |
| | Percentage of federal funds used to purchase the equipment. |
| Current Physical Location* | 12345 Main St, Whoville, MO 12354 Place (address) where the equipment is located. A post office box address is not a physical location for the purpose of inventory. |
| Use:* | Local |
| | |
| | |
| | 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 |
| | 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. |
| | |

Claim Forms

Select "Other Attachments"

| Components | | Preview Submit | | |
|---|-----------|------------------|--|--|
| Complete each component of the Claim and mark it as complete. Click Submit when you are done. | | | | |
| Name | Complete? | Last Edited | | |
| General Information | √ | 03/15/2023 | | |
| Expenditures | ✓ | 03/21/2023 | | |
| Reimbursement | ✓ | 03/21/2023 | | |
| Equipment Inventory | ✓ | 03/21/2023 | | |
| Other Attachments | | | | |

- Follow the instructions in the WebGrants system to attach the appropriate backup documentation, which could include
 - Invoices
 - Cancelled checks
 - SIGNED proof of delivery or memo
 - Mileage record log
 - Hotel bills/invoice
 - Training Certificates
- After all documents have been uploaded, select "Mark as Complete"

Create New Version Mark as Complete Go to Claim Forms

Submit Claim

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

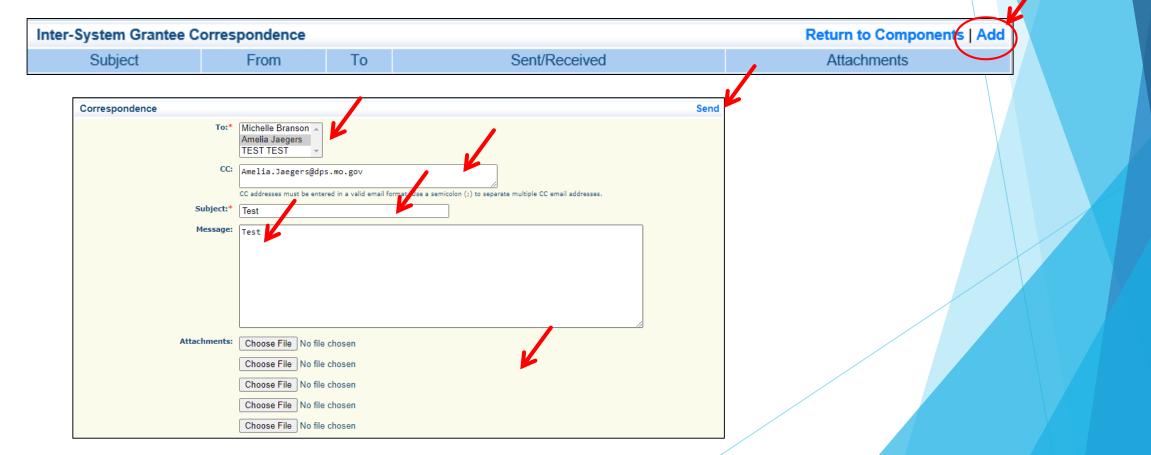
| Components | | Preview Submit |
|--|-----------------|------------------|
| Complete each component of the Claim and mark it as complete. Click Submit whe | n you are done. | |
| Name | Complete? | Last Edited |
| General Information | ✓ | 03/15/2023 |
| Expenditures | ~ | 03/21/2023 |
| Reimbursement | 1 | 03/21/2023 |
| Equipment Inventory | ✓ | 03/21/2023 |
| Other Attachments | \checkmark | 03/21/2023 |

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 | |
| Claims | |
| Correspondence | |
| Budget | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Site Visits | |
| Subaward Documents - Need Signatures | |
| Award Documents - Final | |
| Closeout | |
| Opportunity | |
| Application | |

Create a new correspondence



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

| Inter-System Grantee Correspondence | | | Return to Com | ponents Add |
|--|-----------|----------------|---------------|---------------|
| Subject | From | То | Sent/Received | Attachments |
| Grant 2023-SDTF-1-TEST - SFY 23 DTF - Whoville Island Narcotics (WIN) Task Force: Test | TEST TEST | Amelia Jaegers | 11/01/2022 | |
| | | | | |

In the open correspondence select "Reply"

Correspondence

Reply

- 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 <u>dpswebgrants@dpsgrants.dps.mo.gov</u>
- 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



Things that would be sent in through correspondence

Questions pertaining to the grant

DO NOT send Change of Information Forms

Subaward Adjustments

| Grant Components | |
|--------------------------------------|-----------|
| | Component |
| General Information | |
| Claims | |
| Correspondence | |
| Budget | |
| Subaward Adjustments | |
| Subaward Adjustment Notices | |
| Status Reports | |
| Site Visits | |
| Subaward Documents - Need Signatures | |
| Award Documents - Final | |
| Closeout | |
| 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 a 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 recipient obligating or expending the grant funds

Subaward Adjustments cont.

- Program Changes
 - Requests for program changes must be submitted through WebGrants as a subaward adjustment and must be approved by DPS. Program changes include changes in recipient staff, authorized officials, project directors, fiscal officers or officers in charge. Additional changes may include address change or any other information in the organization component in WebGrants

Subaward Adjustment cont.

- Scope of Work Changes
 - A recipient 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 recipient'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 lien 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 | | |
|--|-------------------------------------|--------|
| Title: (limited to 250 characters)* | Brief title | \sim |
| Contract Amendment Type:* | Budget Revision Program Revision | |

Subaward Adjustments Forms

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

| Components | | Preview Submit |
|---------------------|-----------|------------------|
| Name | Complete? | Last Edited |
| General Information | ✓ | 11/01/2022 |
| Justification | | |
| Budget | | |
| Confirmation | | |
| Attachments | | |

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 | | Reque | ested Change | Up | dated Budget | Description |
|---------|----------------|-------------------|------------|-------|---------------|----|--------------|---|
| Test | 1001 | \$ | 140,000.00 | \$ | - | \$ | 140,000.00 | |
| Test | 2001 | \$ | 25,000.00 | \$ | | \$ | 25,000.00 | |
| Test | 3001 | \$ | 20,000.00 | \$ | 12 | \$ | 20,000.00 | |
| Test | 4001 | \$ | 5,000.00 | \$ | 10 7 5 | \$ | 5,000.00 | |
| Test | 9001 | \$ | 45,000.00 | \$ | 540 | \$ | 45,000.00 | |
| Test | 9002 | \$ | 5,000.00 | \$ | - | \$ | 5,000.00 | |
| Test | 9003 | \$ | 5,700.00 | \$ | (.+.) | \$ | 5,700.00 | |
| Test | 10001 | \$ | 7,000.00 | \$ | (2,000.00) | \$ | 5,000.00 | Moving funds from the Portable to Mobile to cover actual costs |
| Test | 10002 | \$ | 5,000.00 | \$ | 2,000.00 | \$ | 7,000.00 | |
| Test | 11001 | \$ | 1,000.00 | \$ | - | \$ | 1,000.00 | |
| Test | 12001 | \$ | 12,000.00 | \$ | - | \$ | 12,000.00 | |
| | | \$ | 270,700.00 | | | \$ | 270,700.00 | |

Budget Modifications/Scope of Work Changes cont.

- Justification in WebGrants System
 - Copy the spreadsheet into WebGrants' Justification with the reason(s) for the
 - requested change

| Justifi | ication | | | | | | | Mark as Complete Return to Components |
|----------------------|---------------|--------|------------------|--------|--------------------|-----|------------------|---|
| Justifica | ation* | | | | | | | |
| Please e project. | explain the I | reasor | n for the reques | ted a | djustment and incl | ude | the effective da | te. State the need for the change and how the requested revision will further the objectives of the |
| List the | e reason f | for th | e requested | bud | get revision. | | | |
| If want | ting to add | d a N | EW budget I | ine, | be sure to inclu | ıde | the Justifcai | on for the NEW items. |
| If want | ting to adj | ust th | ne quanities | of ite | ms awarded, t | e s | ure to includ | e the reasoning for the quanity change. |
| | Line | Curr | rent | | | | | |
| Project | Number | Bud | get | Req | uested Change | Up | dated Budget | Description |
| Test | 1001 | \$ | 140,000.00 | \$ | - | \$ | 140,000.00 | |
| Test | 2001 | \$ | 25,000.00 | \$ | - | \$ | 25,000.00 | |
| Test | 3001 | \$ | 20,000.00 | \$ | - | \$ | 20,000.00 | |
| Test | 4001 | \$ | 5,000.00 | \$ | - | \$ | 5,000.00 | |
| Test | 9001 | \$ | 45,000.00 | \$ | - | \$ | 45,000.00 | |
| Test | 9002 | \$ | 5,000.00 | \$ | - | \$ | 5,000.00 | |
| Test | 9003 | \$ | 5,700.00 | \$ | - | \$ | 5,700.00 | |
| | | | | | | | | Moving funds from the Portable to |
| Test | 10001 | \$ | 7,000.00 | \$ | (2,000.00) | \$ | 5,000.00 | Mobile to cover actual costs |
| Test | 10002 | \$ | 5,000.00 | \$ | 2,000.00 | \$ | 7,000.00 | |
| Test | 11001 | \$ | 1,000.00 | \$ | - | \$ | 1,000.00 | |
| Test | 12001 | \$ | 12,000.00 | \$ | - | \$ | 12,000.00 | |
| | | \$ | 270,700.00 | | | \$ | 270,700.00 | |

Budget Modifications/Scope of Work Changes cont.

Select "Save"

Save 🖓 Back | 💩 Print | 👘 Add | 🛸 Delete | 🧭 Edit 🕞 Save

Select "Mark as Complete"

Mark as Complete Return to Components

Subaward Adjustments Forms, cont.

Select "Budget"

| Components | s Preview Submit | | | | |
|---------------------|--------------------|-------------|--|--|--|
| Name | Complete? | Last Edited | | | |
| General Information | ✓ | 11/01/2022 | | | |
| Justification | ✓ | 11/02/2022 | | | |
| Budget | | | | | |
| Confirmation | | | | | |
| Attachments | | | | | |

Budget Modifications/Scope of Work

Changes cont.

Budget cont.

- Adjust the budget line to mirror the changes that are to occur
- Make sure to update the
- Total Federal/State Share

amounts

Budget

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 | 140000.00 | 140000.00 |
| 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 | 50000.00 | 50000.00 |
| Equipment | 13000.00 | 13000.00 |
| Supplies/Operations | 1000.00 | 1000.00 |
| Contractual | 12000.00 | 12000.00 |
| 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 | 270700.00 | 270700.00 |
| Total Local Match Share | \$0.00 | \$0.00 |

Budget Modifications/Scope of Work Changes cont.

Save

- Budget cont.
 - Select "Save"

| Sack 💩 Print 🦣 Add % Delete 🧭 Edit 🚺 |
|--|
| Select "Mark as Complete" |
| Mark as Complete Return to Components |

Subaward Adjustments Forms, cont.

Select "Confirmation"

| Components | | Preview Submit | | |
|---------------------|-----------|------------------|--|--|
| Name | Complete? | Last Edited | | |
| General Information | ✓ | 11/01/2022 | | |
| Justification | 4 | 11/02/2022 | | |
| Budget | 4 | 11/02/2022 | | |
| Confirmation | | | | |
| Attachments | | | | |

Complete the form

| Confirmation | | | |
|---|---------------|--|--|
| Your typed name as the applicant authorized official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of the veracity of the representations made in this subaward adjustment. You must include your title, full legal name, and the current date. | | | |
| Authorized Official Name:* | Joni McCarter | | |
| Title:* | Mayor | | |
| Date:* | 08/30/2022 | | |

Budget Modifications/Scope of Work Changes cont.

Save

- Confirmation cont.
 - Select "Save"

a

and share a second second second

| Song Back 🥘 Print 🍏 | Add 🛛 🔀 Delete 🛛 🥳 Edit |
|---------------------------|-------------------------|
| Select "Mark as Complete" | " |
| Mark as Complete | Return to Components |

Subaward Adjustments Forms, cont.

Select "Attachments"

Which could include new quotes/bids

| Components | | Preview Submit |
|---------------------------|--------------------------|------------------|
| Name | Complete? | Last Edited |
| Seneral Information | ✓ | 06/30/2022 |
| lustification | ✓ | 06/30/2022 |
| Budget | * | 06/30/2022 |
| Commitmention | ✓ | 06/30/2022 |
| Back S Print | dd 🎇 Delete 💰 Edit 🤇 | Save |
| Salact "Mark as Complete" | | |
| Select "Mark as Complete" | | |
| K | Return to Components | |

Subaward Adjustments Forms, cont.

Select "Submit" to submit the revision

| Components | | Preview Submit | | |
|---------------------|-----------|----------------|--|--|
| Name | Complete? | Last Edited | | |
| General Information | ✓ | 11/01/2022 | | |
| Justification | ✓ | 11/02/2022 | | |
| Budget | 4 | 11/02/2022 | | |
| Confirmation | ✓ | 11/02/2022 | | |
| Attachments | 4 | 11/02/2022 | | |

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

Status Reports

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

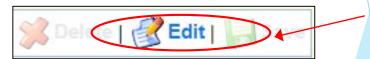


- Status Report must be completed through the WebGrants System
 - The Status Report has already been created for you
 - If the Status Report is missing in WebGrants, contact your Grant Specialist to get it added!!
- Each recipient must submit a Final Status Report
 - When you have completed all reporting or
 - Final Status Report will be due by June 10, 2023

Select the hyperlink for the Status Report

| Status Reports | | | Сору Е | xisting Status Report | Return to Co | mponents |
|---|---------------------------------|-----------------------------------|--------------------|-----------------------|--------------|-----------|
| ID | Туре | Date From-To | Due Date | Submitted Date | Arrived? | Status |
| 2023-CRGP-001-TEST - 01 | Semi-Annual | 07/01/2022-05/31/2023 | | | - | Editing |
| Select the "Milestone Progress Report" | | | | | | |
| Components | | | | | Drovio | w L Submi |
| Complete each companent of the status re- | port and mark it as con | nalata. Oliak Submit when you are | dana | | Previe | w Submi |
| | | nplete. Click Submit when you are | | | | w Submi |
| | port and mark it as con Name | nplete. Click Submit when you are | done. Complete? | • | Last Edited | w Submi |
| Complete each component of the status rep General Information Milestone Progress Report | | nplete. Click Submit when you are | | | | w Submi |

- Milestones have already been added to the Status Report for you
 - If you want to remove or add a milestone, you MUST contact your Grant Specialist for approval
- There are 2 ways to complete the report
- Select "Edit" to edit all the milestones at one time



Or select each milestone hyperlink to edit 1 at a time

| Milestone Progress | | M | ark as Complete | Go to Status | Report Forms Add |
|---|-----|---------------|-------------------------------|--------------------------|---------------------|
| Milestone: | | Project Name: | Estimated Completion Date: | % Milestone Completed | Milestone Progress: |
| 1. Determine specifications for needed equipment. | | _ | | 0% | |
| 2. Procurement completed: bidding, vendor selection, and ordering of equipment. | | | | 0% | |
| 3. Equipment and/or supplies received, installed, tested and inventoried. | - 1 | | | 0% | |
| 4. Vendor paid and receipt of proof of payment received. | | | | 0% | |
| 5. WebGrants reimbursement completed with all necessary documentation. | | | | 0% | |
| 6. Travel/training completed. | | | | 0% | |
| 7. Project Final Report submitted and closed out. | | | | 0% | \$2 |

- Complete each milestone
 - Project Name
 - Estimated Completion Date (what date was the milestone completed)
 - % Milestone Completed (each Milestone should be 100% when submitted, as the project should be completed when the status report is being submitted)
 - Milestone Progress (explain the milestone progress over the reporting period in detail)

Milestone Progress example

| Milestone Progress | | | Mark as Co | mplete Go to Status Report Forms Add |
|---|------------------------|----------------------------------|-----------------------------|--|
| Milestone: | Project Name: | Estimated Completion Date: | % Milestone Completed | Milestone Progress: |
| 1. Determine specifications for needed equipment. | Your Project's Name | 02/22/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 2. Procurement completed: bidding, vendor selection, and ordering of equipment. | Your Project's Name | 02/28/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 3. Equipment and/or supplies received, installed, tested and inventoried. | Your Project's Name | 03/05/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 4. Vendor paid and receipt of proof of payment received. | Your Project's Name | 03/05/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 5. WebGrants reimbursement completed with all necessary documentation. | Your Project's Name | 03/09/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 6. Travel/training completed. | Your Project's Name | 03/07/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 7. Project Final Report submitted and closed out. | Your Project's Name | 03/21/2023 | 100% | Explain the milestone progress over the reporting period in detail. |

- Narrative Project Progress
- Select "Add"



- Complete the "Narrative Project Progress"
 - Project Name
 - Complete the 3 questions for the narrative

Narrative Project Progress

Project Name:*

What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted?

Narrative Project Progress example

| Narrative P | roject Progress Add |
|------------------|---|
| Project Name: | What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted? |
| | What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted? |

Completed Status Report example

Narrative Project Progress

| Milestone Progress | | | Mark as Co | mplete Go to Status Report Forms Add |
|--|------------------------|----------------------------------|-----------------------------|--|
| Milestone: | Project Name: | Estimated Completion Date: | % Milestone Completed | Milestone Progress: |
| 1. Determine specifications for needed equipment. | Your Project's Name | 02/22/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 2. Procurement completed: bidding, vendor selection, and ordering of equipment. | Your Project's Name | 02/28/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| Equipment and/or supplies received, installed, tested and inventoried. | Your Project's Name | 03/05/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 4. Vendor paid and receipt of proof of payment received. | Your Project's Name | 03/05/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 5. WebGrants reimbursement completed with all necessary documentation. | Your Project's Name | 03/09/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 6. Travel/training completed. | Your Project's Name | 03/07/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| 7. Project Final Report submitted and closed out. | Your Project's Name | 03/21/2023 | 100% | Explain the milestone progress over the reporting period in detail. |
| | | | | |

a any project accomplishme

Add

| Project Name: | What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted? |
|------------------|---|
| - | What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted? |

- Once the Status Report is completed
- Select "Save"



Select "Mark as Complete"



After the Status Report has been completed, select "Mark as Complete"

Mark as Complete Go to Status Report Forms

Select "Submit"

| Components | | Preview Submit | |
|---|-----------|------------------|--|
| Complete each component of the status report and mark it as complete. Click Submit when you are done. | | | |
| Name | Complete? | Last Edited | |
| General Information | ✓ | 06/23/2021 | |
| Drug Task Force | ✓ | 06/23/2021 | |
| | | | |

Submit Status Report

After all forms on the status report have been marked as complete, select "Submit"

| Components | • | Preview Submit |
|--|--------------|----------------|
| Complete each component of the status report and mark it as complete. Click Submit when yo | ou are done. | |
| Name | Complete? | Last Edited |
| General Information | ✓ | 03/21/2023 |
| Milestone Progress Report | ✓ | 03/21/2023 |
| | | |

Monitoring

▶ We will no longer be Site Visiting 100% of subrecpients every year

> You will be notified when your agency is chosen for site visit monitoring

Key things to remember

- Monitoring is NOT an audit
- CJ/LE 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

What Documents Guide Monitoring

- Applicable State of Missouri statutes and regulations
- DPS Financial and Administrative Guidelines
- DPS Subrecipient Travel Guidelines
- CJ/LE Information Bulletins
- SFY 2023 State CRG Program Notice of Funding Opportunity
- SFY 2023 State CRG Program Certified Assurances
- SFY 2023 State CRG Program Award Agreement

Types of Monitoring

Desk Monitoring

Review which is completed by CJ/LE Unit - telephone and email communication, grant document review, reports and correspondence

On-Site Monitoring

Review which is conducted by the CJ/LE Unit at the recipient's agency - policy review, property records, etc.





What to Expect During Monitoring

▶ The CJ/LE Unit is required to monitor the following, as applicable

- Equipment (inventory control, tags/labels)
- Polices and Procedures
- Project Implementation
- 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 Nation al Incident Based Reporting System (NIBRS). To comply with section 43.505 RSMo, all MO law enforcement date 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 | | | |
|---|--|--|--|
| Complete each component of the Claim and mark it as complete. Click Submit when you are done. | | | |
| 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 -State Civil Rights

- Non-Discrimination policies and procedures
- Recipients are required by federal and state law to display labor posters regarding these statues
 - Posters can be found here: <u>https://labor.mo.gov/posters</u>

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
- State Civil Rights
 - No display of labor posters

Key Date Reminders

- Period of Performance:
 - July 1, 2022 May 31, 2023
- Final Claim due:
 - ▶ June 10, 2023
- Status Reports:
 - Final: June 10, 2023

Contact

For assistance, please contact your Grant Specialist

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