SFY 2023 State Drug Task Force (DTF) grant Compliance Training

Department of Public Safety Grants

Criminal Justice/Law Enforcement Unit

SFY 2023 State Drug Task Force (DTF) Purpose

- The purpose of the State Drug Task Force (DTF) Grant:

  - The State Drug Task Force Grant Program makes it possible for Missouri to aggressively address the many public safety issues associated with illicit drugs and violent crime. The Missouri Department of Public Safety (DPS) collaborates with state and local law enforcement agencies to provide a proactive approach for the public safety of Missourians. The State Drug Task Force Grant provides funding to drug task forces/drug enforcement unit throughout the state for drug related crime response and prevention.

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: http://revisor.mo.gov/main

Audit Requirements

- An audit is required if the recipient expend $375,000 or more in state funds within the organization's fiscal year for any state source (including, but not limited to, State DTF)
  - 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 any audit, the agency is still responsible for monitoring activities to provide reasonable assurance that the agency administers state awards in compliance with state requirements

  <u>This doesn't mean that the audit can include every other year</u>

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

▶ 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 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 60 days following the project period end date

▶ Project Period: October 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

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)**
  - Personnel cost must be supported with official payroll records and timesheets/payroll certification
  - Proof of payment is required for all expenses (i.e. cancelled check, credit card statements)

- Status Reports **must** be submitted

WebGrants

Budget

Claims Entry

▶ Sign into the WebGrants System and select the applicable grant

▶ From Grant Components, select "Claims"

Grant Components
Component
General Information
Claims
Correspondence
Budget rnd 2
Subaward Adjustments
Subaward Adjustment Notices
Status Reports
Site Visits
Award Documents - Need Signatures
Award Documents - Final
Attachments
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.)

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:* [Other ▾]

Reporting Period:* [10/01/2022] 📅 [11/30/2022] 📅
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

Expenditures Form cont.

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

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

Expenditures cont.

▶ Complete each line of the Expenditures form

▶ Line Number – this is a drop down section, which will show each line of the approved budget

Expenditures 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 (10/01/22 – 10/31/22); or Benefits (10/01/22 – 10/31/22)
  - Description of item purchased for other categories (i.e. Fuel; Equipment; Office Supplies; Vehicle Purchase)
- Quantity
  - Quantity for a pay period should be 1
  - When purchasing equipment it should list the actual number, also if purchasing 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 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 October), 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)

Expenditure cont.

▶ Example Payroll

Expenditures

Line Number*	1001 - Budget - 1. Personnel ⌄
Payee*	Amelia Jaegers
Description*	Salary 10/01/22-10/31/22
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 cont.

▶ Benefit Example

Expenditures

Line Number*	2001 - Budget - 2. Personnel Benefits ⌄
Payee*	Amelia Jaegers
Description*	Benefits 10/01/22-10/31/22
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**

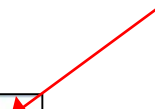# Expenditures cont.

▶ Travel/Training Example

Expenditures

Line Number*	9001 - Budget - 5. Travel/Training ▼
Payee*	Wex
Description*	Fuel 10/01/22-10/31/22
Quantity*	1
Unit Cost*	550.00
Federal Amount Requested*	550.00
Invoice #*	76582
Invoice Date*	11/02/22
Check/EFT Number*	7456
Check/EFT Date*	11/10/22

▶ Select "Save"

Back | Print | Add | Delete | Edit | Save

Expenditures cont.

▶ Equipment Example

▶ Select "Save"

Expenditures cont.

▶ Supplies Example

Expenditures

Line Number*	11001 - Budget - 7. Supplies ▾
Payee*	Staples
Description*	Office Supplies
Quantity*	1
Unit Cost*	156.26
Federal Amount Requested*	156.26
Invoice #*	319843146424
Invoice Date*	10/16/22
Check/EFT Number*	7635
Check/EFT Date*	10/20/22

▶ Select "Save"

Back | Print | Add | Delete | Edit | Save

Expenditures cont.

▶ Contractual Example

Expenditures

Line Number*	12001 - Budget - 8. Contractual ⌄
Payee*	Renters-R-Us
Description*	October 2022 Rent
Quantity*	1
Unit Cost*	750.00
Federal Amount Requested*	750.00
Invoice #*	24698
Invoice Date*	10/31/22
Check/EFT Number*	7546
Check/EFT Date*	11/02/2022

▶ Select "Save"

Back | Print | Add | Delete | Edit | Save

Expenditures cont.

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

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 10/01/22-10/31/22	1.0	$3,000.00	$3,000.00	$3,000.00	N/A	08/05/22	3241	08/05/22
2001	Amelia Jaegers	Benefits 10/01/22-10/31/22	1.0	$150.00	$150.00	$150.00	N/A	N/A	N/A	N/A
9001	Wex	Fuel 10/01/22-10/31/22	1.0	$550.00	$550.00	$550.00	76582	11/02/22	7456	11/10/22
10001	Motorola	APX8000 Portable Radio	1.0	$5,500.00	$5,500.00	$5,500.00	9654	10/15/22	64572	10/20/22
11001	Staples	Office Supplies	1.0	$156.26	$156.26	$156.26	319843146424	10/16/22	7635	10/20/22
12001	Renters-R-Us	October 2022 Rent	1.0	$750.00	$750.00	$750.00	24698	10/31/22	7546	11/02/2022
					$10,106.26					

Expenditures   Mark as Complete | Go to Claim Forms | Add

Reimbursement Form

- Open Reimbursement Form

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	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)
Budget					
1. Personnel	$140,000.00	$3,000.00	$0.00	$3,000.00	$137,000.00
2. Personnel Benefits	$25,000.00	$150.00	$0.00	$150.00	$24,850.00
3. Overtime Personnel	$20,000.00	$0.00	$0.00	$0.00	$20,000.00
4. Overtime Benefits	$5,000.00	$0.00	$0.00	$0.00	$5,000.00
5. Travel/Training	$5,700.00	$0.00	$0.00	$0.00	$5,700.00
5. Travel/Training	$5,000.00	$0.00	$0.00	$0.00	$5,000.00
5. Travel/Training	$45,000.00	$550.00	$0.00	$550.00	$44,450.00
6. Equipment	$5,000.00	$0.00	$0.00	$0.00	$5,000.00
6. Equipment	$7,000.00	$5,500.00	$0.00	$5,500.00	$1,500.00
7. Supplies/Operations	$1,000.00	$156.26	$0.00	$156.26	$843.74
8. Contractual	$12,000.00	$750.00	$0.00	$750.00	$11,250.00
Sub Total:	$270,700.00	$10,106.26	$0.00	$10,106.26	$260,593.74
Budget Total					
	$0.00	$0.00	$0.00	$0.00	$0.00
Sub Total:	$0.00	$0.00	$0.00	$0.00	$0.00
Total:	$270,700.00	$10,106.26	$0.00	$10,106.26	$260,593.74

- Select "Mark as Complete"

Equipment Inventory

- Select "Equipment Inventory"

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: **State 2023 DTF**

  - 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 – 1, each piece of equipment **MUST** be reported on a separate line

  - Individual Items Cost – Cost of 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 Inventory cont.

- Select "Save"

- Select "Mark as Complete"

Equipment Detail												Mark as Complete | Go to Claim Forms		
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	SFY 2023	Motorola	APX 8000	Portable Radio	12345MAGHKAH1573GFA	SFY 2023 State 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		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	✔	10/31/2022
Expenditures	✔	11/01/2022
Reimbursement	✔	11/01/2022
Equipment Inventory	✔	11/01/2022
Other Attachments		

- Follow the instructions in the WebGrants system to attach the appropriate backup documentation, which could include

  - Payroll Documentation (Pay Stub)

  - Timesheets or Certification form

  - Invoices

    - **Cancelled checks**

    - **SIGNED** proof of delivery or memo

- 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 when you are done.		
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

Correspondence cont.

▶ Create a new Correspondence

Correspondence cont.

▶ Reply to an email

  ▶ Select the subject of the email in blue

Inter-System Grantee Correspondence				Return to Components | Add	
Subject	From	To	Sent/Received	Attachments	
Grant 2023-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

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

▶ Use the WebGrants System to reply to correspondence

    ▶ ***<u>DO NOT REPLY TO CORRESPONDENCE FROM YOUR EMAIL</u>***

        ▶ 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

  - **DO NOT** send Change of Information forms

Subaward Adjustments

Subaward Adjustments cont.

- Subaward Adjustment 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 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 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
Contract Amendment Type:*	Budget Revision / 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		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	Requested Change	Updated 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	
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

Budget Modifications/Scope of Work Changes cont.

▶ Select "Save"

▶ Select "Mark as Complete"
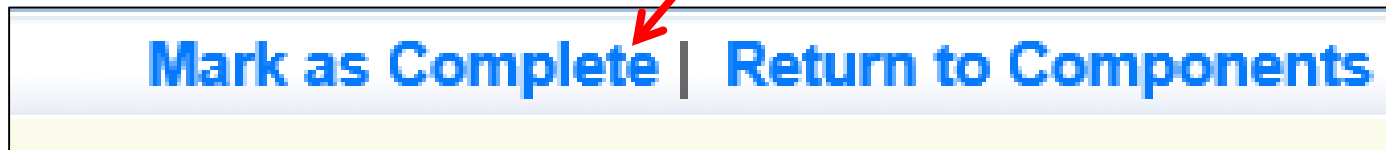
Budget Modifications/Scope of Work Changes cont.

▶ Budget

Components			Preview | Submit
Name		Complete?	Last Edited
General Information		✓	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.

- Budget cont.
  - Select "Save"

  - Select "Mark as Complete"
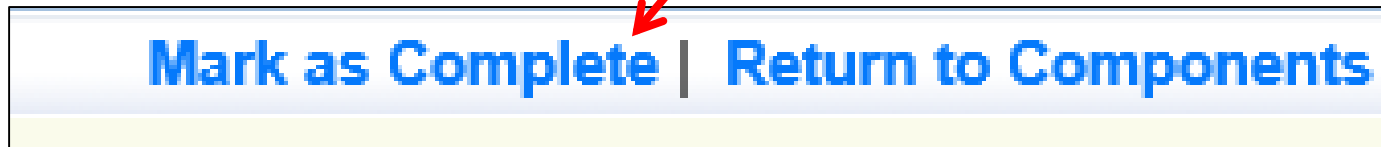
Budget Modifications/Scope of Work Changes cont.

▶ Confirmation

Components		Preview | Submit
Name	**Complete?**	**Last Edited**
General Information	✔	11/01/2022
Justification	✔	11/02/2022
Budget	✔	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.

▶ Confirmation cont.
  ▶ Select "Save"

  ▶ Select "Mark as Complete"
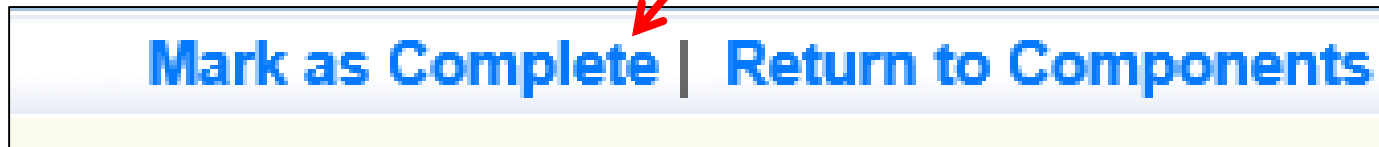
Budget Modifications/Scope of Work Changes cont.

- Attachments
  - Which could include new quotes/bids

Components			Preview | Submit
Name	Complete?		Last Edited
General Information	✓		06/30/2022
Justification	✓		06/30/2022
Budget	✓		06/30/2022
Confirmation	✓		06/30/2022
Attachments			

- Select "Save"
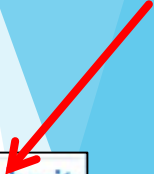
Back | Print | Add | Delete | Edit | Save

- Select "Mark as Complete"

Mark as Complete | Return to Components

Budget Modifications/Scope of Work Changes cont.

▶ Select "Submit" to submit the revision

Components		Preview | Submit
Name	Complete?	Last Edited
General Information	✔	11/01/2022
Justification	✔	11/02/2022
Budget	✔	11/02/2022
Confirmation	✔	11/02/2022
Attachments	✔	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 rnd 2
Subaward Adjustments
Subaward Adjustment Notices
Status Reports
Site Visits
Award Documents - Need Signatures
Award Documents - Final
Attachments
Closeout
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

  ▶ January 10, 2023 (October 1 – December 31, 2022)

  ▶ April 11, 2023 (January 1 – March 31, 2023)

  ▶ June 12, 2023 (April 1 – May 31, 2023)

Status Reports cont.

▶ To create a Status Report, select "Add"

🏠 Menu | 👤 Help | 🚪 Log Out   🔙 Back | 🖨 Print | ➕ Add
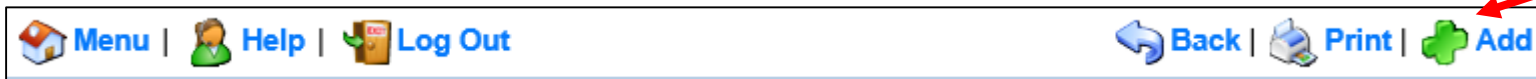
▶ Complete the General Information

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:* Quarterly Report ▾

Report Period:* 10/01/2022 📅   12/31/2022 📅
                    From   To

▶ Select "Save"

🔙 Back | 🖨 Print | ➕ Add | ❌ Delete | ✏ Edit | 💾 Save

Status Report cont.

▶ Complete the "Drug Task Force" component

▶ Select "Save"

Status Report cont.

- **NEW**
  - Project Status
    - Describe the overall status of you project
      - What progress has the task force made with the hiring of new employees
      - What progress has the task force made with acquiring awarded equipment and/or supplies
      - Has the task force hit an obstacle that is preventing it from completing your project
        - Explain what is the obstacle(s)
      - Will the task force be unable to expend all of the awarded funds?
        - Explain why the task force will be unable to expend the funds
        - What would the approximate amount of funds that will not be expended

Status Report cont.

- Project Status cont.
  - This section will need to be <u>updated</u> each quarter
  - Leave the previous quarter's information in the section

Project Status

Project Status

Describe the overall status of your project from the beginning until current.

- *What progress has the task force made with the hiring of new employees?*
- *What progress has the task force made with acquiring awarded equipment and/or supplies?*
- *Has the task force hit an obstacle that is preventing it from completing your project? Explain.*
- *Will the task force be unable to expend all of the awarded funds? Explain and what is the approximate amount that will not be expended.*

NOTE: The information provided is published publicly. Where necessary, redact undercover officer names and pending case information specifics.

▶Describe the overall status of you project

▶What progress has the task force made with the hiring of new employees

▶What progress has the task force made with acquiring awarded equipment and/or supplies

▶Has the task force hit an obstacle that is preventing it from completing your project

▶Explain what is the obstacle(s)

▶Will the task force be unable to expend all of the awarded funds?

▶Explain why the task force will be unable to expend the funds

▶What would the approximate amount of funds that will not be expended

Status Reports cont.

- 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

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

▶ CJ/LE Information Bulletins

▶ SFY 2023 State DTF Notice of Funding Opportunity

▶ SFY 2023 State DTF Certified Assurances

▶ SFY 2023 State DTF 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 subrecipient'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: 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
- State Civil Rights
  - No display of labor posters

Key Reminders

- Period of Performance:
  - October 1, 2022 – May 31, 2023
- Final Claim due:
  - **June 10, 2023**
- Status Reports:
  - #1: January 10, 2023 (October 1, 2022 – December 31, 2022)
  - #2: April 11, 2023 (January 1, 2023 – March 31, 2023)
  - Final: June 12, 2023 (April 1, 2023 – May 31, 2023)

If your agency was awarded body armor or body cameras – the wear policy MUST be received before those items will be reimbursed

Contact

For assistance, please contact your Grant Specialist

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