

Welcome to the Webinar!!

- Thank you for joining us today. We will get started shortly.
- Sign into the chat box with your name and the agency that you are representing.
- Please review a few housekeeping rules:
 - Please mute your audio. This helps to minimize the sound and interruptions. You can do this by selecting “mute” on the meeting screen.
 - You are welcome to use the chat box throughout the presentation. We will have a chat box monitor that will try to answer any questions during the presentation.
 - We will have a question and answer forum at the end of the presentation. If you have questions before the end, please utilize the chat box.
 - When we are talking or sharing our screen, please write in the chat box if you are unable to hear or see something.



FY 2022 Residential Substance Abuse Treatment (RSAT) Program Compliance Workshop

Missouri Department of Public Safety (DPS)

DPS Grants

FY 2022 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)
- 2022 BJA FY 22 Residential Substance Abuse Treatment (RSAT)
- 31 U.S.C § 10421

FY 2022 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

Grant Requirements

- Administrative Guide and Information Bulletins
- Financial & Administrative Guide for DPS Grants
 - [DPS Financial and Administrative Guidelines \(mo.gov\)](#)
- Information Bulletins
 - DPS Grants-GT-2020-001, Policy on Advance Payment and Cash Advances
 - DPS Grants-GT-2020-002, Policy on Claim Request Requirements including DPS Reimbursement Checklist
 - DPS Grants-GT-2020-003, Policy on Budget Modifications, Program Changes, Scope of Work Changes, Status Reports, and Return of Funds

Grant Requirements

- FY 2022 Residential Substance Abuse Treatment for State Prisoners Program Solicitation: <https://bja.ojp.gov/funding/opportunities/o-bja-2022-171281>
- 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 [The Federal Audit Clearinghouse \(fac.gov\)](https://www.fac.gov)
 - Expended funds include all Federal funds, not just RAST funds

State Civil Rights

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

Federal Civil Rights

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

Equal Employment Opportunity Plan

- 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 ¹³

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
DUINS 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 report may allow the OCR to draw an adverse inference based on the data's absence.

John Smith, H.R. Director *John Smith* 3/2/2017

Print or Type Name and Title Signature Date

- Navigate to the OCR EEO web page
- 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 long-acting 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 within 45 days following the project period end date
- Project Period: October 1, 2023 – September 30, 2024
- Final claim due November 15, 2024

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 vs. Supplies

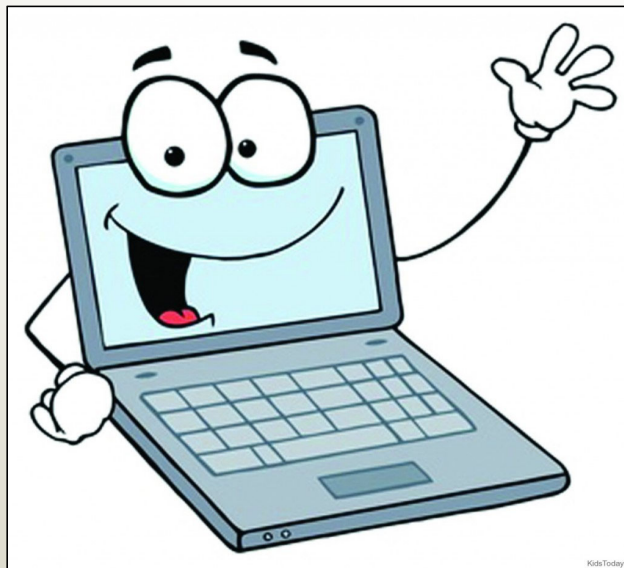
- Equipment
 - Tangible, non-expendable (non-consumable) personal property having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit
 - Equipment must be recorded and tracked in an inventory control list and tagged to reflect its source of funding
 - Equipment must 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 documents have been emailed to the Project Director for signature
- The subawards must be signed by the “Authorized Official”
- Each page of the “Articles of Agreement” must be initialed by the Authorized Official
- The signed Subaward documents including initialed pages of the Articles of Agreement must be returned to our office for signature from the Missouri Department of Public Safety Director prior to the grant going “Underway” in WebGrants
- The signed documents should be submitted through the "Correspondence" component in the WebGrants system
 - A copy of the signed subaward will be available in WebGrants under “Subaward Documents – Final”

WebGrants

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



Subawards

- The Subrecipient Agency will have 2 subawards: 1 previous year and 1 following year
- Spending Goal
 - If budget lines are available, utilize funds in oldest grant first and then proceed to newest grant accordingly
- A copy of the signed subaward will be available in WebGrants under “Subaward Documents – Final”

Subaward Documents - Final

Grant Components
General Information
Contact Information
Claims
Budget
Correspondence
Subaward Adjustments
Site Visits
Subaward Documents - Final
Closeout
Opportunity
Application

WebGrants

- Contact Information
- Budget
- Claims
- Correspondence
- Subaward Adjustments

My Grants

- After logging in, you will select “My Grants” and select the appropriate 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	2021	2021 RSAT - Holiday Hills	Residential Substance Abuse Treatment (RSAT)	Joni McCarter	\$340,176.32

Contact Information

- Please check to verify the information listed is correct, if you need to make updates, a “Subaward Adjustment - Program Revision” will need to be completed

Grant Components	
General Information	
Contact Information	←
Claims	
Budget	
Correspondence	
Subaward Adjustments	
Site Visits	
Subaward Documents - Final	
Closeout	
Opportunity	
Application	

Contact Information [Return to Components](#)

Authorized Official
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).

Name: Mr. Bob Jones
Title First Name Last Name

Job Title: City Administrator

Agency: Holiday Hills Treatment Center

Mailing Address: 1234 Rainbow Lane
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip: Paris Missouri 65681
City State Zip

Email: krystal.barnes@dps.mo.gov

Phone: 573-751-1318

Fax: 573-751-1318 Ext.

Project Director
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.

Name: Mrs. Juliana Green
Title First Name Last Name

Job Title: Deputy Director

Agency: Holiday Hills Treatment Center

Mailing Address: 1234 Rainbow Lane
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip: Paris Missouri 65681
City State Zip

Email: krystal.barnes@dps.mo.gov

Phone: 573-751-1318

Fax: 573-751-1318 Ext.

Budget

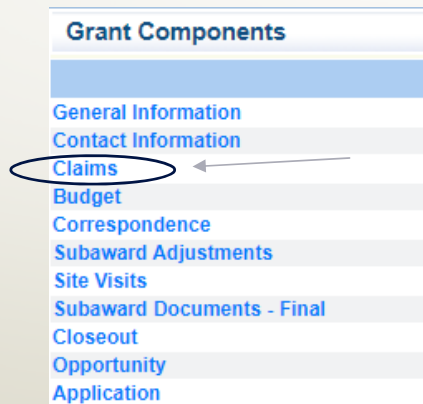
- Review your Budget to ensure it is correct, if your Budget needs to be revised you will complete a “Subaward Adjustment - Budget Revision”
- Additional budget information will be contained in the Budget Justification listed below the Budget

Grant Components
General Information
Contact Information
Claims
Budget
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Budget				Return to Components		
<i>To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.</i>						
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	Airfare, lodging, meals, ground transportation, registration fee	\$3,266.00	\$0.00	\$3,266.00
6.	Equipment	Projector	Projector and installation	\$35,000.00	\$0.00	\$35,000.00
7.	Supplies/Operations	Security Cameras	Security cameras, wiring installation, and enclosures	\$1,810.32	\$0.00	\$1,810.32
7.	Supplies/Operations	Offender Daily Cost	Proportion of estimated offender cost for FY23	\$100,525.00	\$100,525.00	\$0.00
8.	Contractual	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: CJ/LE-GT-2020-002 to determine what is necessary for claim reimbursement
- Select “Claims”



Claims, Cont.

- To enter a claim 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	32
						Submitted Amount	\$0.00
						Approved Amount	\$0.00
						Paid Total	\$0.00
						Total	\$0.00

Last Edited By:





Claim General Information

- Complete the Claim General Information component
- Select “Claim Type” from the drop-down, 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 of the month, may be reimbursed the following month)
- Enter “Reporting Period” that will be 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 it is your final claim, then mark “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:*

Reporting Period:*  
Quarterly  To 
Other

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

Claim General Information, 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 claim information. At the top, a toolbar contains several action buttons: 'Back', 'Print', 'Add', 'Delete', 'Edit', and 'Save'. The 'Save' button is circled in blue, with an arrow pointing to it from the right. Below the toolbar is a form titled 'Reporting Period'. The form contains the following fields:

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

At the bottom right of the form, there is a blue button labeled 'Return to Components', which is also circled in blue with an arrow pointing to it from the right.

Expenditures

- Select “Expenditures”

Components Preview Submit		
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>		
Name	Complete?	Last Edited
General Information	✓	10/24/2023
Expenditures		
Reimbursement		
Equipment Inventory		
Other Attachments		

Expenditures, Cont.

- In this section, each expense will be entered separately
- Select “Add” to add each expense

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 Form](#) | **Add**

Line Number	Payee	Description	Quantity	Unit Cost	Total	Expense Federal Total	Federal Amount Requested	Match Amount Claimed	Invoice #	Invoice Date	Check/EFT	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					

Expenditures, Cont.

- Select the Line Number from the drop-down box that is associated with the budget line for the cost that is being claimed for reimbursement

Expenditures	
Line Number	<input type="text" value="9001 - Budget - 5. Travel/Training"/>
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"/>

Expenditures, 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)

Expenditures, 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 Number, 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

Expenditures, 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

Expenditures, Cont.

- Once all expense information has been entered, select “Save”



- When finished with entering all requested expenses, select “Mark as Complete”



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	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					

Reimbursement

- Select “Reimbursement”

Components Preview Submit		
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>		
Name	Complete?	Last Edited
General Information	✓	10/24/2023
Expenditures	✓	10/25/2023
Reimbursement ←		
Equipment Inventory		10/24/2023
Other Attachments		

Reimbursement, Cont.

- Verify that the amounts entered on the Expenditure Form have carried over to the Reimbursement Form
 - If the amounts DO NOT match, contact your Grant Specialist

Expenditures

Line Number	Payee	Description	Quantity	Unit Cost	Total	Expense Federal Total	Federal Amount Requested	Match Amount Claimed	Invoice #	Invoice Date	Check/EFT	Check/EFT Date
12001	Compass	Counseling	1.0	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$0.00	n/a	n/a	n/a	n/a

Reimbursement

Budget Category	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											
1. Personnel	\$1,500.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	--
8. Contractual	\$75,000.00	\$1,200.00	\$0.00	\$1,200.00	\$73,800.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	.00%
Total:	\$76,500.00	\$1,200.00	\$0.00	\$1,200.00	\$75,300.00	\$25,500.00	\$0.00	\$0.00	\$0.00	\$25,500.00	.00%

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

Reimbursement, Cont.

- If the “Expenses This Period”, and “Match Expenses This Period” are correct, select “Mark as Complete”



Equipment Inventory

- Select “Equipment Inventory”

Components Preview Submit		
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>		
Name	Complete?	Last Edited
General Information	✓	10/24/2023
Expenditures		
Reimbursement		
Equipment Inventory ←		
Other Attachments		

Equipment Inventory, 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”

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:

Equipment Inventory, Cont.

- If no Equipment is requested for reimbursement – “Mark as Complete”
- If Equipment is requested:
 - Requesting Organization – Subrecipient’s Organization
 - County – Subrecipient’s County
 - Year – Grant year that Equipment was purchased; Federal 2020, 2021 or 2022
 - Budget Line # - What is the Budget line number for the item
 - 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 RSAT Funding
 - Title Holder – Grantee Organization

Equipment Inventory, Cont.

- Continued:
 - Date of Delivery – Date that Equipment was delivered
 - Quantity – Enter 1, as only 1 item per inventory
 - Individual Items Cost – Cost of each individual tem
 - % of Federal Participation in the cost – Percentage of the cost of Equipment being requested
 - Current Physical Location - Place (address) where the equipment is located. A post office box address is not a physical location for the purpose of inventory
 - Equipment Contact Person (ECP) – Primary contact for the equipment
 - ECP Phone # - Phone number for the Equipment Contact Person
 - ECP Email – Email address for the Equipment Contact Person
 - 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.

Equipment Detail

Requesting Organization:* Whoville Police Department
Organization that has or will end up with equipment.

County:* Whoville

Year:* FY 2022
Federal fiscal year of the grant.

Budget Line #:* 10001

Manufacturer:* ABC

Model:* 123
Style, type, design or version of particular equipment.

Description:* Conference room table
250 Character Limit - Generic description of the equipment that was purchased.

Identification #(s):* Serial #12345
500 Character Limit - Unique string of characters used for identification, such as, serial number or vehicle identification number. If there is not unique identification number for the equipment, N/A should be annotated in the box. When reporting multiple identification numbers please enter them into one cell and separate them with a comma.

Source of Funding:* FY2022 RSAT

Title Holder:* Whoville Police Department
If there is no title for the equipment, N/A should be annotated in the box.

Date of Delivery:* 11/01/2023
Date you received possession of the equipment.

Quantity:* 1

Individual Item Costs:* \$1,200.00

% of Federal Participation in the cost:* 100.0%
Percentage of federal funds used to purchase the equipment.

Current Physical Location:* 123 Candy Cane Lane
Place (address) where the equipment is located. A post office box address is not a physical location for the purpose of inventory.

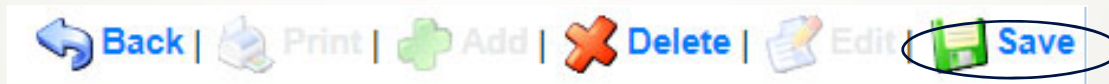
Equipment Contact Person (ECP):* Elizabeth Leuckel

ECP Phone #:* 573-751-1318

ECP Email Address:* elizabeth.leuckel@dps.mo.gov

Use:* Regional
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.

Equipment Inventory, Cont.



- Select “Save”
- Verify the information is correct and select “Mark as Complete”

Equipment Detail																			
Requesting Organization:	County:	Year:	Budget Line #	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	Equipment Contact Person (ECP)	ECP Phone #	ECP Email Address	Use:	Readiness Condition:
Whoville Police Department	Whoville	FY 2022	10001	ABC	123	Conference room table	Serial #12345	FY2022 RSAT	Whoville Police Department	11/01/2023	1	\$1,200.00	100.0%	123 Candy Cane Lane	Elizabeth Leuckel	573-751-1318	elizabeth.leuckel@dps.mo.gov	Regional	Mission Capable

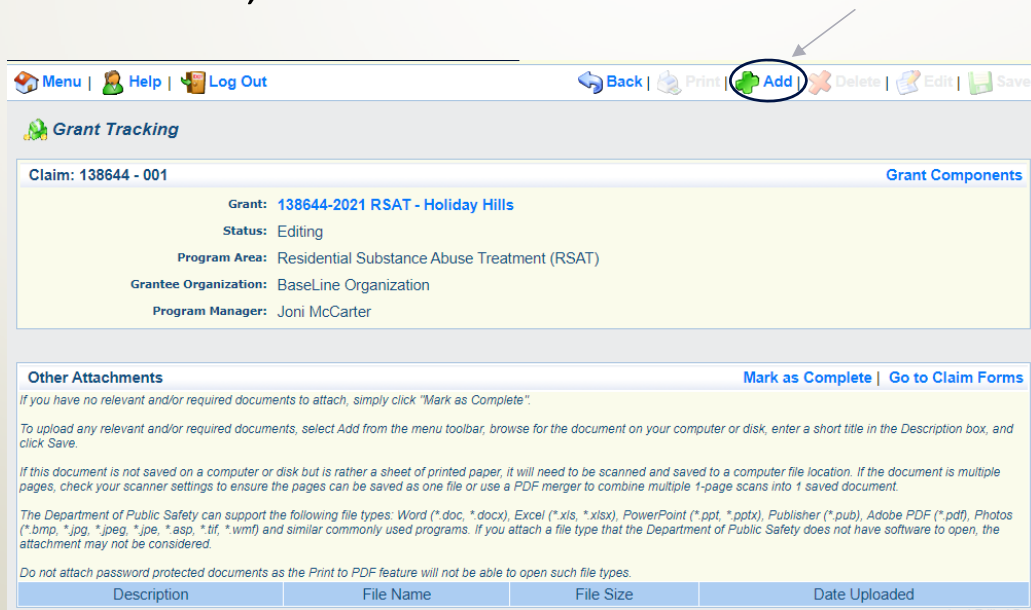
Other Attachments

- Select “Other Attachments”
- This is the section where you will add all of the backup documentation for your claim

Components Preview Submit		
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>		
Name	Complete?	Last Edited
General Information	✓	10/24/2023
Expenditures		
Reimbursement		
Equipment Inventory		
Other Attachments		

Other Attachments, Cont.

- To upload a document, select “Add”



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.

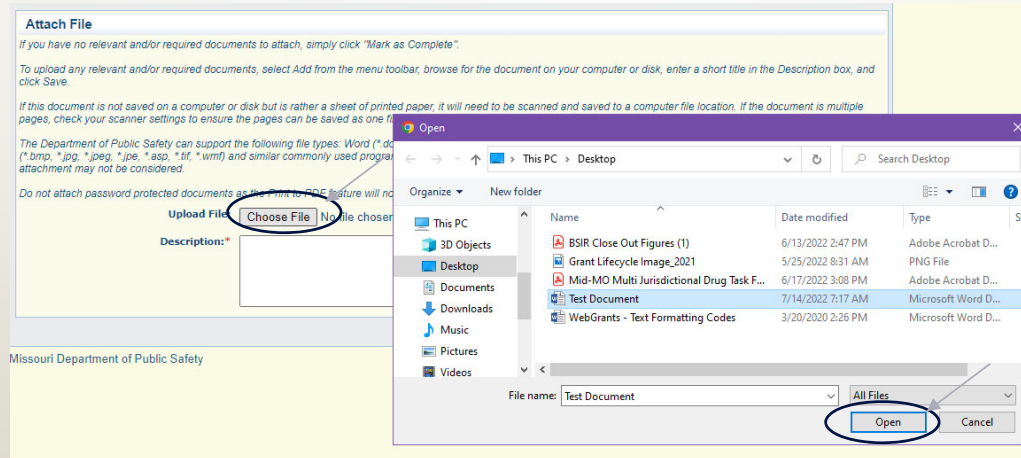
The Department of Public Safety can support the following file types: Word (.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that 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
-------------	-----------	-----------	---------------

Other Attachments, Cont.

- Select, “Choose File,” browse your PC for the document you want to attach, select the document and select “Open”
- Attachments should be added in the same order as the Expenditures and as 1 attachment if possible



Other Attachments, Cont.

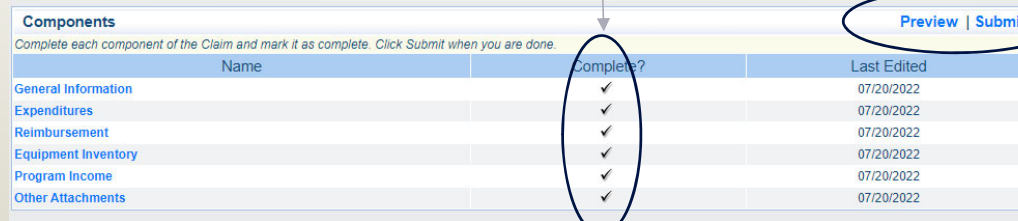
- Add a description of the attached document, select “Save”
- Either “Add” additional documents by selecting “Save,” or select “Mark As Complete” when all documents have been uploaded

The screenshot displays a web application interface for document uploads. At the top, a navigation bar includes buttons for Back, Print, Add, Delete, Edit, and Save. The 'Save' button is circled in red. Below this, there are two main sections: 'Attach File' and 'Other Attachments'. Both sections provide instructions on how to upload documents and list supported file types. The 'Attach File' section shows an 'Upload File' button with a file named 'Test Document.docx' and a 'Description' field containing 'Test Attachment'. The 'Other Attachments' section shows a 'Mark as Complete' button circled in red and a table of uploaded files.

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

Submit Claim

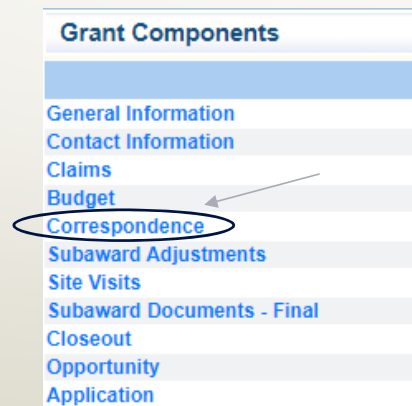
- After all components are marked “Complete,” there are 2 options
 - “Preview” can be used to print a copy of the claim for you files
 - “Submit” the claim to send to your Grant Specialist for processing



Components		
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.

- Create a new Correspondence

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

Correspondence Send

To:* Amelia Hentges
Joni McCarter
TEST TEST

CC: alecia.cameron@dps.mo.gov
CC addresses must be entered in a valid email format. Use a semicolon (;) to separate multiple CC email addresses.

Subject:* WebGrants Correspondence x

Message:

Attachments:

Browse...
Browse...
Browse...
Browse...
Browse...

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 160168 - 2022 RSAT: Test	TEST TEST	← Elizabeth Leuckel	10/24/2023	

Correspondence

[Reply](#)

- In the open correspondence select “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
 - *****DO NOT REPLY TO CORRESPONDENCE FROM YOUR EMAIL!!!*****
 - If you reply from your email the correspondence will go to a generic email box instead of your Grant Specialist, and this will delay the response



Subaward Adjustments

Grant Components	
General Information	
Contact Information	
Claims	
Budget	
Correspondence	
Subaward Adjustments	←
Site Visits	
Subaward Documents - Final	
Closeout	
Opportunity	
Application	

Subaward Adjustments, Cont.

- Subaward Adjustments are required for:
 - Budget Modifications
 - Prior written approval from DPS is required for budget modifications. A budget modification is a transfer among existing budget lines within the grant budget (i.e. transferring funds from an existing equipment line item to an existing Supplies budget line item)
 - 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, or fiscal officers. 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 Adjustments, 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 recipient's scope of work means:
 - Adding new line items to the approved project 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 line lists a 65 inch monitor, in order to purchase a monitor that is 70 inch, prior approval would be required)

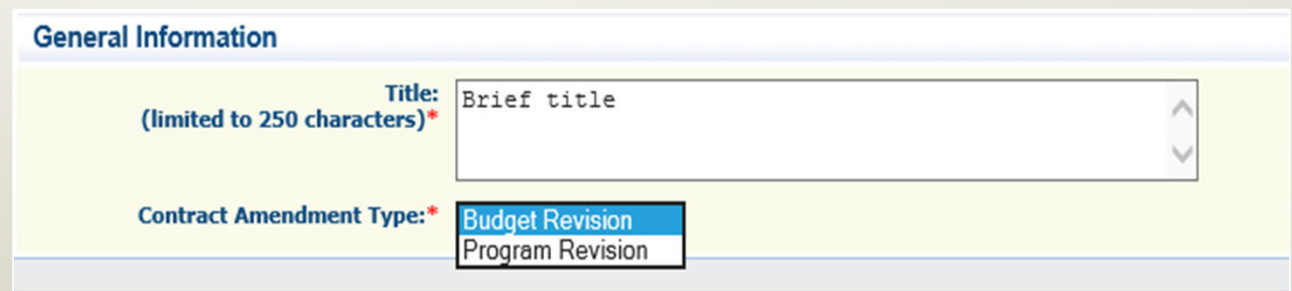
Subaward Adjustments, Cont.

- Select “Add”



- General Information

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

A screenshot of a form titled 'General Information'. It contains two fields: 'Title: (limited to 250 characters)*' with a text input field containing 'Brief title', and 'Contract Amendment Type:*' with a dropdown menu showing 'Budget Revision' and 'Program Revision'.

General Information

Title: Brief title
(limited to 250 characters)*

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	✓	08/28/2023	
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
- Example

Project	Line Number	Current Budget	Requested Change	Updated Budget	Description
1	10001	\$ 5,500.00	\$ (150.00)	\$ 5,350.00	Portable was less than expected
1	10002	\$ 11,000.00		\$ 11,000.00	
1	11001	\$ 2,500.00	\$ 150.00	\$ 2,650.00	Needing to add shipping costs.
		\$ 19,000.00	\$ -	\$ 19,000.00	

Budget Modifications/Scope of Work Changes, Cont.

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

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

Justification*

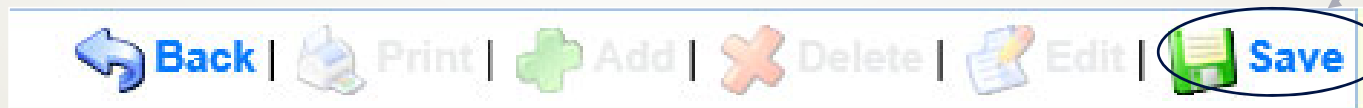
Please explain the reason for the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the objectives of the project.

We are needing to add shipping costs of \$150.00. The Portable Radios came in less than expected.

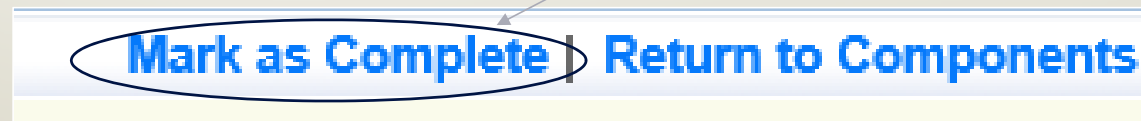
Project	Line Number	Current Budget	Requested Change	Updated Budget	Description
1	10001	\$ 5,500.00	\$ (150.00)	\$ 5,350.00	Portable was less than expected
1	10002	\$ 11,000.00		\$ 11,000.00	
1	11001	\$ 2,500.00	\$ 150.00	\$ 2,650.00	Needing to add shipping costs.
		\$ 19,000.00	\$ -	\$ 19,000.00	

Budget Modifications/Scope of Work Changes, Cont.

- Select “Save”



- Select “Mark as Complete”



Budget Modifications/Scope of Work Changes, Cont.

- Select “Budget”

Components		Preview Submit	
Name	Complete?	Last Edited	
General Information	✓	09/19/2022	
Justification	✓	09/19/2022	
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 [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	\$0.00	\$0.00	\$0.00
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	\$16,500.00	\$16,350.00	(\$150.00)
Supplies/Operations	\$2,500.00	\$2,650.00	\$150.00
Contractual	\$0.00	\$0.00	\$0.00
Renovation/Construction	\$0.00	\$0.00	\$0.00
Indirect Costs	\$0.00	\$0.00	\$0.00
Totals	\$19,000.00	\$19,000.00	\$0.00

Federal/State and Local Match Share

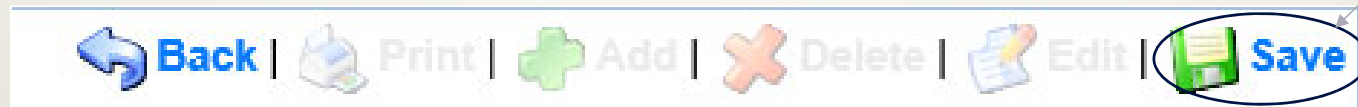
- The **Current Budget** column represents the current subaward. Enter the total federal/state share and total local match share as it is reflected in the current version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Current Budget 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	Current Percent	Revised Amount	Revised Percent	Net Change
Total Federal/State Share	\$19,000.00	100.0%	\$19,000.00	100.0%	\$0.00
Total Local Match Share	\$0.00	0%	\$0.00	0%	\$0.00

70

Budget Modifications/Scope of Work Changes, Cont.

- Budget (cont.)
 - Select “Save”



- Select “Mark as Complete”



Budget Modifications/Scope of Work Changes, Cont.

- Select “Confirmation”

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	09/19/2022	
Justification	✓	09/19/2022	
Budget	✓	09/19/2022	
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:*

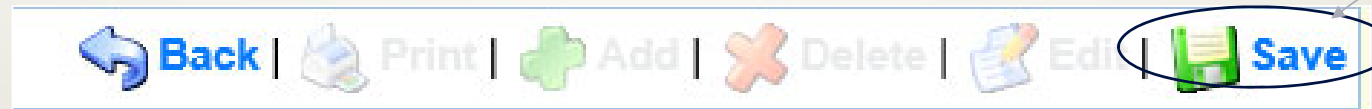
Title:*

Date:* 

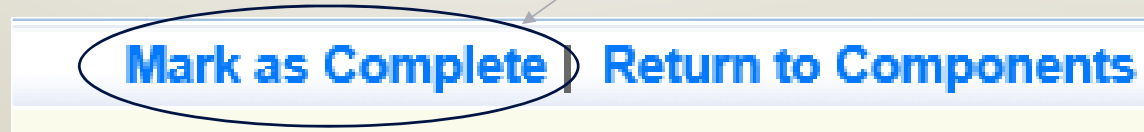
Budget Modifications/Scope of Work Changes, Cont.

- Confirmation (cont.)

- Select "Save"



- Select "Mark as Complete"

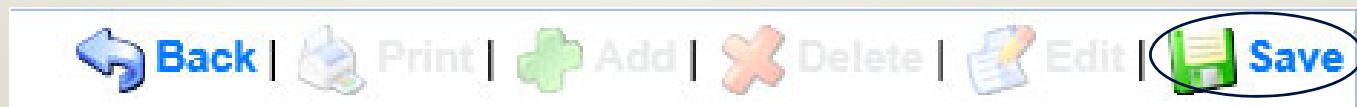


Budget Modifications/Scope of Work Changes, Cont.

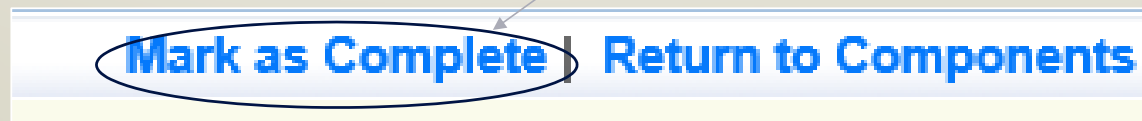
- Attachments

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	08/28/2023	
Justification	✓	08/28/2023	
Budget	✓	08/28/2023	
Confirmation	✓	08/28/2023	
Attachments			

- Which could include new quotes
- Select “Save”



- Select “Mark as Complete”



Budget Modifications/Scope of Work Changes, Cont.

- Select “Submit” to submit the revision

Components			Preview	Submit
Name	Complete?	Last Edited		
General Information	✓	08/28/2023		
Justification	✓	08/28/2023		
Budget	✓	08/28/2023		
Confirmation	✓	08/28/2023		
Attachments	✓	08/28/2023		

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

Program Revision

- Program Revisions will be used for changes in Contact Information
 - Authorized Official, Project Director, Fiscal Officer or Officer in Charge
 - Address/Phone Number/Fax Number/Email changes

General Information

Title:
(limited to 250 characters)*

Contract Amendment Type:*

- Budget Revision
- Budget Revision
- Program Revision**

Missouri Department of Public Safety

Program Revision, Cont.

- Select “Justification”

Components		Preview Submit
Name	Complete?	Last Edited
General Information	✓	09/19/2022
Justification		
Confirmation		
Attachments		

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

✂️ 📄 📄 📄 📄 ⬅️ ➡️ 🖼️ 📄 ☰ Ω 🔗 Source **B** *I* U 🔗 🗨️ 🚩 ☰ ☰ ☰ ☰ ☰ ☰ ☰ ☰

Font ▾ | Size ▾ |

We are needing to change the Fiscal Officer from Rebecca Block to Elizabeth Leuckel. The address, phone and fax numbers will remain the same, but the email should be changed to Elizabeth.Leuckel@dps.mo.gov.

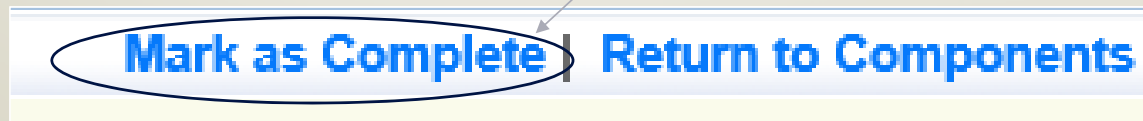
Program Revision, Cont.

- Justification cont.

- Select "Save"



- Select "Mark as Complete"



Program Revision, Cont.

- Select “Confirmation”

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	09/19/2022	
Justification	✓	09/19/2022	
Confirmation ←			
Attachments			

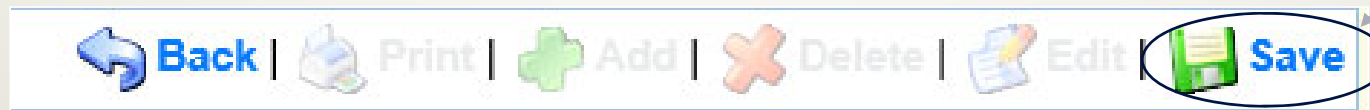
- Complete the form

Confirmation	Create New Version Return to Components
<i>Your typed name as the applicant authorized official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of the veracity of the representations made in this subaward adjustment. You must include your title, full legal name, and the current date.</i>	
Authorized Official Name:*	Becky Block
Title:*	Grant Specialist
Date:*	10/20/2023

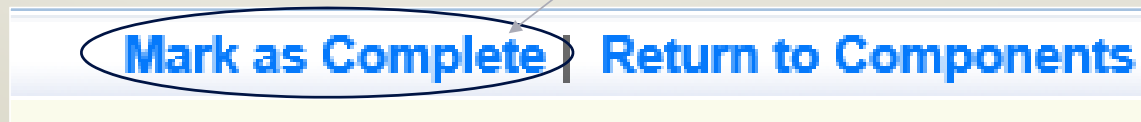
Program Revision, Cont.

- Confirmation (cont.)

- Select "Save"



- Select "Mark as Complete"



Program Revision, Cont.

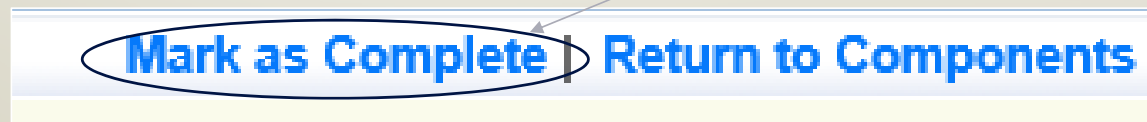
- Select “Attachments”

Components		Preview Submit	
Name	Complete?	Last Edited	
General Information	✓	09/19/2022	
Justification	✓	09/19/2022	
Confirmation	✓	09/19/2022	
Attachments			

- Select “Save”



- Select “Mark as Complete”



Program Revision, Cont.

- Select “Submit” to submit the revision

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	09/19/2022	
Justification	✓	09/19/2022	
Confirmation	✓	09/19/2022	
Attachments	✓	09/19/2022	

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

Reporting

- Grant Reporting for this grant will be done quarterly through the DOJ PMT System
- Link to the Website <https://ojpssso.ojp.gov/>
- Due Dates
 - October 1, 2023 – December 31, 2023 Due January 15, 2024
 - January 1, 2024 – March 31, 2024 Due April 15, 2024
 - April 1, 2024 – June 30, 2024 Due July 15, 2024
 - July 1, 2024 – September 30, 2024 Due October 15, 2024

Monitoring

- You will be notified when your agency is chosen for Monitoring
- Key things to remember
 - Monitoring is NOT an audit
 - DPS Grants is NOT monitoring to catch errors – we are monitoring to help correct areas of noncompliance to prevent audit findings and to see the great program you have
 - Chance to provide technical assistance and answer questions

Types of Monitoring

- Desk Monitoring

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



- On-Site Monitoring

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



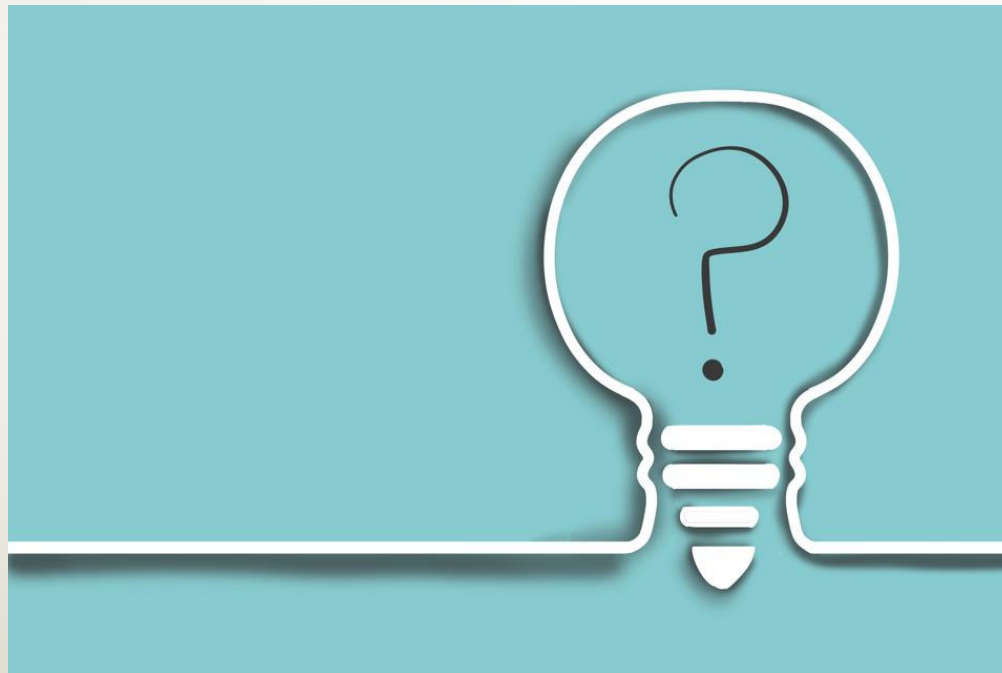
Monitoring, Cont.

- 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
- DPS Grants Information Bulletins
- FY 2022 RSAT Notice of Funding Opportunity
- FY 2022 RSAT Certified Assurances
- FY 2022 RSAT Subaward Agreement, including Articles of Agreement

Questions



Contacts

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