



FY 2021 Residential Substance Abuse Treatment (RSAT) Program Compliance Workshop

Missouri Department of Public Safety (DPS)

DPS Grants

Criminal Justice/Law Enforcement Unit (CJ/LE)

FY 2021 RSAT Purpose

- The purpose of the Residential Substance Abuse Treatment (RSAT) Program is to assist with developing and implementing residential substance abuse treatment programs within state correctional facilities, as well as within local correctional and detention facilities, in which inmates are incarcerated for a period of time sufficient to permit substance abuse treatment.
- The program encourages the establishment and maintenance of drug-free prisons and jails and developing and implementing specialized residential substance abuse treatment programs that identify and provide appropriate treatment to inmates with co-occurring mental health and substance abuse disorders or challenges.

Grant Information

- Funded through the U.S. Department of Justice (DOJ) , Bureau of Justice Assistance (BJA), Missouri Department of Public Safety (DPS)
- 2021 BJA FY 21 Residential Substance Abuse Treatment (RSAT)
- 31 U.S.C § 10421

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-2020-002, 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

Grant Requirements

- FY 2021 Residential Substance Abuse Treatment for State Prisoners Program Solicitation: <https://bja.ojp.gov/funding/opportunities/o-bja-2021-44002>
- 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

Federal and State Civil Rights

- Agencies must comply with Federal and State 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)
- Section 213.055 RSMo – Unlawful Employment Practices
- Section 213.065 RSMo – Discrimination in Public Accommodations

Equal Employment Opportunity Plan

- 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 HERE](#)

Overview

Latest News

Filing a Complaint

Filing Tips

Review Panel on Prison Rape

OCR Initiatives

Investigative Findings

FAQs

Equal Employment Opportunity Program FAQs

VAWA FAQs

Online Training

Statutes & Regulations

Guidance for Faith-based Organizations

Advisory on Recipients' Use of Arrest and Conviction

Provides access to the "EEO Reporting Tool Job Aid"

Equal Employment Opportunity 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



FY 2021 RSAT Objectives

- Enhance the capabilities of state and local governments to provide residential substance abuse treatment to incarcerated inmates
- Prepare individuals for reintegration into communities
- Assist individuals and communities through the reentry process by delivering community-based treatment and other broad-based aftercare services

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:	jsmith@organization.com
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	<i>John Smith</i>	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)

Funding Requirements

- The RSAT Program requirements to support and implement a residential program, which engages inmates for a period of between 6 and 12 months, and a jail-based program, which engages inmates for at least 3 months, are to:
 - Require urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants, including both periodic and random testing, and for former participants while they remain in the custody of the state or local government.
 - Provide residential treatment facilities set apart—in a separate facility or dedicated housing unit in a facility exclusively for use by RSAT participants—from the general correctional population.
 - Ensure that individuals who participate in the BJA-funded substance abuse treatment program will be provided with aftercare services when they leave incarceration.

Funding Requirements, Cont.

- Aftercare services must involve coordination of the correctional facility treatment program with other human service and rehabilitation programs such as educational and job training programs, parole supervision programs, half-way house programs, and participation in self-help and peer group programs that may aid in the rehabilitation of individuals in the substance abuse treatment program.
- Coordinate with the federal assistance for substance abuse treatment and aftercare services currently provided by the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). RSAT funding may be used for medication-assisted treatment such as longacting injectable anti-psychotic medications as an allowable expense to improve treatment adherence and reduce risk for relapse and re-incarceration.
- Whenever possible, RSAT residential program participation should be limited to inmates with 6 to 12 months remaining in their confinement.



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, 2022 – June 30, 2023
- Final claim due August 15, 2023

Procurement

- General Grant Guidelines:
 - All procurement transactions, whether negotiated or competitively bid, and without regard to the dollar value, shall be conducted in a manner so as to provide maximum open and free competition
 - All bids/quotes, and the rationale behind the selection of a source of supply, must be retained, attached to the purchase order copy, and placed in the accounting files
 - When only one bid/quote or positive proposal is received, it is deemed to be Single Feasible Source
 - Single Feasible Source procurement on purchases to a single vendor of \$10,000 or more requires prior approval from the Missouri Department of Public Safety
 - Request for approval shall be submitted via the “Correspondence” component of WebGrants with the rationale and, if available, a copy of the single feasible source certification letter from the vendor
 - Approval of the grant application does not constitute prior approval; must obtain separately



Procurement, Cont.

- State Procurement Policy:
 - Purchases to a single vendor totaling less than \$10,000 may be purchased with prudence on the open market
 - Purchases to a single vendor totaling \$10,000 but less than \$100,000 must be competitively bid/quoted, but the bid/quote need not be solicited by mail or advertisement
 - Purchases to a single vendor totaling \$100,000 or more shall be advertised for bid in at least two daily newspapers of general circulation, in such places as are most likely to reach prospective bidders, at least five days before bids for such purchases are to be opened

Equipment V. Supplies

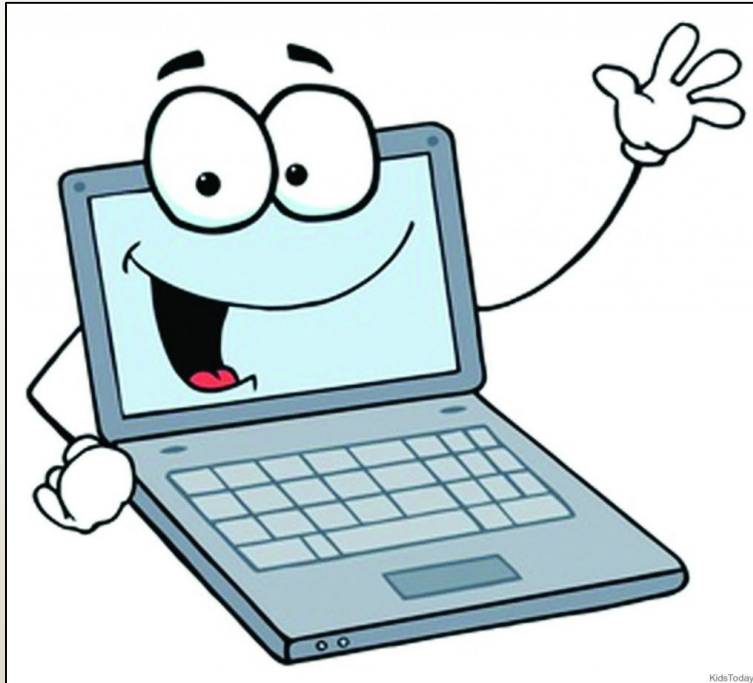
- Equipment
 - Tangible, non-expendable (non-consumable) personal property having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit
 - Equipment must be recorded and tracked in an inventory control list and tagged to reflect its source of funding
 - Equipment must be “tagged” with the source of funds used to purchase the item(s)
- Supplies
 - Items that do not fit into the “Equipment” category

Grant Set-Up

- The grant Subaward Agreement will be available in WebGrants under Subaward 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

WebGrants

- <https://dpsgrants.dps.mo.gov/index.do>











WebGrants

- Subaward Documents – Need Signatures
- Subaward Documents – Final
- General Information
- Contact Information
- Budget
- Claims
- Correspondence
- Subaward Adjustments
- Subaward Adjustment Notices

My Grants

- After Logging in you will select My Grants and find the 2021 RSAT Grant

Main Menu
Click Help above to view instructions.

-  [Instructions](#)
-  [Reviewer Instructions](#)
-  [My Profile](#)
-  [Funding Opportunities](#)
-  [My Applications](#)
-  [My Grants](#)
-  [Conflicts of Interests](#)
-  [My Reviews](#)

Current Grants [Search My Grants](#) | [Closed Grants](#) | [Claims](#)
Grants in the status Underway or Suspended appear on this list. To view other Grants, click the closed Grants link.

ID	Status	Year	Project Title	Program Area	Grant Administrator	Budget Total
138644	Awarded	2022	2021 RSAT - Holiday Hills	Residential Substance Abuse Treatment (RSAT)	Joni McCarter	\$340,176.32

Grant Components

- The first time you go into the grant it will be in Awarded status and will only show you a few Grant Components
- Select Subaward Documents – Need Signature

Grant Components	
Component	Last Edited
General Information	07/19/2022
Subaward Documents - Need Signatures	
Opportunity	-
Application	-

Subaward Documents

- Please download the Subaward Document and have the Authorized Official listed on the Subaward sign the first page and initial all pages of the Articles of Agreement
- Mail the original signed award to our office at the address listed on the letter, if you agency would like an original copy mailed back to them please send to signed copies of the award to our office

Subaward Documents, Cont.

- After we receive the signed documents we will process them to get our Director's signature and to change your grant to Underway status
- A notification will be sent from the system when you are moved to Underway status
- The full Grant Components will then be available to you
- Select Subaward Documents – Final and download a copy of the signed award for your files

Subaward Documents - Final

Grant Components

General Information
Contact Information
Budget
Claims
Correspondence
Subaward Adjustments
Subaward Adjustment Notices
Subaward Documents - Need Signatures
Subaward Documents - Final
Site Visits
Opportunity
Application

General Information

- By selecting the General Information Component you can obtain information about your grant

Grant Components
General Information ←
Contact Information
Budget
Claims
Correspondence
Subaward Adjustments
Subaward Adjustment Notices
Subaward Documents - Need Signatures
Subaward Documents - Final
Site Visits
Opportunity
Application

General Information	Return to Components
Grant Title: 2021 RSAT - Holiday Hills	
Grant Status: Underway	
Grantee Organization: BaseLine Organization	
Grantee Contact: TEST TEST	
Additional Contacts:	
Program Officer: Joni McCarter	
Additional Internal Contacts: Krystal Barnes	
Program Area: Residential Substance Abuse Treatment (RSAT)	
Subaward Number: 138644	
Award Year: 2022	
Subaward Dates:	
Subaward Sent Subaward Received Subaward Executed Subaward Legal	
Project Dates:	
Project Start Project End	
Comments:	

Last Edited By: Michelle Branson, 07/20/2022

Contact Information

- Please check to verify the information listed in this Component is correct, if you need this information updated you will submit a Subaward Adjustment Program Revision

Grant Components
General Information
Contact Information
Budget
Claims
Correspondence
Subaward Adjustments
Subaward Adjustment Notices
Subaward Documents - Need Signatures
Subaward Documents - Final
Site Visits
Opportunity
Application

Contact Information	Return to Components
Authorized Official <small>The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract (e.g. Presiding Commissioner, Mayor, City Administrator, State Department Director).</small>	
Name: *	Mr. Bob Jones <small>Title First Name Last Name</small>
Job Title: *	City Administrator
Agency: *	Holiday Hills Treatment Center
Mailing Address: *	1234 Rainbow Lane <small>Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.</small>
Street Address 1:	<small>If a PO Box is entered on the Mailing Address line, enter the physical street address here.</small>
Street Address 2:	
City/State/Zip: *	Paris Missouri 65681 <small>City State Zip</small>
Email: *	krystal.barnes@dps.mo.gov
Phone: *	573-751-1318
Fax: *	573-751-1318 <small>Ext.</small>
Project Director <small>The Project Director is the individual that will have direct oversight of the proposed project. If the project agency is a law enforcement agency, the Project Director must be the Chief, Sheriff, or Director of Public Safety.</small>	
Name: *	Mrs. Juliana Green <small>Title First Name Last Name</small>
Job Title: *	Deputy Director
Agency: *	Holiday Hills Treatment Center
Mailing Address: *	1234 Rainbow Lane <small>Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.</small>
Street Address 1:	<small>If a PO Box is entered on the Mailing Address line, enter the physical street address here.</small>
Street Address 2:	
City/State/Zip: *	Paris Missouri 65681 <small>City State Zip</small>
Email: *	krystal.barnes@dps.mo.gov
Phone: *	573-751-1318
Fax: *	573-751-1318 <small>Ext.</small>

Budget

- Review your Budget to ensure it is correct, if your Budget needs you be revised you will complete a Subaward Adjustment Budget Revision
- Additional Budget information will be contained in the Budget Justification listed below the Budget

Grant Components
General Information
Contact Information
Budget ←
Claims
Correspondence
Subaward Adjustments
Subaward Adjustment Notices
Subaward Documents - Need Signatures
Subaward Documents - Final
Site Visits
Opportunity
Application

Budget						Return to Components
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 Number:	Budget Line Category:	Line Name:	Line Description:	Total Funds for Budget Line:	Match funds for this budget line:	Federal Award Amount
5. Travel/Training	AATOD Conference	AATOD	Airfare, lodging, meals, ground transportation, registration fee	\$3,266.00	\$0.00	\$3,266.00
6. Equipment	Projector	Projector	Projector and Installation	\$35,000.00	\$0.00	\$35,000.00
7. Supplies/Operations	Security Cameras	Security Cameras	Security cameras, wiring installation, and enclosures	\$1,810.32	\$0.00	\$1,810.32
7. Supplies/Operations	Offender Daily Cost	Offender Daily Cost	Proportion of estimated offender cost for FY23	\$100,525.00	\$100,525.00	\$0.00
8. Contractual	Contractual Costs	Contractual Costs	Assessment, Counseling, Education, Management, Aftercare, etc. Services	\$300,100.00	\$0.00	\$300,100.00
				\$440,701.32	\$100,525.00	\$340,176.32
				\$440,701.32	\$100,525.00	\$340,176.32

Claims

- Please review the requirements of the Reimbursement Information Bulletin to determine what is necessary for claim reimbursement
- Select Claims

Grant Components	
General Information	
Contact Information	
Budget	
Claims	←
Correspondence	
Subaward Adjustments	
Subaward Adjustment Notices	
Subaward Documents - Need Signatures	
Subaward Documents - Final	
Site Visits	
Opportunity	
Application	

Claims, Cont.

- For new Claims select Add

[Menu](#) | [Help](#) | [Log Out](#) [Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#)

Grant Tracking

Grant: 138644 - 2021 RSAT - Holiday Hills - 2022

Status: Underway

Program Area: Residential Substance Abuse Treatment (RSAT)

Grantee Organization: BaseLine Organization

Program Officer: Joni McCarter

Budget Total: \$340,176.32

Instructions

Recipients of RSAT funds are required to submit a monthly Claim Report to verify actual cash expenditures and request reimbursement of those expenditures.

A Claim Report must be submitted each month even if there are no expenditures to claim. Only one Claim Report may be submitted per month. The reporting period of the Claim merely identifies the month of the report being submitted - - it does not prohibit expenditures incurred outside of this reporting period to be claimed.

Claim Reports are due on or before the 10th day of each month. This deadline is subject to change if the 10th falls on a weekend or holiday.

Do not use the "Copy Existing Claim" feature as it will only copy form types labeled as "standard". There are no "standard" forms included in the RSAT Claims so it is not applicable to this funding opportunity.

Funds will be disbursed approximately the 25th day of each month. Recipients may access payment information within the WebGrants system or at the [State of Missouri Vendor Services Portal](#). Click "Vendor Payment" in the green toolbar. Select FEIN and enter your agency's Federal Tax ID Number (FEIN). You may then search for a payment by 1) Invoice Number, 2) Check/EFT Number, 3) Dollar Amount, or 4) Date/Location. The prefix of a Payment Number for RSAT payments will be PG029.

Create only 1 Claim each month. Each time you add a Claim report, it is assigned a sequential number. 001 should be for July. 002 should be for August and so forth. If you accidentally create too many Claims, use the correct template and save the others for future months.

If it is determined that revisions are necessary, the DPS Internal Contact will negotiate the Claim by unlocking the form(s) that need corrections. These edits should be made in the claim with a status of "correcting". Do not add a new Claim and start over!

Claims						Return to Components
ID	Type	Status	Date Submitted	Date Paid	Date From-To	Claim Amount
					Submitted Amount	\$0.00
					Approved Amount	\$0.00
					Paid Total	\$0.00
					Total	\$0.00

Last Edited By:

Claims, Cont.

- Complete the Claim General Information
- Select Claim Type that best reflects the claim you are submitting (We no longer require monthly claims, however, claims for RSAT are only paid 1 time per month and claims submitted after the 10th may be paid the following month)
- Enter Reporting Period covered by the expenditures that will be entered on the claim
- Invoice Number should only be used by state agencies, other agencies leave blank
- Is this your Final Report should be marked No until your final claim then mark it Yes

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:*

Monthly

Quarterly

Other

To

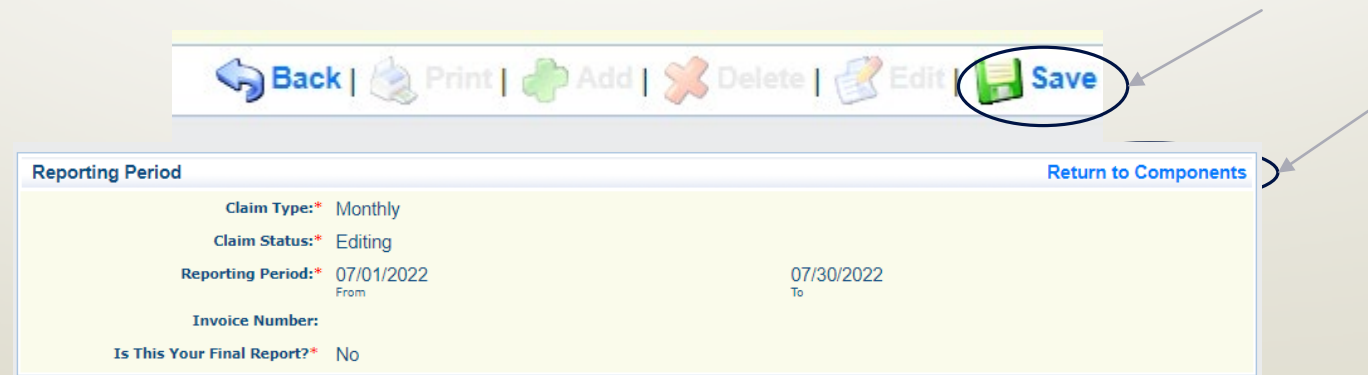
Invoice Number:

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

Claims, Cont.

- After all information has been added select Save
- Review the information and select Return to Components



The screenshot displays a software interface for managing claims. At the top, a toolbar contains several action buttons: 'Back' (blue arrow), 'Print' (printer icon), 'Add' (green plus), 'Delete' (red X), 'Edit' (pencil icon), and 'Save' (green floppy disk icon). The 'Save' button is circled in blue, with a grey arrow pointing to it from the right. Below the toolbar is a form titled 'Reporting Period' in the top left corner. In the top right corner of the form, there is a link labeled 'Return to Components' with a grey arrow pointing to it from the right. The form contains the following fields:

- Claim Type:** * Monthly
- Claim Status:** * Editing
- Reporting Period:** * 07/01/2022 (From) to 07/30/2022 (To)
- Invoice Number:**
- Is This Your Final Report?:** * No

Claims, Cont.

- Select Expenditures
- In this section list out each of your expenditures separately

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	✓	07/20/2022
Expenditures		
Reimbursement		
Equipment Inventory		
Program Income		
Other Attachments		

Claims, Cont.

- Line Number, select the Budget line associated with the cost of the expenditure

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" value="\$0.00"/>
Invoice #*	<input type="text"/>
Invoice Date*	<input type="text"/>
Check/EFT*	<input type="text"/>
Check/EFT Date*	<input type="text"/>

Claims, Cont.

- Payee, enter the vendor your agency is paying, if it is not a vendor payment put a brief description of the cost (i.e., Prisoner Cost)
- Description, enter the full description of the cost including dates covered by the cost
- Quantity, may enter multiples or one, if you enter multiples it will multiply the amount listed in unit cost to the Reimbursement section of the claim
- Unit Cost, total if you entered one or if you entered multiple enter the unit cost of the item(s)
- Federal Amount Requested, if this is a reimbursement line fill in the amount to be reimbursed if Match is included on this line do not enter that amount in this section (Match + Federal Amount Requested must = Unit Cost X Quantity)

Claims, Cont.

- Invoice #, add the invoice number from the Vendor
 - If no invoice number (i.e. Payroll) enter NA
- Invoice Date, enter the date on the invoice
 - If no invoice (i.e. Payroll) enter NA
- Check/EFT, enter the Check or EFT number used by your agency to pay the cost
 - If not check EFT (i.e. Payroll, or Prisoner Cost) Enter NA
- Check Date, enter the date on the check or the date the EFT processed
 - If no Check or EFT is associated with the expenditure (i.e. payroll or prisoner cost) enter the date the payroll was paid, or the last date associated with the prisoner cost

Claims, Cont.

No Match

Expenditures	
Line Number	12001 - Budget - 8. Contractual
Payee*	Contractor A
Description*	Counseling Services Provided 07/01/2022 - 07/31/2022
Quantity*	1
Unit Cost*	5000
Federal Amount Requested	5000
Invoice #	1234
Invoice Date*	08/01/2022
Check/EFT*	08/05/2022
Check/EFT Date*	6752

Match

Expenditures	
Line Number	11002 - Budget - 7. Supplies
Payee*	Prisoner Cost
Description*	Prisoner Cost 07/01/2022 30 prisoners @ 21.22 per day for 30 days
Quantity*	1
Unit Cost*	19098
Federal Amount Requested	
Invoice #	NA
Invoice Date*	NA
Check/EFT*	NA
Check/EFT Date*	NA

Claim, Cont.

- After all information for the expenditure is added, select Save
- For additional expenditure, select Add



Back | Print | Add | Delete | Edit | Save

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

Grant Tracking

Claim: 138644 - 001 [Grant Components](#)

Grant: 138644-2021 RSAT - Holiday Hills
Status: Editing
Program Area: Residential Substance Abuse Treatment (RSAT)
Grantee Organization: BaseLine Organization
Program Manager: Joni McCarter

Expenditures [Mark as Complete](#) | [Go to Claim Forms](#) | [Add](#)

Line Number	Payee	Description	Quantity	Unit Cost	Total	Expense Federal Total	Federal Amount Requested	Match Amount Claimed	Invoice #	Invoice Date	Check/EFT Date	Check/EFT Date
12001	Contractor A	Counseling Services Provided 07/01/2022 - 07/31/2022	1.0	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$0.00	1234	08/01/2022	08/05/2022	6752
							\$5,000.00					

Claims, Cont.

- Reimbursement, select Reimbursement Component

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	✓	07/20/2022	
Expenditures	✓	07/20/2022	
Reimbursement			
Equipment Inventory			
Program Income			
Other Attachments			

Claims, Cont.

- Review the Reimbursement to ensure it matches the Expenditures
- If they do not Match, contact your Grant Specialist for assistance

Reimbursement							Mark as Complete Go to Claim Forms					
Budget Category	Details	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)	Contract Match	Match Expenses This Period	Prior Match Expenses	Total Match	Remaining Match Requirement	Match Percentage
Budget												
5. Travel/Training	9001 (Line Item Number:) AATOD Conference (Line Name:)	\$3,266.00	\$0.00	\$0.00	\$0.00	\$3,266.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--
6. Equipment	10001 (Line Item Number:) Projector (Line Name:)	\$35,000.00	\$0.00	\$0.00	\$0.00	\$35,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--
7. Supplies/Operations	11002 (Line Item Number:) Offender Daily Cost (Line Name:)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,525.00	\$19,098.00	\$0.00	\$19,098.00	\$81,427.00	--
7. Supplies/Operations	11001 (Line Item Number:) Security Cameras (Line Name:)	\$1,810.32	\$0.00	\$0.00	\$0.00	\$1,810.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--
8. Contractual	12001 (Line Item Number:) Contractual Costs (Line Name:)	\$300,100.00	\$5,000.00	\$0.00	\$5,000.00	\$295,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	.00%
Sub Total:		\$340,176.32	\$5,000.00	\$0.00	\$5,000.00	\$335,176.32	\$100,525.00	\$19,098.00	\$0.00	\$19,098.00	\$81,427.00	79.25%
Total Budget												
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,525.00	\$0.00	\$0.00	\$0.00	\$100,525.00	--
Sub Total:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,525.00	\$0.00	\$0.00	\$0.00	\$100,525.00	--
Total:		\$340,176.32	\$5,000.00	\$0.00	\$5,000.00	\$335,176.32	\$201,050.00	\$19,098.00	\$0.00	\$19,098.00	\$181,952.00	79.25%

Claims, Cont.

- Reimbursement, if the Expenses This Period, and Match Expenses This Period are correct, select Mark as Complete



Claims, Cont.

- Select Equipment Inventory from the Components

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	✓	07/20/2022	
Expenditures	✓	07/20/2022	
Reimbursement	✓	07/20/2022	
Equipment Inventory ◀			
Program Income			
Other Attachments			

Claims, Cont.

- If you do not have any Equipment on this claim, select Mark as Complete
- If you do have equipment, select Add and enter the requested information for each individual piece of equipment, then select Save, then select Mark as Complete

The screenshot displays the 'Grant Tracking' web application. At the top, there is a navigation bar with links for Menu, Help, Log Out, Back, Print, Add (circled in blue), Delete, Edit, and Save. Below this, the 'Grant Tracking' header is visible. The main content area shows details for 'Claim: 138644 - 001'. The details include: Grant: 138644-2021 RSAT - Holiday Hills, Status: Editing, Program Area: Residential Substance Abuse Treatment (RSAT), Grantee Organization: BaseLine Organization, and Program Manager: Joni McCarter. Below the details, there is a section titled 'Equipment Detail' with a table of columns: 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, and Readiness Condition. To the right of the table, there are two buttons: 'Mark as Complete' (circled in blue) and 'Go to Claim Forms'. At the bottom right, there is a label 'Last Edited By:'.

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

Grant Tracking

Claim: 138644 - 001 [Grant Components](#)

Grant: 138644-2021 RSAT - Holiday Hills
Status: Editing
Program Area: Residential Substance Abuse Treatment (RSAT)
Grantee Organization: BaseLine Organization
Program Manager: Joni McCarter

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:
--------------------------	---------	-------	---------------	--------	--------------	----------------------	--------------------	---------------	-------------------	-----------	------------------------	---	----------------------------	------	----------------------

Last Edited By:

Claims, Cont.

- Select Program Income







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	✓	07/20/2022	
Expenditures	✓	07/20/2022	
Reimbursement	✓	07/20/2022	
Equipment Inventory	✓	07/20/2022	
Program Income			
Other Attachments			

Claims, Cont.

- Fill out the Program Income form, select Save

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 PDF Merge 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="button" value="Choose File"/> No file chosen

 Back |  Print |  Add |  Delete |  Edit |  Save

Claims, Cont.

- Review the Program Income information and, select Mark as Complete

Program Income		Mark as Complete	Go to Claim Forms
Balance Prior to Reporting Period:	\$0.00		
Earned this Reporting Period:	\$0.00		
Expended this Reporting Period:	\$0.00		
Balance after Reporting Period:	\$0.00		

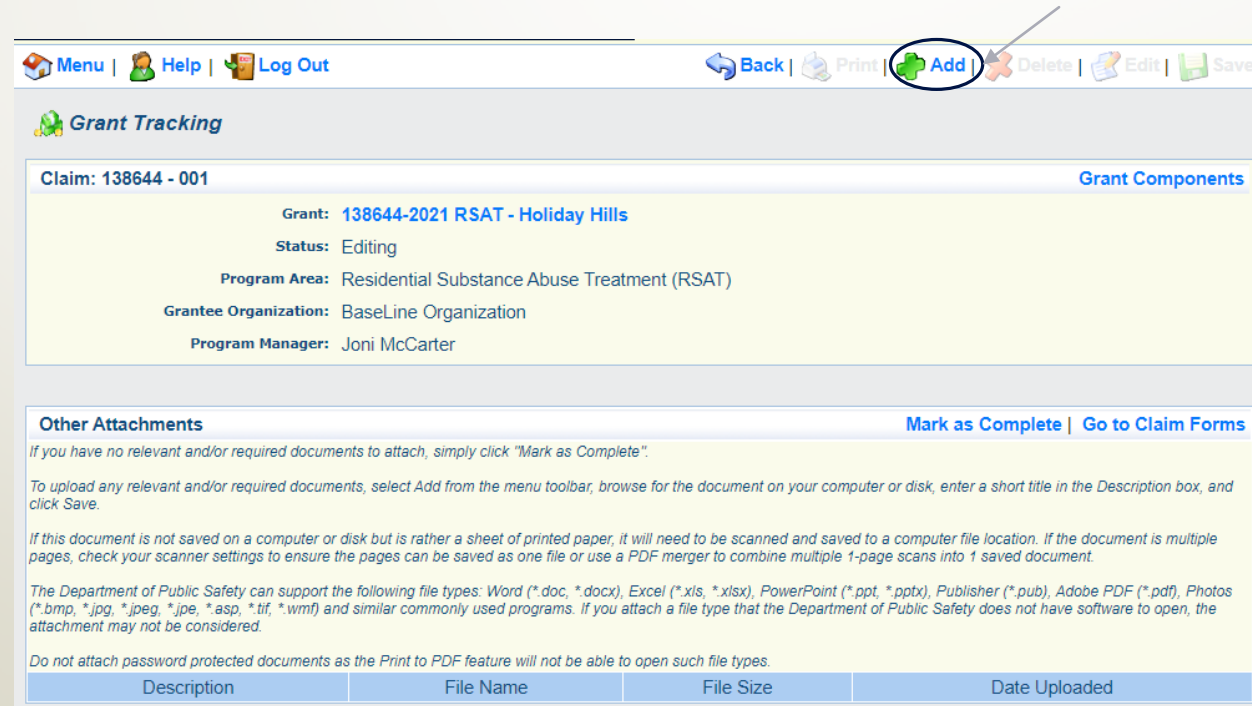
Claims, Cont.

- The final Component of Claims is the Other Attachments
- This is the section where you will add all of the backup documentation for your claim

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	✓	07/20/2022	
Expenditures	✓	07/20/2022	
Reimbursement	✓	07/20/2022	
Equipment Inventory	✓	07/20/2022	
Program Income	✓	07/20/2022	
Other Attachments			

Claims, Cont.

- To upload a document, select Add



The screenshot displays the 'Grant Tracking' web application. At the top, a navigation bar includes links for 'Menu', 'Help', and 'Log Out' on the left, and 'Back', 'Print', 'Add', 'Delete', 'Edit', and 'Save' on the right. The 'Add' button, represented by a green plus icon, is circled in red with a black arrow pointing to it. Below the navigation bar, the main content area is titled 'Grant Tracking'. It features a section for 'Claim: 138644 - 001' with a 'Grant Components' link. The details for this claim are: Grant: 138644-2021 RSAT - Holiday Hills, Status: Editing, Program Area: Residential Substance Abuse Treatment (RSAT), Grantee Organization: BaseLine Organization, and Program Manager: Joni McCarter. Below this, there is an 'Other Attachments' section with links for 'Mark as Complete' and 'Go to Claim Forms'. A series of instructions are provided: 'If you have no relevant and/or required documents to attach, simply click "Mark as Complete".', 'To upload any relevant and/or required documents, select Add from the menu toolbar, browse for the document on your computer or disk, enter a short title in the Description box, and click Save.', '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. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use a PDF merger to combine multiple 1-page scans into 1 saved document.', 'The Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Department of Public Safety does not have software to open, the attachment may not be considered.', and 'Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.' At the bottom, a table header is visible with columns: Description, File Name, File Size, and Date Uploaded.

Menu | Help | Log Out

Back | Print | **Add** | Delete | Edit | Save

Grant Tracking

Claim: 138644 - 001 [Grant Components](#)

Grant: 138644-2021 RSAT - Holiday Hills
Status: Editing
Program Area: Residential Substance Abuse Treatment (RSAT)
Grantee Organization: BaseLine Organization
Program Manager: Joni McCarter

Other Attachments [Mark as Complete](#) | [Go to Claim Forms](#)

If you have no relevant and/or required documents to attach, simply click "Mark as Complete".

To upload any relevant and/or required documents, select Add from the menu toolbar, browse for the document on your computer or disk, enter a short title in the Description box, and click Save.

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. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use a PDF merger to combine multiple 1-page scans into 1 saved document.

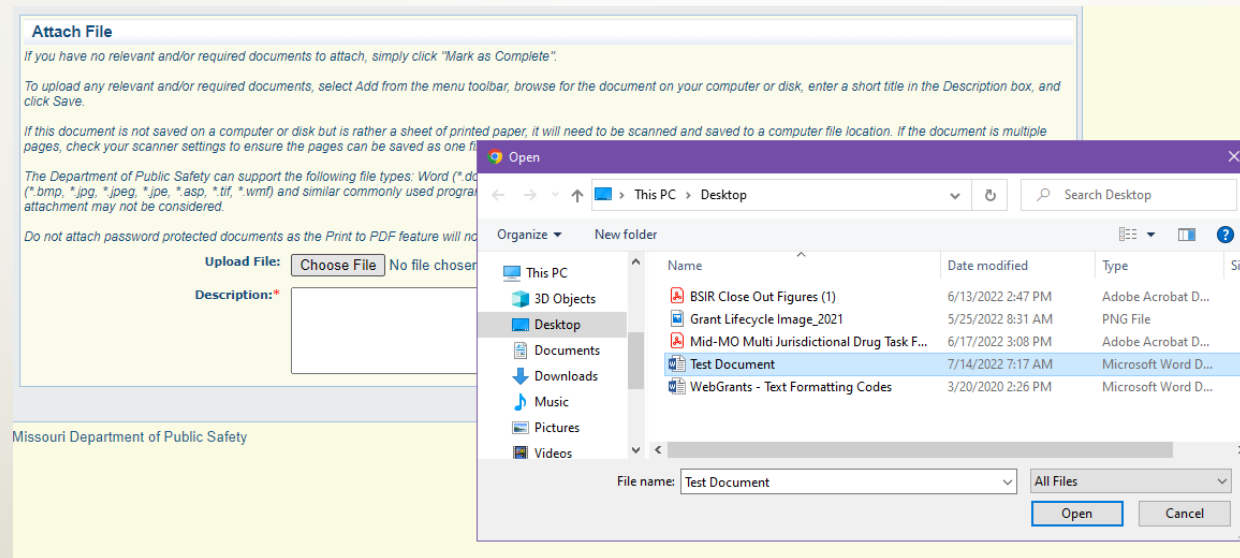
The Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Department of Public Safety does not have software to open, the attachment may not be considered.

Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

Description	File Name	File Size	Date Uploaded
-------------	-----------	-----------	---------------

Claims, Cont.

- Select, Choose File, browse your PC for the document you want to attach, select the document and select Open



Claims, Cont.

- Add a description of the attached document, select Save
- Either Add additional documents by selecting Save, or select Mark As Complete when all documents have been uploaded



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

Attach File
If you have no relevant and/or required documents to attach, simply click "Mark as Complete".
To upload any relevant and/or required documents, select Add from the menu toolbar, browse for the document on your computer or disk, enter a short title in the Description box, and click Save.
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. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use a PDF merger to combine multiple 1-page scans into 1 saved document.
The Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Department of Public Safety does not have software to open, the attachment may not be considered.
Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

Upload File: [Choose File](#) Test Document.docx
Description:* Test Attachment

Other Attachments
If you have no relevant and/or required documents to attach, simply click "Mark as Complete".
To upload any relevant and/or required documents, select Add from the menu toolbar, browse for the document on your computer or disk, enter a short title in the Description box, and click Save.
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. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use a PDF merger to combine multiple 1-page scans into 1 saved document.
The Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Department of Public Safety does not have software to open, the attachment may not be considered.
Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

[Mark as Complete](#) [Go to Claim Forms](#)

Description	File Name	File Size	Date Uploaded
Test Attachment	Test Document.docx	12 KB	07/20/2022

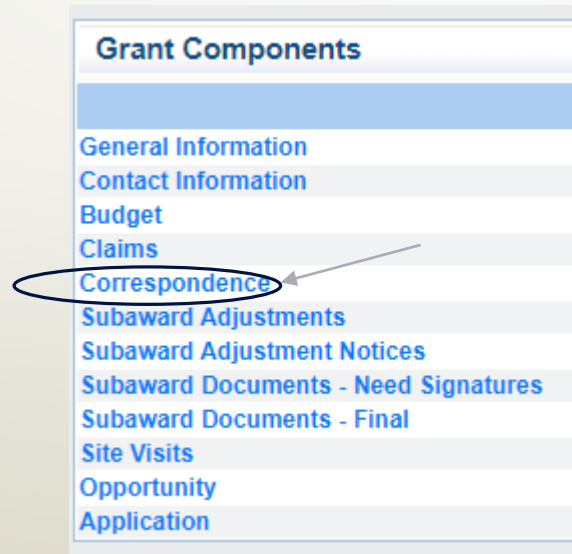
Claims, Final

- After all components are marked Complete, there are 2 options
 - Preview can be used to print a copy of the claim for you files
 - Submit the claim to send to your Grant Specialist for processing

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	✓	07/20/2022	
Expenditures	✓	07/20/2022	
Reimbursement	✓	07/20/2022	
Equipment Inventory	✓	07/20/2022	
Program Income	✓	07/20/2022	
Other Attachments	✓	07/20/2022	

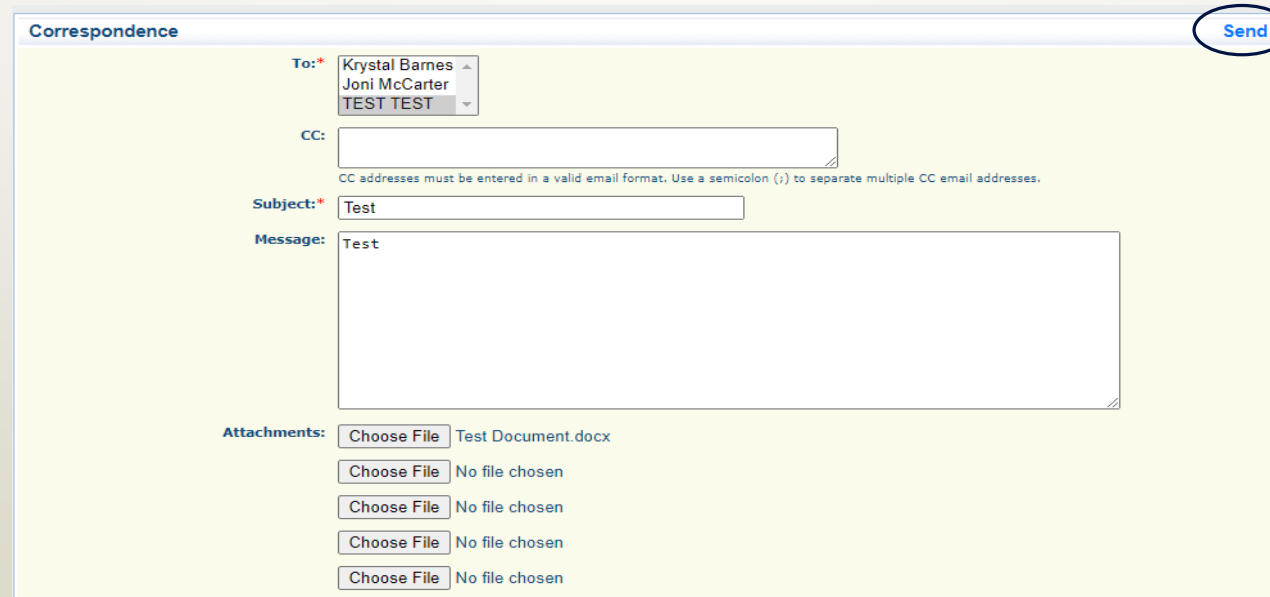
Correspondence

- To send a message to your Grant Specialist, especially if requesting approval for something such as a Single Feasible Source Request, select Correspondence



Correspondence, Cont.

- The Correspondence Component works like your email, select Add to start a new message then fill out the fields
- To, CC, Subject, Message, Attachments
- When complete, select Send

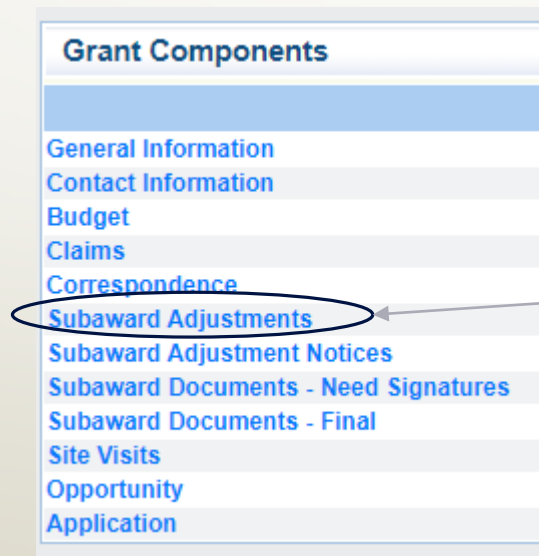


The screenshot shows a web form titled "Correspondence". It contains the following fields and elements:

- To:** A dropdown menu with three options: "Krystal Barnes", "Joni McCarter", and "TEST TEST".
- CC:** An empty text input field. Below it, a small note reads: "CC addresses must be entered in a valid email format. Use a semicolon (;) to separate multiple CC email addresses."
- Subject:** A text input field containing the word "Test".
- Message:** A large text area containing the word "Test".
- Attachments:** A section with five rows. The first row shows a "Choose File" button followed by the text "Test Document.docx". The remaining four rows each show a "Choose File" button followed by the text "No file chosen".
- Send:** A blue button in the top right corner of the form, which is circled in blue and pointed to by a grey arrow from the right.

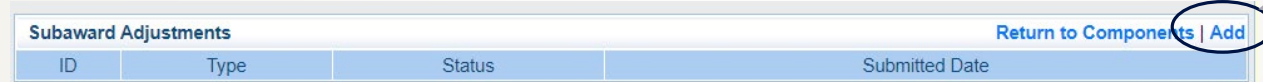
Subaward Adjustments

- If you need to submit a Programmatic or Budget Revision request, select Subaward Adjustments



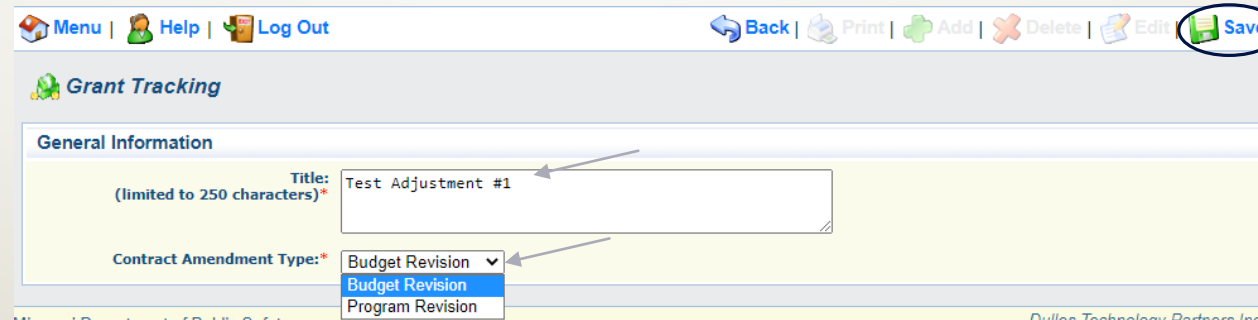
Subaward Adjustments, Cont.

- To start an adjustment, select Add



A screenshot of a web application interface showing a table titled "Subaward Adjustments". The table has columns for ID, Type, Status, and Submitted Date. In the top right corner of the table, there are two links: "Return to Components" and "Add". The "Add" link is circled in blue, and an arrow points to it from the right.

- Add a Title (i.e., Subaward Adjustment #1)
- Select Type (Budget Revision, Program Revision)
- Select Save



A screenshot of the "Grant Tracking" form. The form has a header with "Menu", "Help", and "Log Out" links. Below the header, there are navigation buttons: "Back", "Print", "Add", "Delete", "Edit", and "Save". The "Save" button is circled in blue, and an arrow points to it from the right. The main form area is titled "General Information" and contains two fields: "Title: (limited to 250 characters)*" with the value "Test Adjustment #1" and "Contract Amendment Type:*" with a dropdown menu showing "Budget Revision", "Budget Revision", and "Program Revision". The "Budget Revision" option is selected. At the bottom right, there is a small text "Dulles Technology Partners, Inc."

- Review and select Return to Components



A screenshot of the "General Information" form. The form displays the following information: "ID: 142390", "Title: Test Adjustment #1", "Amendment Type: Budget Revision", and "Status: Editing". In the top right corner, there is a link "Return to Components" which is circled in blue, and an arrow points to it from the right.

Subwarard Adjustments, Cont.

- Select Justification

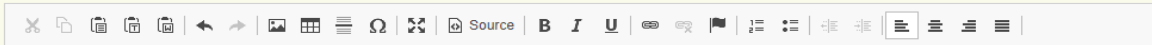
Components			Preview Submit
	Name	Complete?	Last Edited
General Information		✓	07/20/2022
Justification			
Budget			
Confirmation			
Attachments			

- Enter the justification for the changes
- If it is a Budget Revision also enter the Budget Revision Spreadsheet
- Select Save

Justification

Justification*

Please explain the reason for the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the objectives of the project.


Font Size

Enter the reason for the requested Adjustment

Enter the budget spreadsheet showing what changes you would like

Line Number	Current Budget	Requested Change	Revised Budget	Comment
9001	\$ 3,266.00	\$ (1,500.00)	\$ 1,766.00	
10001	\$ 35,000.00		\$ 35,000.00	
11001	\$ 1,810.32	\$ 1,500.00	\$ 3,310.32	

body table tbody tr td

Characters: 693/40000

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

Subwarard Adjustments, Cont.

- Review the justification, select Mark as Complete

Justification[Mark as Complete](#) | [Return to Components](#)

Justification*

Please explain the reason for the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the objectives of the project.

Enter the reason for the requested Adjustment

Enter the budget spreadsheet showing what changes you would like

Line Number	Current Budget	Requested Change	Revised Budget	Comment
9001	\$ 3,266.00	\$ (1,500.00)	\$ 1,766.00	
10001	\$ 35,000.00		\$ 35,000.00	
11001	\$ 1,810.32	\$ 1,500.00	\$ 3,310.32	
11002	\$ 100,525.00		\$ 100,525.00	Match
12001	\$ 300,100.00		\$ 300,100.00	
Total	\$ 440,701.32	\$ -	\$ 440,701.32	

Subaward Adjustments, Cont.

- If it is a Program Revision, the Budget Component will not be available
- If it is a Budget Revision, select Budget

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	07/20/2022	
Justification	✓	07/20/2022	
Budget			
Confirmation			
Attachments			

Subaward Adjustments, Cont.

- Information for the Budget section will come from your Grant Budget
- Complete the Current Budget, Revised Budget (after changes are made), for both sections of the component

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	3266	1766
Personnel Benefits	\$0.00	\$0.00
Personnel Overtime	\$0.00	\$0.00
Personnel Overtime Benefits	\$0.00	\$0.00
PRN Time	\$0.00	\$0.00
PRN Benefits	\$0.00	\$0.00
Volunteer Match	\$0.00	\$0.00
Travel/Training	\$0.00	\$0.00
Equipment	35000	35000
Supplies/Operations	102335.32	103835.32
Contractual	300100	300100
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	340176.32	340176.32
Total Local Match Share	100525	100525

[Return to Top](#)

Subaward Adjustments, Cont.

- After all of the budget information has been added, select Save
- Review the entered information, select Mark as Complete



Budget [Mark as Complete](#) | [Return to Components](#)

- The **Current Budget** column represents the total cost of the current subaward. Enter the total cost of each budget category as it is reflected in the current version of the Budget component. The sum of the Current Budget column should equal your current budget total.
- The **Revised Amount** column represents the requested, revised total cost of the budget as a result of the Subaward Adjustment. Therefore, enter the total cost of each budget category as it will be reflected in the revised version of the Budget component. The sum of the Revised Amount column should equal your revised budget total.

Row	Current Budget	Revised Amount	Net Change
Personnel	\$3,266.00	\$1,766.00	(\$1,500.00)
Personnel Benefits	\$0.00	\$0.00	\$0.00
Personnel Overtime	\$0.00	\$0.00	\$0.00
Personnel Overtime Benefits	\$0.00	\$0.00	\$0.00
PRN Time	\$0.00	\$0.00	\$0.00
PRN Benefits	\$0.00	\$0.00	\$0.00
Volunteer Match	\$0.00	\$0.00	\$0.00
Travel/Training	\$0.00	\$0.00	\$0.00
Equipment	\$35,000.00	\$35,000.00	\$0.00
Supplies/Operations	\$102,335.32	\$103,835.32	\$1,500.00
Contractual	\$300,100.00	\$300,100.00	\$0.00
Renovation/Construction	\$0.00	\$0.00	\$0.00
Indirect Costs	\$0.00	\$0.00	\$0.00
Totals	\$440,701.32	\$440,701.32	\$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	Current Percent	Revised Amount	Revised Percent	Net Change
Total Federal/State Share	\$340,176.32	77.19%	\$340,176.32	77.19%	\$0.00
Total Local Match Share	\$100,525.00	22.81%	\$100,525.00	22.81%	\$0.00

Subaward Adjustments, Cont.

- Select Confirmation, before completing this section ensure that the Authorized Official is aware of your requested change and has approved of the submission of the adjustment

Components		Preview Submit
Name	Complete?	Last Edited
General Information	✓	07/20/2022
Justification	✓	07/20/2022
Budget	✓	07/20/2022
Confirmation		
Attachments		

Subaward Adjustments, Cont.

- Enter the information for the Authorized Official, select Save

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

Subaward Adjustments

Subaward Adjustment: 01

Grant: 138644-2021 RSAT - Holiday Hills
Status: Editing
Program Area: Residential Substance Abuse Treatment (RSAT)
Grantee Organization: BaseLine Organization
Program Manager: Joni McCarter
Submitted Date:

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:* Michelle Branson
Title:* Mayor
Date:* 07/20/2022

Return to Top

Subaward Adjustment, Cont.

- Select Mark As Complete

Confirmation[Mark as Complete](#) | [Return to Components](#)

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:* Michelle Branson

Title:* Mayor

Date:* 07/20/2022

Last Edited By: Test2 Test2 07/20/2022

Subaward Adjustments, Cont.

- Select Attachments to attach any documents that are associated to the Adjustment

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	07/20/2022	
Justification	✓	07/20/2022	
Budget	✓	07/20/2022	
Confirmation	✓	07/20/2022	
Attachments			

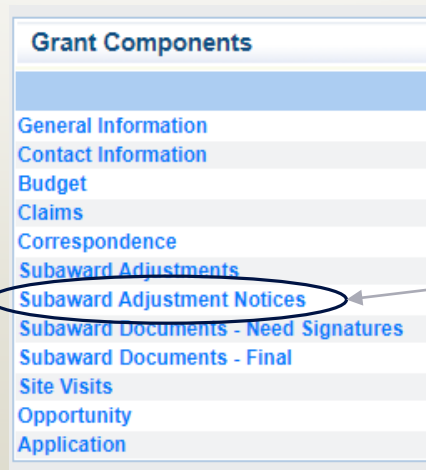
Subaward Adjustments, Cont.

- After all items are marked Complete
 - Preview to print a copy for your files
 - Submit to send the Adjustment to the Grant Specialist for processing

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	07/20/2022	
Justification	✓	07/20/2022	
Budget	✓	07/20/2022	
Confirmation	✓	07/20/2022	
Attachments	✓	07/20/2022	

Subaward Adjustment, Final

- When the adjustment has been approved the system will email you a notification
- Copies of the approved adjustment can be downloaded for your files by selecting the Subaward Adjustments – Final component



Grant Components
General Information
Contact Information
Budget
Claims
Correspondence
Subaward Adjustments
Subaward Adjustment Notices
Subaward Documents - Need Signatures
Subaward Documents - Final
Site Visits
Opportunity
Application

Reporting

- Grant Reporting for this grant will be done quarterly through the DOJ PMT System
- Link to the Website <https://ojpsso.ojp.gov/>
- Due Dates
 - July – September Due October 15
 - October – December Due January 15
 - January – March Due April 15
 - April – June Due July 15

Monitoring

- 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
 - Chance 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.”

Monitoring, Cont.

- 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
- CJ/LE Information Bulletins
- FY 2021 RSAT Notice of Funding Opportunity
- FY 2021 RSAT Certified Assurances
- FY 2021 RSAT Subaward Agreement, including Articles of 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.



Contacts

Elizabeth Leuckel

- Grant Specialist
- (573) 751-1318
- Elizabeth.Leuckel@dps.mo.gov

Michelle Branson

- Grant Program Supervisor
- (573) 526-9014
- Michelle.Branson@dps.mo.gov

Joni McCarter

- Grant Program Manager
- (573) 526-9020
- Joni.McCarter@dps.mo.gov