



Deputy Sheriff Salary Supplement Fund (DSSSF) Compliance Training SFY 2022

Missouri Department of Public Safety
Criminal Justice/Law Enforcement Grants

June 29, 2021



Grant Requirements



Deputy Sheriff Supplemental Salary Fund Overview

- ▶ DSSSF was created pursuant to Section 57.278 RSMo
 - ▶ Consists of monies collected from charges for services received by county sheriffs under subsection 4 of Section 57.280 RSMo
 - ▶ Counties are responsible for forwarding the applicable share of the collected monies to the state treasury
- ▶ DSSSF administered by MoSMART Board pursuant to Section 57.278 RSMo
 - ▶ Technical assistance provided by the Missouri Department of Public Safety



Grant Requirements

- ▶ Administrative Guide

- ▶ <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 Modification, Program Changes, Scope of Work Changes, Subaward Adjustments, Status Reports and Return of Funds



Grant Requirements

- ▶ Subrecipients must comply with the following state statues in order to be eligible for state funds, to include at the time of application and for the duration of the project period
 - ▶ Section 43.505 RSMo: Uniform Crime Reports (UCRs)
 - ▶ Section 590.650 RSMO: Racial Profiling Reports
 - ▶ Section 513.653 RSMo: Federal Forfeiture Report
 - ▶ Section 590.700 RSMo: Written Policy on Recording Custodial Interrogations
 - ▶ Section 43.544 RSMo (formerly 577.005 RSMo): Written Policy on Forwarding Intoxication-Related Arrest Information to the Central Repository



Grant Requirements cont.

- ▶ Funds are used solely to supplement the salaries, and employee benefits resulting from such salary increases, of county deputies
- ▶ Such county deputy sheriffs must be full-time, licensed Peace Officers commissioned by the employing law enforcement agency, or be full-time deputies appointed pursuant to the authority set forth in Section 57.530 RSMo
 - ▶ Full-time is considered if the deputy:
 - ▶ Paid at least 30 hours in a week - if paid weekly or bi-weekly
 - ▶ Paid at least 130 hours in the calendar month - if paid monthly
 - ▶ If a deputy does not get paid for the required amount of hours - pro-rating will be needed
 - ▶ Pro-rating can be calculated as: number of required hours in the payroll period divided by the supplemental amount multiplied by the hours paid in the payroll period
 - ▶ Deputy Smith gets paid \$100.00 in supplement 1 time a month, but worked 125 hours - supplement would be \$96.15 ($\$100/130 \times 125 = \96.15)
 - ▶ Position must be on the approved Budget



Audit Requirements

- ▶ An audit is required if the Subrecipient expend \$375,000 or more in state funds within the organization's fiscal year from any state source (including but not limited to DSSSF)
 - ▶ If the Subrecipient is not required to have an audit, the Subrecipient is still responsible for monitoring activities to provide reasonable assurance that the agency manages state monies in compliance with state requirements
 - ▶ If the Subrecipient is required to have an audit:
 - ▶ The audit must be performed organization-wide by an independent firm
 - ▶ The audit must be conducted with reasonable frequency, usually annual, but not less frequently than every two years
 - ▶ This doesn't mean that the audit can include every other year



Audit Requirements cont.

- ▶ State Civil Rights

- ▶ Section 213.055 RSMo - Unlawful Employment Practices

- ▶ May not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability in its employment practices (e.g. hiring, compensation, conditions, or privileges)

- ▶ Section 213.065 RSMo - Discrimination in Public Accommodations

- ▶ It is unlawful to refuse, withhold from, or deny any of the accommodations, advantages, facilities, services, or privileges made available in any place of public accommodations



Internal Controls

- ▶ Subrecipients should ensure appropriate internal controls exist for the programmatic and financial aspects of the project; this can be accomplished through, but not limited to, the following method:
 - ▶ Invoice/Spreadsheet being reviewed by both the Authorized Official or Project Director and the Fiscal Officer



Supplanting

- ▶ Supplanting defined: taking the place of, or replacing with something else
- ▶ DSSSF monies may be used in conjunction with other funding but shall not supplant (or replace) local funds
 - ▶ Supplanting or shifting money to avoid the issue of supplanting is strictly prohibited
 - ▶ DSSSF monies are intended to increase the amount of funds available
 - ▶ DSSSF monies must be used to supplement existing funds for salaries
- ▶ **NOTE:** Intentionally or willingly withholding salary increases from county deputies because of the DSSSF Program is considered supplanting and is unallowable



Reporting of Supplanting

- ▶ Subrecipients, or employees of the Subrecipient, must promptly notify the MoSMART Board and/or the Missouri Department of Public Safety of any credible evidence that a Subrecipient has supplanted grant funds
- ▶ Any credible evidence will be reviewed by the MoSMART Board
- ▶ In the event it is determined the Subrecipient has supplanted funds, the MoSMART Board may take action as deemed appropriate to recover any portion of the grant funds remaining and/or an amount equal to the portion of the grant funds wrongfully supplanted
 - ▶ If circumstances raise a question of possible supplanting, the County should retain whatever documentation is produced during the ordinary course of government business that will help substantiate that supplanting has not occurred. Depending on the circumstances, relevant documents might include annual appropriations acts, executive orders directing board reductions of operating budgets, or county commission resolutions or meeting minutes concerning budget cuts and layoffs

Reporting of Fraud

- ▶ Subrecipients, or employees of the Subrecipient, must promptly notify the MoSMART Board and/or the Missouri Department of Public Safety of any credible evidence that an employee, contractor, or other person has either submitted a false claim for grant funds or has committed a criminal or civil violation of laws pertaining to the fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds
- ▶ Any credible evidence will be reviewed by the MoSMART Board
- ▶ In the event it is determined the Subrecipient made false statements relating to a position and/or annual salary in order to receive funding the MoSMART Board may take action as deemed appropriate to recover any portion of the grant funds remaining and/or an amount equal to the portion of the grant funds wrongfully used

Termination of Subaward

- ▶ The MoSMART Board reserves the right to terminate any subaward entered into as a result of the approved application at their sole discretion and without penalty or recourse by giving written notice to the Subrecipient of the effective date of termination. In the event of termination, all documents, data and reports prepared by the Subrecipient under the subaward shall, at the option of the MoSMART Board, become property of the State of Missouri
- ▶ In the event the MoSMART Board determines that a Subrecipient is operating in a manner inconsistent with the provisions of the subaward or is failing to comply with the applicable state requirement governing the DSSSF monies, the MoSMART Board may permanently or temporarily terminate the subaward
- ▶ In the event a subaward is permanently terminated, the MoSMART Board may take action as deemed appropriate to recover any portion of the funds remaining and/or an amount equal to the portion of the funds wrongfully used

Grant Life Cycle



Grant Life Cycle cont.

- ▶ Subrecipient applies and gets approval of application
- ▶ Subrecipient will receive the Subaward Documents
 - ▶ Subaward documents must be signed by the Authorized Official and sent to the Missouri Department of Public Safety
 - ▶ Once the signed documents are received and signed by the MoSMART Board President - the grant will be marked “Underway”
- ▶ “Underway” Phase
 - ▶ Subrecipient can now seek reimbursement through the “Claims” component of WebGrants
 - ▶ Final claim must include a payroll summary report showing all supplement and benefits related to the supplement paid out during the grant period
 - ▶ Final Status Report is submitted
- ▶ Closeout
 - ▶ Once all Claims and the Status Report have been submitted and approved the grant can be closed

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

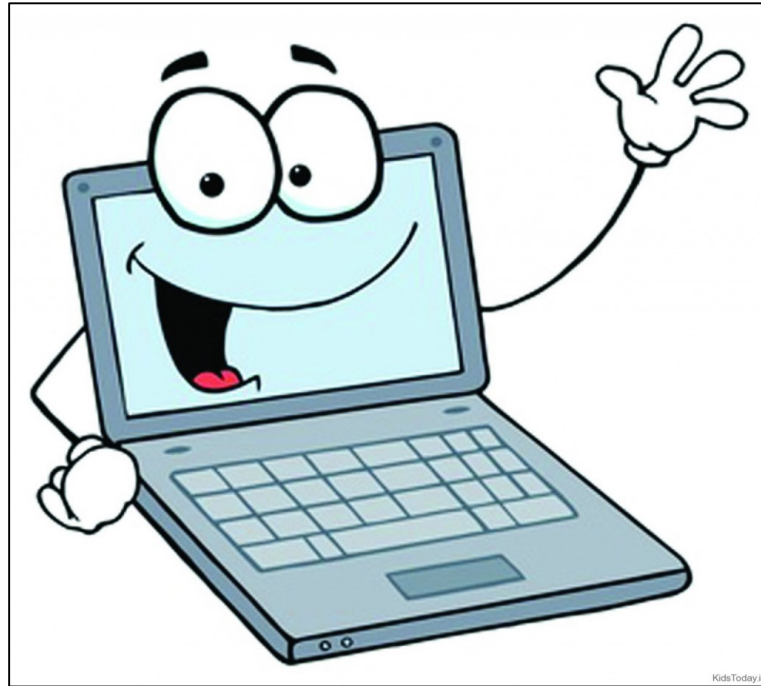
Spending Grant Dollars

- ▶ Funds must be obligated within the project period and expended with 60 days following the project period end date
- ▶ Project Period: July 1, 2021 - June 30, 2022
- ▶ Final claim due August 15, 2022

Grant Reporting

- ▶ Claims must be submitted at least every 3 months
- ▶ Claims may be submitted
 - ▶ Per pay period
 - ▶ Monthly
 - ▶ Quarterly (every 3 months)
- ▶ Final Status Report will need to be submitted
 - ▶ Due August 15, 2022

WebGrants



Budget

- ▶ The Budget will no longer show the names of the Deputies that were applied and approved for with the Application phase, but a number with the positions that were applied and approved for
 - ▶ This will also eliminate the need to submit a Change of Information form when a Deputy leaves the agency or gets hired, additional information to follow
- ▶ The Benefits will be listed separately to decrease the possibility of error

Grant Components	
Component	Last Edited
General Information	06/01/2021
Contact Information	05/28/2021
Claims	
Correspondence	06/01/2021
Subaward Adjustments	
Subaward Adjustment Notices	
Budget	05/28/2021
Status Reports	
Subaward Documents - Final	
Attachments	
Closeout	
Opportunity	-
Application	-

Budget cont.

► Example:

Personnel		Create New Version Return to Components Add	
Line Number:	Description:	Supplement Amount:	
1001	Supplemental Salary	\$12,300.00	
Narrative Justification - Personnel			
1 Captain @ Supplement amount \$1,200.00, amount per month \$100.00			
1 Lieutenant @ Supplement amount \$1,200.00, amount per month \$100.00			
2 Chief Deputies @ Supplement amount @ \$2,400.00, amount per month \$100.00 each			
2 Jail Deputies @ Supplement amount \$3,000.00, amount per month \$125.00 each			
1 SRO @ Supplement amount \$4,500.00, amount per month \$375.00			
Benefits		Add	
Line Number:	Description:	Benefit Amount:	
2001	FICA/Medicare	\$940.95	\$940.95
2002	CERF	\$492.00	\$492.00
2003	LAGERS	\$430.50	\$430.50
2004	Workers Comp	\$153.75	\$153.75
Narrative Justification - Benefits			
FICA/Medicare: 7.65%			
CERF: 4%			
LAGERS: 3.5%			
Workers Comp: 1.25%			
Budget Summary			
Personnel Total: \$12,300.00			
Benefits Total: \$2,017.20			
Grant Total: \$14,317.20			

▶ DSSSF Claim Invoice

- ▶ It is recommended that the Invoice be created before the claim is completed

[illegible]

DSSSF Invoice

- ▶ To complete the DSSSF Invoice
 - ▶ Enter the Name of the Agency (i.e. Who-ville Sheriff's Office)
 - ▶ Enter the Invoice Number starting annually with #1
 - ▶ The Invoice Number should reflect which numbered claim is being completed
 - ▶ Enter the Invoice Date
 - ▶ The Date should reflect the day which the Invoice is being completed

Sheriff Department	DSSF Invoice
<div>(Enter Department Name Here)</div>	Invoice Number: <div></div>
	Invoice Date: <div></div>

DSSSF Invoice cont.

- ▶ Number of Deputies - Each line should be broken out by the number of deputies with the same job title/supplement amount
 - ▶ If the agency has 3 road deputies at \$100.00 supplement rate they should enter 3
- ▶ Status of Employee (Full-Time/Prorated) - If one of the deputies is prorated they should be listed on their own individual line so they can be properly accounted for

Number of Deputy(s)	Status of Employee (Full Time/Prorated)
3	Full Time

DSSSF Invoice cont.

- ▶ Title of the Deputy - This section is to assist the department in accounting for each of the deputy that were budgeted
- ▶ Pay Period Date(s) (Date range of Pay Period(s))
 - ▶ This is the date range that is being covered by the pay period
 - ▶ Examples
 - ▶ 07/01/2021 - 07/15/2021
 - ▶ 07/01/2021 - 07/31/2021
 - ▶ Should not contain multiple pay periods
 - ▶ If multiple pay periods are being claimed, they should be listed on separate lines

Title of Deputy	Pay Period Dates(s) (Date range of Pay Period)
Chief Deputy	07/01/2021 - 07/15/2021
Jail Deputy	07/01/2021 - 07/31/2021

DSSSF Invoice cont.

▶ Unit Supplement Amount

- ▶ Enter the supplement amount, per deputy, per pay period for the deputy(s) listed in the budget (i.e. If the deputy is entitled to a supplement of \$1,200.00 annually, and the agency pays monthly, the amount enter should be \$100.00)

▶ Unit Benefit Amount

- ▶ This is the total amount of benefits, per deputy, per pay period, at the actual benefit rate amount that the county pays (i.e. If the deputy(s) receive \$100.00 in supplement and the current benefit rates are 7.65% F/M (\$7.65), 4% Cerf (\$4.00), 3.50% LAGERS (\$3.50), and 1.25% Workers Comp (\$1.25) - the benefit amount to be entered should be \$16.40)
- ▶ It is important to know what the actual benefit rate is for each benefit that was awarded for reimbursement (i.e. FICA/Medicare, Cerf. LAGERS, and/or Workers Comp)

Unit Supplement Amount	Unit Benefit Amount
\$ 100.00	\$ 16.40
\$ 125.00	\$ 20.51

DSSSF Invoice cont.

- ▶ Total Supplement and Total Benefits will automatically calculate - **ONLY IF** you have entered the correct information in the previous cells

Total Supplement		Total Benefits	
\$	200.00	\$	32.80
\$	250.00	\$	41.02

DSSSF Invoice cont.

- ▶ If additional lines are necessary on the Invoice, they can be inserted into the Invoice
 - ▶ Right click in the number Row Heading, then select Insert

	Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Title of Deputy	Pay Period Category (Date range of Pay Period)
6				
7				
8				
9				
1				
1				
1				
1				
1				
1				
1				
1				
1				
1				
2				

DSSSF Invoice cont.

- ▶ After all deputy(s) have been entered onto the Invoice, the total amount to be added to the Claim (that is created in WebGrants) will be listed at the bottom of the Invoice

	Total Supplement		Total Benefits	
Total	\$	450.00	\$	73.82
Claim Total			\$	523.82

DSSSF Invoice cont.

- ▶ After all of the information has been entered into the Invoice:
 - ▶ Print the Invoice
 - ▶ Mark all of the Certification boxes
 - ▶ Have the Invoice signed by the Authorized Official or the Project Director and the Fiscal Officer listed in the Contact Information component in WebGrants

☒ I certify that the above full-time individuals have worked 30 or more hours per week or 130 hours or more per month.

☒ I certify that any deputy listed above, who has worked less than 30 hours per week or less than 130 hours per month has been prorated to correct the amount.

☒ I certify that the supplement(s) and benefit rate(s) listed above, for each deputy, are accurate.

☒ I certify that the supplement(s) requested above have been paid to the County Deputy(s)

☒ I certify that the information listed above is accurate.

Signature (Authorized Official/Project Director): Example

Date: 05.28.21

Signature (Fiscal Officer): Example

Date: 05/28/21

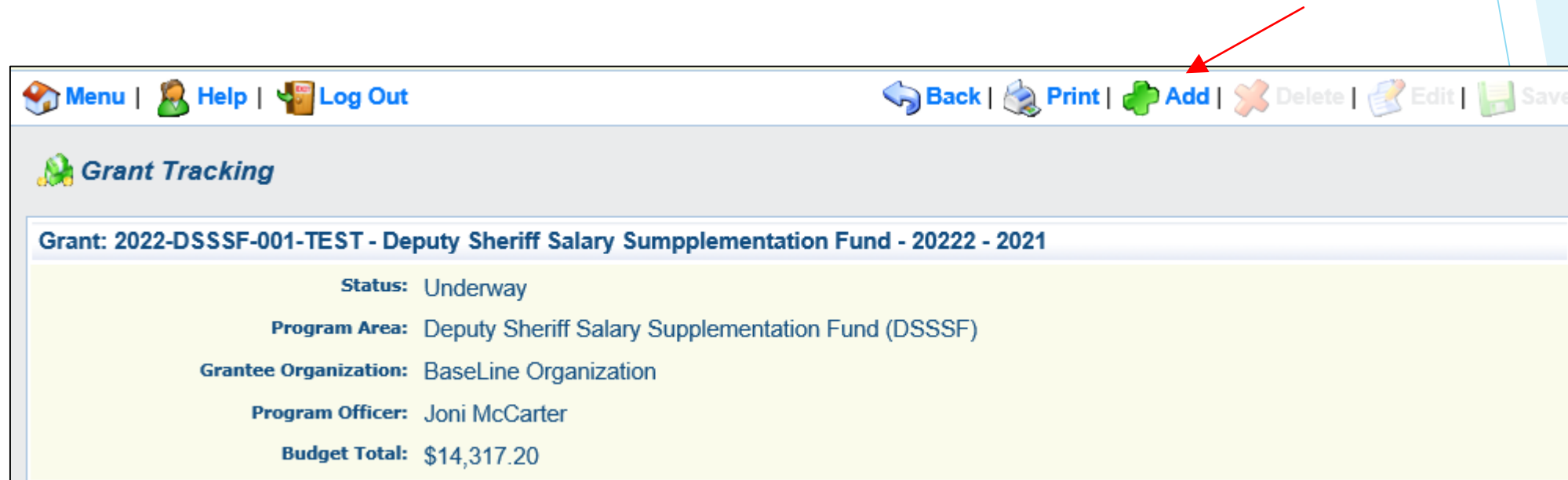
Claims Entry cont.

- ▶ From Grant Components, select Claims


Grant Components	
Component	Last Edited
General Information	06/01/2021
Contact Information	05/28/2021
Claims	
Correspondence	06/01/2021
Subaward Adjustments	
Subaward Adjustment Notices	
Budget	05/28/2021
Status Reports	
Subaward Documents - Final	
Attachments	
Closeout	
Opportunity	-
Application	-

Claims Entry cont.

- ▶ Select “Add” at the top of the screen



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

 **Grant Tracking**

Grant: 2022-DSSSF-001-TEST - Deputy Sheriff Salary Supplementation Fund - 20222 - 2021

Status: Underway

Program Area: Deputy Sheriff Salary Supplementation Fund (DSSSF)


Grantee Organization: BaseLine Organization

Program Officer: Joni McCarter

Budget Total: \$14,317.20

Claims Entry cont.

- ▶ Complete the Claim General Information
- ▶ Claim Type - Monthly or Other
- ▶ Claim Status - Editing
- ▶ Reporting Period - Dates(s) covered by the claim
- ▶ Due date - leave blank
- ▶ Invoice Number - LEAVE BLANK
- ▶ Is this your Final Report - Select “No” on all claims until the final claim
- ▶ Select “Save”



The screenshot displays the 'Grant Tracking' interface. At the top, there is a navigation bar with links for Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. The main content area is titled 'Grant Tracking' and shows details for a specific claim: 'Claim: 2022-DSSSF-001-TEST - 001'. Below this, the 'Grant Components' section lists the Grant as '2022-DSSSF-001-TEST-Deputy Sheriff Salary Supplementation Fund - 20222', Status as 'Editing', Program Area as 'Deputy Sheriff Salary Supplementation Fund (DSSSF)', Grantee Organization as 'BaseLine Organization', and Program Manager as 'Joni McCarter'. The 'Claim General Information' section includes a note: '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.' The form fields are: Claim Type (Monthly), Claim Status (Editing), Reporting Period (From 07/01/2021 To 07/31/2021), Due Date (08/10/2021), Invoice Number (blank), and Is This Your Final Report? (No selected). A red arrow points to the 'Save' button in the top right corner.

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

Grant Tracking

Claim: 2022-DSSSF-001-TEST - 001 [Grant Components](#)

Grant: 2022-DSSSF-001-TEST-Deputy Sheriff Salary Supplementation Fund - 20222
Status: Editing
Program Area: Deputy Sheriff Salary Supplementation Fund (DSSSF)
Grantee Organization: BaseLine Organization
Program Manager: Joni McCarter

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
Claim Status:* Editing
Reporting Period:* 07/01/2021 To 07/31/2021
Due Date: 08/10/2021
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 Entry cont.


- ▶ Open the new claim that was created

Claims					Copy Existing Claim Return to Components	
ID	Type	Status	Date Submitted	Date Paid	Date From-To	Claim Amount
2022-DSSSF-001-TEST - 001	Monthly	Editing			07/01/2021 - 07/31/2021	\$0.00
					Submitted Amount	\$0.00
					Approved Amount	\$0.00
					Paid Total	\$0.00
					Total	\$0.00
Last Edited By:						

- ▶ Select “Edit” at the top of the claim

 [Menu](#) |  [Help](#) |  [Log Out](#)

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

 **Grant Tracking**

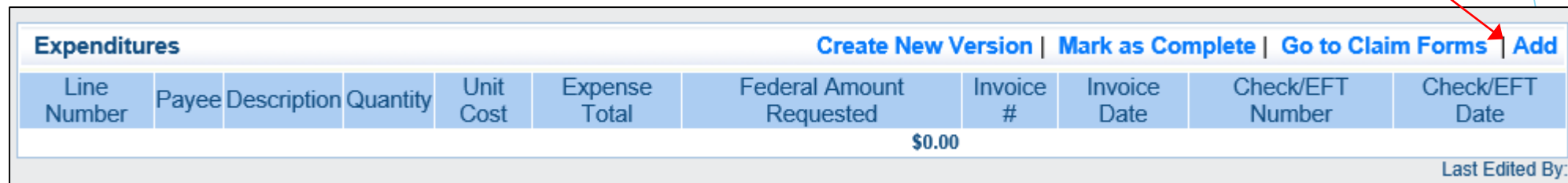
Expenditure Form

- ▶ The Expenditure Form will automatically feed into the Reimbursement Form within the system
- ▶ Select Expenditures from the Claim 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	✓	05/28/2021	
Expenditures			
Reimbursement			
Attachments			

Expenditures Form cont.

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



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

Line Number	Payee	Description	Quantity	Unit Cost	Expense Total	Federal Amount Requested	Invoice #	Invoice Date	Check/EFT Number	Check/EFT Date
						\$0.00				

Last Edited By:

Expenditures cont.

- ▶ Complete each line of the Expenditure form

Expenditures	
Line Number*	<input type="text" value="v"/>
Payee*	<input type="text"/>
Description*	<input type="text"/>
Quantity*	<input type="text"/>
Unit Cost*	<input type="text" value="\$0.00"/>
Federal Amount Requested*	<input type="text" value="\$0.00"/>
Invoice #*	<input type="text"/>
Invoice Date*	<input type="text"/>
Check/EFT Number*	<input type="text"/>
Check/EFT Date*	<input type="text"/>

Expenditures cont.

- ▶ Line Number - this is a drop down section that will show each line of the approved budget

Expenditures	
Line Number*	
Payee*	1001 - Personnel - Supplemental Salary
Description*	2001 - Benefits - FICA/Medicare
Quantity*	2002 - Benefits - CERF
Unit Cost*	2003 - Benefits - LAGERS
	2004 - Benefits - Workers Comp
Federal Amount Requested*	\$0.00
Invoice #*	

Expenditures cont.

- ▶ Line Number
 - ▶ Select the corresponding budget line
- ▶ Payee
 - ▶ Add “Supplement” for the Supplement line
 - ▶ Add which individual benefit that is being claimed
- ▶ Description
 - ▶ Supplement or Benefits and date of pay period
- ▶ Quantity
 - ▶ Use a 1 unless this claim is for multiple pay periods
- ▶ Unit Cost
 - ▶ Amount of supplement per pay period being claimed

Expenditures cont.

- ▶ Federal Amount Requested
 - ▶ This is the total amount of funds being requested by this line
- ▶ Invoice #
 - ▶ Use the Invoice Number that is listed on the Invoice that will be attached to this claim
- ▶ Invoice Date
 - ▶ Use the Invoice Date of the Invoice that will be attached to this claim
- ▶ Check/EFT Number
 - ▶ Enter N/A
- ▶ Check/EFT Date
 - ▶ Enter N/A

Expenditure cont.

► Example

Expenditures	
Line Number*	1001 - Personnel - Supplemental Salary ▼
Payee*	Supplement
Description*	07/01/2021 - 07/31/2021
Quantity*	1.0
Unit Cost*	\$1,025.00
Federal Amount Requested*	\$1,025.00
Invoice #*	1
Invoice Date*	08/05/2021
Check/EFT Number*	N/A
Check/EFT Date*	N/A

► Select Save

 Menu  Help  Log Out	 Back  Print  Add  Delete  Edit  Save
 Grant Tracking	

Expenditures cont.

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

Expenditures						Create New Version Mark as Complete Go to Claim Forms Add				
Line Number	Payee	Description	Quantity	Unit Cost	Expense Total	Federal Amount Requested	Invoice #	Invoice Date	Check/EFT Number	Check/EFT Date
1001	Supplement	07/01/2021 - 07/31/2021	1.0	\$1,025.00	\$1,025.00	\$1,025.00	1	08/05/2021	N/A	N/A
2001	FICA/Medicare	07/01/2021 - 07/31/2021	1.0	\$78.41	\$78.41	\$78.41	1	08/05/2021	N/A	N/A
2002	CERF	07/01/2021 - 07/31/2021	1.0	\$41.00	\$41.00	\$41.00	1	08/05/2021	N/A	N/A
2003	LAGERS	07/01/2021 - 07/31/2021	1.0	\$35.88	\$35.88	\$35.88	1	08/05/2021	N/A	N/A
2004	Workers Comp	07/01/2021 - 07/31/2021	1.0	\$12.81	\$12.81	\$12.81	1	08/05/2021	N/A	N/A
						\$1,193.10				

Reimbursement Form

► Open Reimbursement Form

Components			Preview Submit
Complete each component of the Claim and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
General Information	✓	08/10/2020	
Expenditures	✓	08/10/2020	
Reimbursement			
Attachments			

Reimbursement Form cont.

- ▶ Verify the amounts entered on the Expenditure Form have carried over to the Reimbursement Form
- ▶ If the amounts do not match - contact a Grant Officer for assistance

Reimbursement		Create New Version Mark as Complete Go to Claim Forms				
Budget Category	Details	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)
Personnel						
Supplemental Salary	Supplemental Salary (Description:)	\$12,300.00	\$1,025.00	\$0.00	\$1,025.00	\$11,275.00
Sub Total:		\$12,300.00	\$1,025.00	\$0.00	\$1,025.00	\$11,275.00
Benefits						
CERF	CERF (Description:)	\$492.00	\$41.00	\$0.00	\$41.00	\$451.00
FICA/Medicare	FICA/Medicare (Description:)	\$940.95	\$78.41	\$0.00	\$78.41	\$862.54
LAGERS	LAGERS (Description:)	\$430.50	\$35.88	\$0.00	\$35.88	\$394.62
Workers Comp	Workers Comp (Description:)	\$153.75	\$12.81	\$0.00	\$12.81	\$140.94
Sub Total:		\$2,017.20	\$168.10	\$0.00	\$168.10	\$1,849.10
Budget Summary						
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sub Total:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:		\$14,317.20	\$1,193.10	\$0.00	\$1,193.10	\$13,124.10

- ▶ Select Mark as Complete

Attachments

► Select Attachments

Components			Preview Submit
Complete each component of the Claim and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
General Information	✓	06/01/2021	
Expenditures	✓	06/01/2021	
Reimbursement	✓	06/01/2021	
Attachments			

- Follow the instructions in WebGrants to attach the backup documentation
 - Completed/Signed Invoice
 - When submitting the **FINAL CLAIM** also include a payroll summary report showing the supplement and benefit amounts paid for all pay periods included in the grant
- After the Invoice has been uploaded, select Mark as Complete

[Create New Version](#) | [Mark as Complete](#) | [Go to Claim Forms](#)

Submit Claim

- ▶ After all forms on the claim have been marked as complete, select Submit

Components			Preview Submit
Complete each component of the Claim and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
General Information	✓	06/01/2021	
Expenditures	✓	06/01/2021	
Reimbursement	✓	06/01/2021	
Attachments	✓	06/01/2021	

Claim Facts

- ▶ You are not required to submit 1 claim per month
 - ▶ You must submit a minimum of 4 claims a year
- ▶ There are no “Due Dates”
- ▶ The previous claim submitted must be in “Paid” status before the next claim can be submitted
- ▶ You can “Copy an Existing Claim”; however ALL of the forms must be updated and may cause errors on the Reimbursement forms
- ▶ When submitting the **FINAL CLAIM** also include a payroll summary report showing the supplement and benefit amounts paid for all pay periods included in the grant

Payroll Summary

- ▶ A payroll summary must be submitted with the last claim (June)
- ▶ A payroll summary is submitted with the claim in the Attachments component
- ▶ A payroll summary report must come from the payroll system, not manmade, and contain:
 - ▶ Total amount of Supplement and Benefits for the Supplement that was paid during the timeframe of the report

Copy Existing Claim

- ▶ Once a claim is in “Paid” status it can be copied
 - ▶ Select “Copy Existing Claim”



- ▶ Select the radio button of the claim you wish to copy - ideally it should be the most recently paid claim
- ▶ **Edit the General Information component**
 - ▶ Even though it is marked “Completed” it needs to be updated with the most recent “Reporting Period” and “Due Date”
 - ▶ If this is the final claim, mark “Yes”
- ▶ Edit each component to the updated Invoice
- ▶ Remove the attached Invoice and attach the signed Invoice that goes with this claim

Correspondence

- ▶ Requests may be submitted through Correspondence in the Grant Components of the WebGrants System
 - ▶ Request approvals will be sent through Correspondence as well

Grant Components	
Component	Last Edited
General Information	06/01/2021
Contact Information	05/28/2021
Claims	
Correspondence	06/01/2021
Subaward Adjustments	
Subaward Adjustment Notices	
Budget	05/28/2021
Status Reports	
Subaward Documents - Final	
Attachments	
Closeout	
Opportunity	-
Application	-

Correspondence cont.

- ▶ Create a new Correspondence

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

- ▶ Select to whom you wish to send the Correspondence to
 - ▶ Can select more than one individual by holding CTRL on your keyboard and click with your mouse to select whom else
- ▶ Select “Save” to send the message

The screenshot shows a web form titled "Correspondence" with a "Send" button in the top right corner. The form contains the following fields:

- To:** A dropdown menu with "Amelia Hentges", "Joni McCarter", and "TEST TEST" as options.
- CC:** An empty text input field with a note below it: "CC addresses must be entered in a valid email format. Use a semicolon (;) to separate multiple CC email addresses."
- Subject:** An empty text input field.
- Message:** A large text area for the message content.
- Attachments:** A section with five "Browse..." buttons for adding files.

Red arrows point to each of these five fields. A red arrow also points to the "Add" button in the table above.

Correspondence cont.

- ▶ Examples of Correspondence
 - ▶ Questions pertaining to the Grant
 - ▶ For new contacts, Authorized Official, Project Director, Fiscal Officer, Officer in Charge, changes will be submitted through Subaward Adjustments - Program Change
 - ▶ DO NOT submit Change of Information forms for deputies
- ▶ An alert will be received to you Grant Officer when you send correspondence through the WebGrant 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 the Grant Officer, and this will delay the response

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 2022-DSSSF-001-TEST - Deputy Sheriff Salary Sumpplementation Fund - 20222: Amelia's test Correspondec		TEST TEST	Amelia Hentges, TEST TEST	06/01/2021		

- ▶ In the open correspondence select “Reply”

Correspondence	Reply
----------------	-----------------------

Subaward Adjustments

Grant Components	
Component	Last Edited
General Information	06/01/2021
Contact Information	05/28/2021
Claims	
Correspondence	06/01/2021
Subaward Adjustments	
Subaward Adjustment Notices	
Budget	05/28/2021
Status Reports	
Subaward Documents - Final	
Attachments	
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 the existing supplemental line to a benefit line)
 - ▶ A request for a budget modification must be submitted through WebGrants as a Subaward Adjustment and **MUST BE** approved by DPS prior to the Subrecipient obligating or expending grant funds
- ▶ For DSSSF this will be moving funds between Personnel and Benefit lines as necessary

Subaward Adjustments cont.

- ▶ Program Changes

- ▶ A request for program changes must be submitted through WebGrants as a Subaward Adjustment and must be approved by DPS. Program changes include changes in Subrecipient staff, Authorized Officials, Project Directors, Fiscal Officers, and Officers in Charges. Additional changes may include address changes or any other information in the Organization component in WebGrants
 - ▶ This will request will eliminate the need to submit Change of Information forms

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 subrecipient's scope of work means:
 - ▶ Adding new lines to the approved project budget
 - ▶ Changes in the quantity of deputies
 - ▶ Changes is the percentage amount of benefit(s)
- ▶ Additional funds will not be added to the budget unless requested by the MoSMART Board

Subaward Adjustments cont.

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

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

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	✓	06/02/2021	
Justification		06/02/2021	
Budget			
Confirmation			
Attachments			

Budget Modifications/Scope of Work Changes

- ▶ Budget Modifications/Scope of Work Changes
 - ▶ Contact your Grant Officer for the excel Spreadsheet that should be used OR you can create your own to mirror the example below

Line Number	Current Budget	Requested Change	Updated Budget	Description
				Moving money from Supplemental to LAGERS and Workers Comp to cover benefit rate increases
1001	\$ 12,300.00	\$ (307.50)	\$ 11,992.50	
2001	\$ 940.95	\$ -	\$ 940.95	
2002	\$ 492.00	\$ -	\$ 492.00	
2003	\$ 430.50	\$ 61.50	\$ 492.00	increased to 4%
2004	\$ 153.75	\$ 246.00	\$ 399.75	increased to 3.25%
	\$ 14,317.20		\$ 14,317.20	

Budget Modifications/Scope of Work Changes cont.

► Example

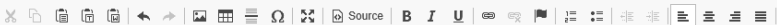
► Spreadsheet

Line Number	Current Budget	Requested Change	Updated Budget	Description
				Moving money from Supplemental to LAGERS and Workers Comp to cover benefit rate increases
1001	\$ 12,300.00	\$ (307.50)	\$ 11,992.50	
2001	\$ 940.95	\$ -	\$ 940.95	
2002	\$ 492.00	\$ -	\$ 492.00	
2003	\$ 430.50	\$ 61.50	\$ 492.00	increased to 4%
2004	\$ 153.75	\$ 246.00	\$ 399.75	increased to 3.25%
	\$ 14,317.20		\$ 14,317.20	

► Justification in the WebGrants System

- Copy the Spreadsheet into the WebGrants' Justification with the reason for the requested change

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

The benefit rates for LAGERS increased to 4% and Workers Comp to 3.25%.

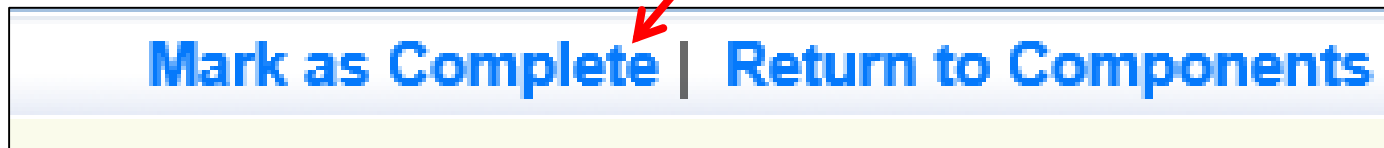
Line Number	Current Budget	Requested Change	Updated Budget	Description
1001	\$ 12,300.00	\$ (307.50)	\$ 11,992.50	
2001	\$	\$	\$	

Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Save”



- ▶ Select “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

► Budget

Components		Preview Submit
Name	Complete?	Last Edited
General Information	✓	06/02/2021
Justification	✓	06/02/2021
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!

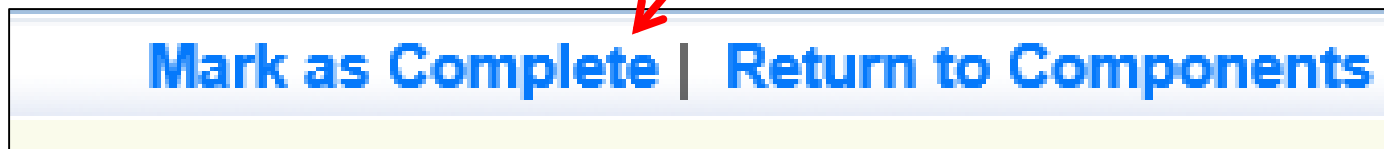
Budget		
<p>The Current Budget column represents the total cost of the current subaward. Enter the total cost of each budget category as it is reflected in the current version of the Budget component. The sum of the Current Budget column should equal your current budget total.</p> <p>The Revised Amount 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.</p>		
Row	Current Budget	Revised Amount
Personnel	\$12,300.00	\$11,992.50
Personnel Benefits	\$2,017.20	\$2,324.70
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	\$0.00	\$0.00
Supplies/Operations	\$0.00	\$0.00
Contractual	\$0.00	\$0.00
Renovation/Construction	\$0.00	\$0.00
Federal/State and Local Match Share		
<p>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.</p> <p>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.</p>		
Row	Current Budget	Revised Amount
Total Federal/State Share	\$14,317.20	\$14,317.20
Total Local Match Share	\$0.00	\$0.00

Budget Modifications/Scope of Work Changes cont.

- ▶ Budget cont.
 - ▶ Select “Save”



- ▶ Select “Mark as Complete”




Budget Modifications/Scope of Work Changes cont.

► Confirmation

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	06/02/2021	
Justification	✓	06/02/2021	
Budget	✓	06/02/2021	
Confirmation ←			
Attachments			

► Complete the form

Confirmation	
<i>Your typed name as the applicant authorized official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of the veracity of the representations made in this subaward adjustment. You must include your title, full legal name, and the current date.</i>	
Authorized Official Name:*	<input type="text" value="Amelia Hentges"/>
Title:*	<input type="text" value="County Commissioner"/>
Date:*	<input type="text" value="06/02/2021"/> 

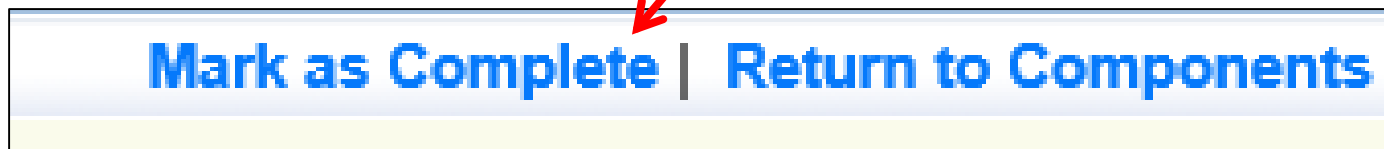
Budget Modifications/Scope of Work Changes cont.

- ▶ Confirmation cont.

- ▶ Select “Save”



- ▶ Select “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

► Attachments

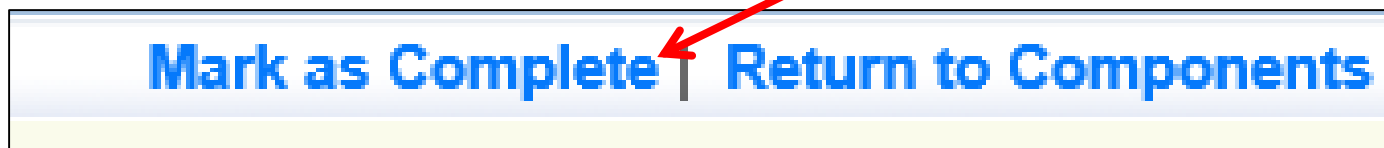
Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	06/02/2021	
Justification	✓	06/02/2021	
Budget	✓	06/02/2021	
Confirmation	✓	06/02/2021	
Attachments ←			

- These can include update benefit rate sheet

► Select “Save”




► Select “Mark as Complete”



Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Submit” to submit the revision

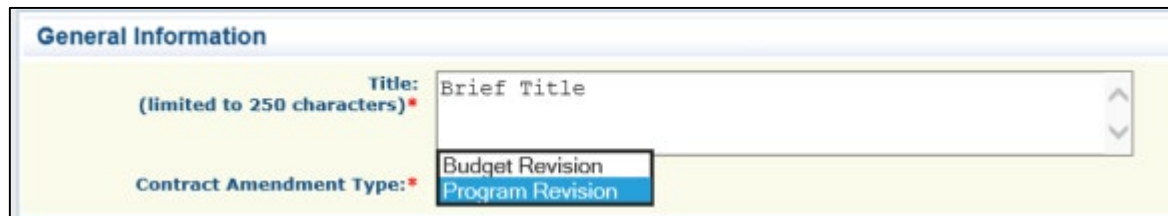


Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	06/02/2021	
Justification	✓	06/02/2021	
Budget	✓	06/02/2021	
Confirmation	✓	06/02/2021	
Attachments	✓	06/02/2021	

- ▶ Your Grant Officer 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, Officer in Charge
 - ▶ Address/Phone Number/Fax Number changes
 - ▶ There is **NO NEED** to submit Deputy changes



The screenshot shows a web form titled "General Information". It contains two main fields:

- Title:** A text input field with the placeholder text "Brief Title" and a note "(limited to 250 characters)*".
- Contract Amendment Type:** A dropdown menu with two visible options: "Budget Revision" and "Program Revision". The "Program Revision" option is highlighted with a blue background.

Program Revision cont.

Components		Preview Submit
Name	Complete?	Last Edited
General Information	✓	06/08/2021
Justification	✓	06/09/2021
Confirmation	✓	06/09/2021
Attachments		

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















































Program Revision cont.

► Example:

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

The Mayor, Amelia Hentges resigned her position on May 1, 2021. Rebecca Block took her position effective May 2, 2021. The address and fax number will remain the same; however, the phone number needs to be changed to (573) 522-3455, and her email will be Becky.Block@emailaddress.com.

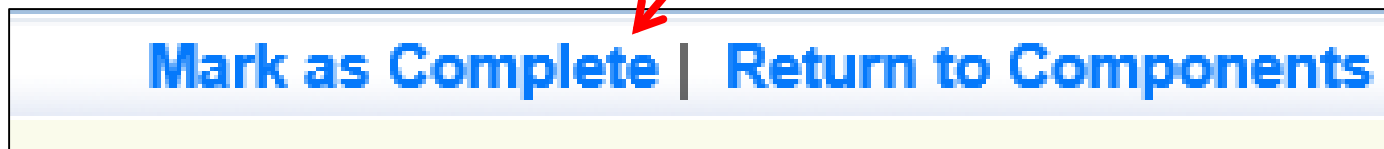
Program Revision cont.

- ▶ Justification cont.

- ▶ Select “Save”



- ▶ Select “Mark as Complete”



Program Revision cont.


► Confirmation

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:* 

► Select “Save”

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

► Select “Mark as Complete”

Mark as Complete | **Return to Components**

Program Revision cont.

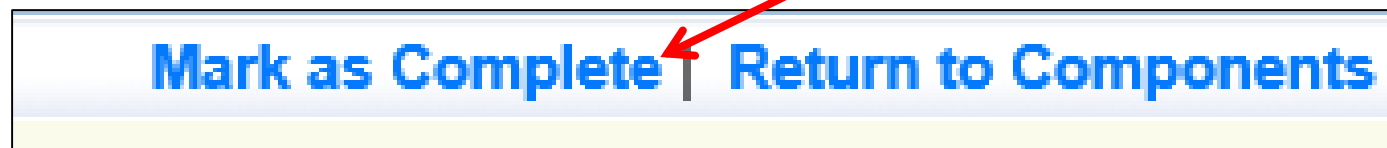
► Attachments

Components			Preview Submit
Name	Complete?	Last Edited	
General Information	✓	06/08/2021	
Justification	✓	06/09/2021	
Confirmation	✓	06/09/2021	
Attachments			

► Select “Save”



► Select “Mark as Complete”



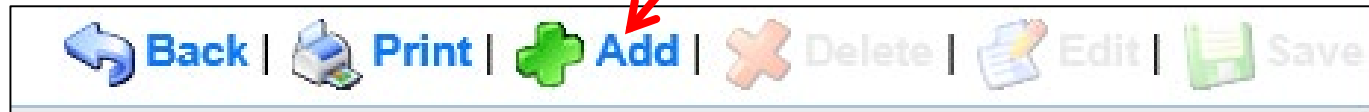
Status Reports

- ▶ Must submit an annual “Status Report” in WebGrants to provide feedback and program evaluation data for the MoSMART Board, the Missouri Department of Public Safety, and the State Legislature
- ▶ Reminder email will be sent by DPS staff from WebGrants approximately 1-2 weeks prior to the deadline

Grant Components	
Component	Last Edited
General Information	06/01/2021
Contact Information	05/28/2021
Claims	
Correspondence	06/01/2021
Subaward Adjustments	
Subaward Adjustment Notices	
Budget	05/28/2021
Status Reports ←	
Subaward Documents - Final	
Attachments	
Closeout	
Opportunity	-
Application	-

Status Reports cont.

- ▶ Select “Add”





- ▶ General Information

- ▶ Select “Annual Report”
- ▶ Report Period: 07/01/2021 - 06/30/2022

General Information

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

Status Report Type:* ▼ ←

Report Period:*   ←

From To

Status Reports cont.

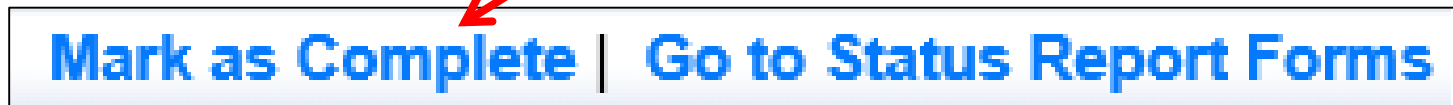
- ▶ Evaluation

- ▶ Used to provide feedback and details for the following questions:
 - ▶ Did these grant monies assist your office in the recruitment of deputies?
 - ▶ Did these grant monies assist your office in retaining deputy sheriffs?
 - ▶ Did these grant monies assist in making your office more effective?
 - ▶ Did the DSSSF program help improve your ability to serve your citizens?

- ▶ Select “Save”



- ▶ Select “Mark as Complete”

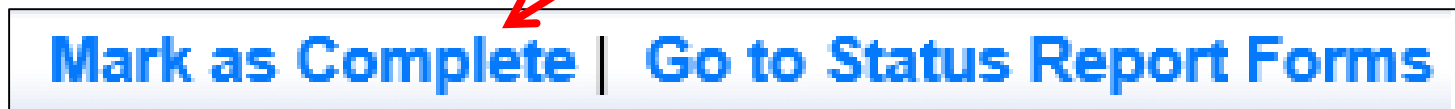


Status Reports cont.

- ▶ Select “Save”



- ▶ Select “Mark as Complete”



- ▶ Select “Submit”

Components			Preview Submit
Complete each component of the status report and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
General Information	✓	06/02/2021	
Evaluation	✓	06/02/2021	

MoSMART Board Members

- ▶ Sheriff Randee M. Kaiser - Chairman
 - ▶ Sheriff Michael Bonham - Vice-Chair
 - ▶ Sheriff Jim C. Arnott - Secretary
 - ▶ Sheriff Katy McCutcheon
 - ▶ Sheriff Kerrick Alumbaugh
-
- ▶ Missouri Boards & Commissions Page:
 - ▶ <https://boards.mo.gov/UserPages/Board.aspx?316>

Contact

For assistance, please contact your Grant Officer

- ▶ Amelia Hentges - Grant Officer

Amelia.Hentges@dps.mo.gov

(573) 522-4094

- ▶ Becky Block - Grant Officer

Becky.Block@dps.mo.gov

(573) 522-3455

- ▶ Krystal Kelley - Grant Officer

Krystal.Kelley@dps.mo.gov

(573) 751-1318

- ▶ Michelle Branson - Program Specialist

Michelle.Branson@dps.mo.gov

(573) 526-1928

- ▶ Joni McCarter - Program Manager

Joni.McCarter@dps.mo.gov

(573) 522-9020