



Grant Management and Implementation Workshop

Crime Victim Services Division

Department of Crime Victim Assistance Grants

Victims of Crime Act (VOCA)

Violence Against Women Act (VAWA) and
State Victims Assistance Program (SVAP)

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Special Conditions/Grant Terms and Conditions

- A signed grant award is a contract that means the agency agrees to comply with all of the Special Conditions as well as the Grant Terms and Conditions previously certified in your application. You will need to review and fulfill these Special Conditions and Grants Terms and Conditions.
- Note: Many items that were previously Special Conditions were moved to Terms and Conditions.
- Special Conditions documents are to be uploaded to the Post Award Attachments section on the AGO Grants Home Page.
- Refer to the Financial Guidelines previously provided and available on the AGO Grants Support Tab. Note this does not replace internal agency policies. The stricter policy applies.
- Support Tab link for AGO Grants: <http://www.scag.gov/crime-victims-grants-help-desk>.

Victim Service Provider Certification

- As required by state law, all non-exempt VOCA, VAWA, and SVAP funded staff are required to be certified Victim Service Providers.
- New hires must be certified within one year from the date of hire.

Progress Reports

VOCA

- Progress Reports must be submitted through PMT site, which is administered by the Office of Justice Programs.
- PMT contacts must be updated when there are staff changes.
<https://ojpsso.ojp.gov>
- Reports are due once per quarter.
- Questions are data based. For any information that does not fit a particular prompt include under “Additional Comments”.

Progress Reports

VOCA

- 1st QUARTER - October 1 through December 31
(Due Date - January 15)
- 2nd QUARTER - January 1 through March 31
(Due Date - April 15)
- 3rd QUARTER - April 1 through June 30
(Due Date - July 15)
- 4th QUARTER - July 1 through September 30
(Due Date - October 15)

Progress Reports

VAWA

Annual MEI Report

- Covers calendar year 2021 (January-December)
- Report updates will be sent out in December
- Due to DCVAG February 15, 2022
- Technical assistance website <https://www.vawamei.org/>

Progress Reports

SVAP

- Reports due twice a year
- 1st Report - October 1 through March 31
(Due Date - May 1)
- 2nd Report - April 1 through September 30
(Due Date - November 1)

Site Monitoring

- Periodically, programmatic and/or financial staff will conduct an on-site monitoring visit with your agency.
- Our goal is to site-monitor each project at least once per project period.
- On-site monitoring is currently on hold due to the pandemic, we will continue reaching out to agencies virtually to monitor projects.

Match

- In-kind match has been waived for VOCA and SVAP for 2021/2022.
- For this grant cycle volunteer hours are **not required** on RFPs. Agencies must retain logs for internal records.
- All agencies utilizing cash match are still required to provide match for RFPs.
- VAWA will continue to have normal match requirements as OVW is currently not providing waivers.

Managing Contacts for Subgrantees

- The Project Director for each agency is responsible for maintaining the contact list for their agency within AGO Grants portal. Contacts include: Project Director, official Authorized to Sign, and Financial Officer, anyone funded by the grant, or volunteers.
- Officer positions: There can only be one Project Director, one official Authorized to Sign, and one Financial Officer per grant. An individual can only hold one officer position at a time for the agency account.
- Review (correct if necessary) all agency contacts, prior to the start of the grant year. Keeping your contacts current will allow the DCVAG staff to work your requests promptly.
- When a contact needs to be added or updated, it must be done in AGO Grants.



ALAN WILSON

SOUTH CAROLINA ATTORNEY GENERAL

The Department of Crime Victim Assistance Grants Portal

Crime Victim Assistance Grants

1. From the Home Page navigate to Agency Contacts Section.
2. Select the Create Button.

Agency Contacts

[+ Create](#)**Agency Contact Role** ↑**Full Name** ↑**WebRole****Email****Office Phone**

Assigned Point of Contact

AOR Test Access to Own Records

Agency Grant
Manager

nancyk@infostrat.com



Agency Contacts

[+ Create](#)

Agency Contact Role ↑	Full Name ↑	WebRole	Email	Office Phone
Assigned Point of Contact	AOR Test Access to Own Records	Agency Grant Manager	nancyk@infostrat.com	
Assigned Point of Contact	ARO Test Agency Read Only	Agency User Read-Only	nancyk@infostrat.com	

[Edit](#)
[Deactivate](#)

To edit an existing contact

1. Click on the arrow.
2. Select Edit.

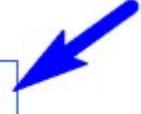
Summary

Contact Role



- Unknown
- Not Applicable
- Project Director
- Financial Officer
- Authorized to Sign
- Assigned Point of Contact
- Agency Funded Staff
- Agency In Kind Staff
- Agency Volunteer
- For Communications Purposes Only

Web Role *

Agency Grant Manager 

Web Roles

1. Click on the looking glass below Web Role to adjust user permissions.

Note: If a user will be submitting any applications or Requests For Payment they should be an Agency Grant Manager.

*If an individual has left the agency they should be changed to No Portal Access. **Do not deactivate the contact.**

LOOKUP RECORDS

✓ Name ↑	Website	Default ↑
<input type="checkbox"/> No Portal Access	Customer Self-Service	No
<input type="checkbox"/> Paul Khelli	Customer Self-Service	No
<input type="checkbox"/> Sheila Hoffman	Customer Self-Service	No
<input type="checkbox"/> Agency Grant Manager	Customer Self-Service	
<input type="checkbox"/> Agency User – Access to User Owned Records	Customer Self-Service	
<input type="checkbox"/> Agency User Read-Only	Customer Self-Service	



Budget Revisions



Budget Revisions

- Each grant is allowed 2 revisions after the initial modification.
- Before you begin a revision reach out to DCVAG staff to make sure the revision is required and allowable.

Common Reasons for Revisions

- Adding a new line item to the grant budget.
- Changing the quantity of an already-approved item in the grant.
- A major budget category will be exceeded by more than 10%.
- Budget Narrative needs to be expanded or corrected.

NEW Retroactive Revision Policy

- Subgrantees may request reimbursement for expenses prior to the approval dates of revisions in some circumstances.
 - i.e.: Agency did not include FICA in original grant due to oversight.
- Requests cannot include payroll expenses for employees not initially listed on the grant or items/services where supplanting could occur.
- Approval of retroactive revisions is on a case by case basis. All revisions that do not request retroactive reimbursement will be reimbursed based on the approval date of the revision.

Creating a Revision

ALAN WILSON
SOUTH CAROLINA ATTORNEY GENERAL

The Department of Crime Victim Assistance Grants Portal

Crime Victim Assistance Grants

Agency Name *	Primary Contact	Main Phone	Website
DEV *TEST Stark Industries	SA DEV TEST	1-803-555-1212	https://www.scag.gov

Grants & Applications

To Create a new Application, click on the "Create" button at the top of the grid.

To Revise an Application you've already submitted, go to the dropdown at the far right of the row that lists the Application you are concerned with, then click "Revise a Submitted Application". Fill out the subsequent pages, then return to the grid to edit the application by clicking on the "Edit" selection in the dropdown.

[Create](#)

Submission Status ↓	Grant Number	App Number	Project Title	Grant Program	Grant Year	Project Director	Amount Approved	
Draft	1V18005	AV18026	Sexual Violence Services	VOCA (Program) Victims of Crime Act	2018/2019	Mary DEV TEST	\$1,906,776.00	▼
Draft			**Baker Test**	VAWA (Program) S.T.O.P. Violence Against Women	2018/2019	Kenneth DEV TEST		▼
Draft	gxyz1234	xyz12345	*xyz12345 Test	VOCA (Program) Victims of Crime Act	2018/2019	*Andrew DEV TEST		▼
Draft			*One last test	VAWA (Program) S.T.O.P.	2018/2019	AGA DEV TEST		▼

1. Navigate to Grants and Applications section on the Home Page.
2. Select the grant that you wish to revise. Grant Number, Version and Application Number are displayed on the grid.

Create and Editing Budget Revision

Grant Number	Version Number	App Number ↑	Project Title	Submission Status	Grant Program	Grant Year	Project Director	Amount Approved	Amount Requested	Modified On ↑	
UNKNOWN	Original	UNKNOWN	*Test JT*	Awarded	SVAP (Program) State Victims Assistance Program	2018/2019	*Test Test Project Director			6/18/2019 3:40 PM	▼ View Details Request Revision To Application.

Grant Number	Version Number	App Number ↓	Project Title	Submission Status	Grant Program	Grant Year	Project Director	Amount Approved	Amount Requested	Modified On	
R003		AW21020	Test 1 April 10th	Revision	SVAP (Program) State Victims Assistance Program	2020/2021	Joe Corey			8/14/2020 11:56 AM	▼ View Details Edit this version Edit Edit
	Original	AW21019	Test SVAP 3	Submitted	SVAP (Program) State Victims	2020/2021	Joe Corey			8/18/2020 11:39 AM	▼

1. Locate the grant to be revised, click Request Revision to Application.
2. Select Edit this Version.

- Note: You may have to refresh your browser several times. Once the Submission Status has changed to Revision you are now able to edit.

Navigating Budget Revisions

Section Navigation ▾

- AGO Grants
- Request Revision
- Required Fields
- Versions
- Counties Served by this Project
- Grant Information
- Budget Description
- Acceptance of Audit Requirements
- Organization Description
- Interagency Coordination
- Volunteer Coordination
- Problem Definition
- Project Description
- Objectives and Performance
- Project Assessment and Evaluation
- Project Continuation
- Sources of Income
- Grant Terms and Conditions
- Attachments and Notes
- Grant Certifications
- Home

Section Navigation ▾

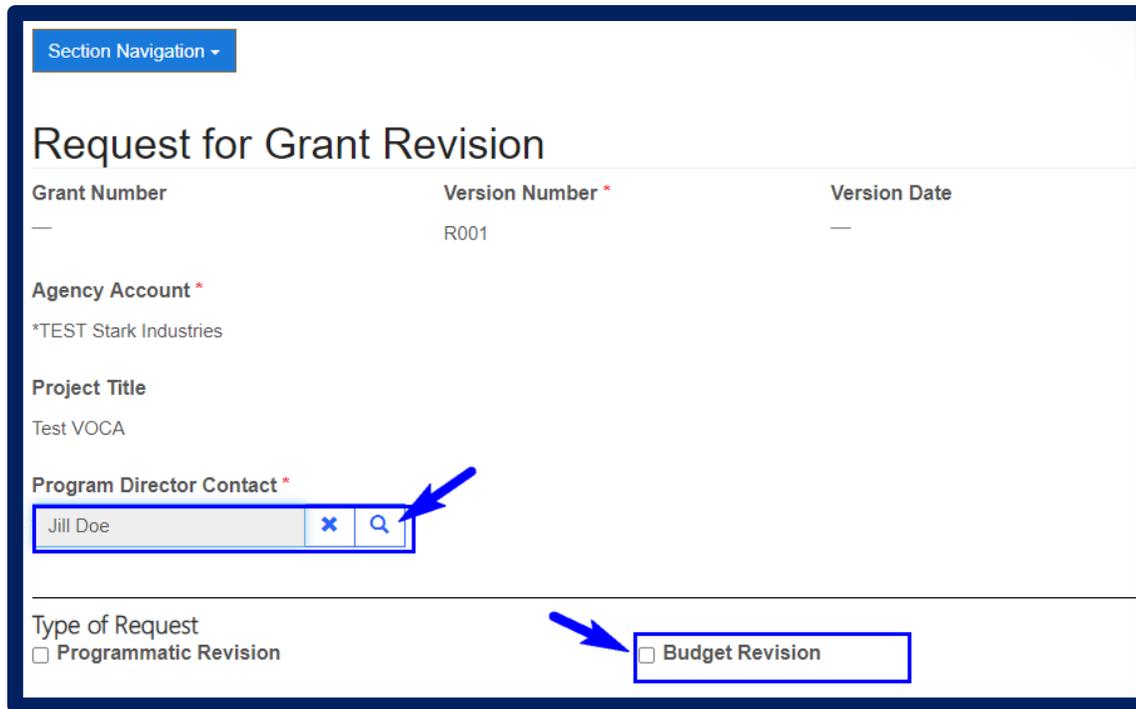
State Funding Agency (SFA) Use Only

Version Number *	Grant Number	App Number
R001	—	AV20013
Project Title		
Test VOCA		
Amount Approved	Amount Requested	Status Reason
—	—	Under Revision

Save

- Note: users can navigate to specific screens by using the Section Navigation drop down on the upper left side of the screen.
- Click the save button on the lower left to save your work and move to the next screen.

Request for Revision



The screenshot shows a web form titled "Request for Grant Revision". At the top left, there is a "Section Navigation" dropdown menu. The form fields are as follows:

- Grant Number:** —
- Version Number *:** R001
- Version Date:** —
- Agency Account *:** *TEST Stark Industries
- Project Title:** Test VOCA
- Program Director Contact *:** A search box containing "Jill Doe" with a search icon and a close icon. A blue arrow points to the search icon.
- Type of Request:** A section with two radio buttons: Programmatic Revision and Budget Revision. A blue arrow points to the "Budget Revision" radio button.

- Navigate to the Request for Revision tab.
1. Select (check) Budget Revision box only.
 2. Scroll down page to Request for Budget and/or Programmatic Revision.
 3. Program Director Contact is required.

Request for Revision

2. REQUEST FOR BUDGET AND/OR PROGRAMMATIC REVISION

Approved Personnel	Requested Personnel Amount*	Personnel Difference
\$ 75,481.00	\$ 74000	(\$81)
Approved Contractual Services	Requested Contractual Services	Contractual Difference
\$ 5,040.00	\$ 05040	(\$5,040)
Approved Travel	Requested Travel	Travel Difference
\$ 2,828.00	\$ 2828	(\$2,828)
Approved Equipment	Requested Equipment	Equipment Difference
\$ 0.00	\$ 481	\$0
Approved Other	Requested Other	Other Difference
\$ 3,340.00	\$ 03340	(\$3,340)
Approved Total	Requested Total	Total Difference
—	\$75,400	—

Justification for Requested Revision

This is where I enter my Justification for Requested Revisions. They go here.

- The left column will be auto populated with previous Approved Balances from the original grant or previous revision.
- Complete middle column to indicate new desired category totals.
- Enter all fields even if no change.

Section 2 – Request for Budget and/or Programmatic Revision

Column 1 should populate automatically. Double check to ensure this matches the current approved budget.

When entering in column 2 for requested amounts, make sure the new requested amounts per category are entered, even if there are no changes to the dollar amounts. For example, if the approved grantor personnel is \$45,000 and there are no requested changes then the amount requested would still be \$45,000.

Keep in mind that employer contributions are pulled into the personnel category total.

Request For Revision

Justification for Requested Revision

Print Document

- Always complete the Justification for Requested Revision box.
- Be specific about what Budget Line Items you will be editing and by how much. This allows us to review and approve your revision promptly.

Example:

Revision 001 –

Reducing Mileage by \$2000

Reducing Per Diem by \$500

Increasing Therapy Supplies by \$1500

Increasing Cell Phones by \$1000

Updating Narrative for Office Supplies

Budget Revision Certifications

Project Director

Project Director Contact *

Joe **TEST

Project Director Typed Name

Joe Test

Save

1. Verify the Project Director.
2. Save.

Budget Line Item Revisions

Budget Description

Instructions
Explain exactly how each item in your budget, both grantor and match, will be utilized.

Personnel Salaries and Matching Funds

[+ Create](#)

Budget Line Item Name ↑	Budget Line Item Category	Personnel Salaries Grantor Total	Personnel Salaries In-Kind Total	Personnel Salaries Cash Total	Personnel Salaries Total	Personnel Salaries Total Totals	Budget Category and Matching Funds	Budget Line Item Narrative	
Assistant	Personnel	\$45,000	\$0	\$0	\$45,000		Test VOCA	a	⌵
Salary	Personnel	\$100	\$0	\$0	\$100		Test VOCA	test	<ul style="list-style-type: none"> View Details <li style="border: 1px solid blue;">Edit Delete

1. Navigate to the Budget Description Section.
2. Locate the budget line item you need to edit.
3. Select Edit.

Budget Revisions

Budget Line Item Details

Budget Line Item Title - Matching Funds and Categories

Budget Line Item Category

Personnel

Budget Line Item Name *

Assistant

Budget Line Item Narrative

The town will hire a victim advocate within 30 days of the award. This VA will provide trauma-focused

Personnel Salaries (by Position)

Personnel Title	% of Time	Hours/Pay Period
Assistant	100	200
Personnel Salaries Grantor Total	Personnel Salaries Cash Total	Personnel Salaries In-Kind Total
\$ 41,200	\$ 10,300	\$ 0
		Personnel Salaries Total
		\$45,000

Submit



- Navigate through the form and update as needed.
1. Make changes.
 2. Submit.

Budget Revisions

Budget Line Item Details

Budget Line Item Title - Matching Funds and Categories

Budget Line Item Category

Personnel

Budget Line Item Name *

Assistant

Budget Line Item Narrative

The town will hire a victim advocate within 30 days of the award. This VA will provide trauma-focused

Personnel Salaries (by Position)

Personnel Title	% of Time	Hours/Pay Period
Assistant	100	200

Personnel Salaries Grantor Total	Personnel Salaries Cash Total	Personnel Salaries In-Kind Total	Personnel Salaries Total
\$ 41,200	\$ 10,300	\$ 0	\$45,000

Submit



Budget Narrative Expansion:

For expanding or editing the budget narrative for already approved line items, the agency should clearly explain which new items are being added:

Example: Therapy Supplies

Revision 001 – Adding stress balls, workbooks, sand therapy, and art therapy supplies.

Budget Revisions

Editing or Adding Line Items

- NOTE: Do not remove line items or the narrative for items that the agency has already purchased and has received reimbursement.

Budget Revision Submission

Section Navigation ▾

- AGO Grants
- Request Revision
- Required Fields
- Versions
- Counties Served by this Project
- Grant Information
- Budget Description
- Acceptance of Audit Requirements
- Organization Description
- Interagency Coordination
- Volunteer Coordination
- Problem Definition
- Project Description
- Objectives and Performance
- Project Assessment and Evaluation
- Project Continuation
- Sources of Income
- Grant Terms and Conditions
- Attachments and Notes
- Grant Certifications
- Home

Grant Certifications

Agency Account *
*TEST Stark Industries

Grant Number
—

Certification by Project Director

Project Director *
Joe Corey [x] [Q]

Project Director Typed Name * Certification Date Project Director *
Joe Corey 2/13/2020 [calendar]

Certification by Financial Officer

Financial Officer Contact *
Emily Merritt [x] [Q]

Financial Officer Typed Name * Certification Date Financial Officer *
Emily Merritt 1/29/2020 [calendar]

Certification by Authorized to Sign

Authorized to Sign Contact *
John *TEST Doe [x] [Q]

Authorized to Sign Typed Name * Certification Date Authorized to Sign *
Joe *Test Doe| 2/13/2020 [calendar]

Submit for Review
 SUBMIT FOR REVIEW? (Select "Yes", then click the BLUE SAVE BUTTON below)

Save

Confirm Request for Grant Extension and/or Revision has been completed and certified.

1. Go to Section Navigation.
2. Select Grant Certification.
3. Verify all information is complete and accurate.
4. Select "Submit For Review".
5. Save.

Note: Revision will be marked as submitted and moved to read-only status.

Budget Revisions


ALAN WILSON
SOUTH CAROLINA ATTORNEY GENERAL

The Department of Crime Victim Assistance Grants Portal

Crime Victim Assistance Grants

Agency Name *	Primary Contact	Main Phone	Website
*TEST Stark Industries	Paul Khelli	212 867 5309	https://www.notreallyreal.com

Grants & Applications

Grant Number	Version Number	App Number ↑	Project Title	Submission Status	Grant Program	Grant Year	Project Director	Amount Approved	Amount Requested	Modified On ↑	
R002		AV20013	Test VOCA	Revision	VOCA (Program) Victims of Crime Act	2020/2021	Joe Corey			8/20/2020 1:21 PM	▼
R002		AK10070	PK Test	Revision	VAWA (Program) S.T.O.P. Violence Against Women	2020/2021	Joe Corey			8/20/2020 10:11 AM	▼
R001		AW21019	Test SVAP 3	Revision	SVAP (Program) State Victims Assistance Program	2020/2021	Joe Corey			8/20/2020 10:03 AM	▼
Original		AW21002	VOCA Test January 31st 2020	Draft	VOCA (Program) Victims of Crime Act	2020/2021				8/18/2020 2:13 PM	▼

< **1** 2 3 4 5 6 >

Requests For Payment

+ Create

- When a Revision is submitted, you will be directed back to the AGO Grants portal Home page.

Request for Payment (RFP)

A decorative graphic consisting of several horizontal lines in shades of teal and white, extending across the width of the slide below the title.

DOJ Financial Guide

- Financial Guidelines are a summary of Federal and State guidelines and do not replace internal agency policies. The stricter policy applies.
- Grant funds must be obligated for expenses that occur during the grant period.
(October 1, 2021 – September 30, 2022)
- The costs and activities in the grant must be allowable, necessary, and reasonable.
- All items in the RFP must be in the pre-approved grant budget. New items will require a pre-approval and a budget revision. **RFPs will not be processed until the revision has been approved.**
- All products or services must be **received by September 30th** to claim reimbursement on your final RFP.

NEW Multi-Grant Year Payment Policy

- Continuation grants may request reimbursement for annual payments that run on an alternate schedule from the grant cycle that crosses grant years.
 - Example: Annual taxes that run on a January – December schedule – alternate schedule crossing 2 grant years.
- This does not include regular monthly expenses, such as payroll or supplies/services, that can be reasonably paid in full upon receipt.
- Costs must be allowable and approved within the grant budget category. Review your prior annual expenses as reimbursement for annual payments on an alternate schedule must be requested in the original award or during the initial revision period.

RFP Submissions

- Due either monthly or quarterly.
- Agencies should not submit more frequently than monthly or less frequently than quarterly.

Monthly

- Monthly RFP Due Dates
 - RFP 1* - December 15
 - RFP 2 - January 15
 - RFP 3 - February 15
 - RFP 4 – March 15
 - RFP 5 – April 15
 - RFP 6 – May 15
 - RFP 7* – June 15
 - RFP 8* – July 15
 - RFP 9 – August 15
 - RFP 10 – September 15
 - RFP 11 – October 15
 - RFP 12* – November 15

*Pro-rated RFPs:

Monthly RFP 1, 7, 8, 12

Quarterly

- RFP Quarterly Due Dates:
 - RFP 1* (10/1-12/31) - February 15
 - RFP 2 (1/1-3/31) – May 15
 - RFP 3* (4/1-6/30) – August 15
 - RFP 4* (7/1-9/30) – November 15

*Pro-rated RFPs:

Quarterly RFP 1, 3, 4

****Failure to submit RFPs and required backup documentation in a timely fashion may result in corrective action leading to an elevated risk status placement for the agency.**

RFP - General Information

Attachments:

- Upload all documents under respective fields in Budget Expenditures.
- Each document must have the appropriate signatures to be "Certified."

Certifications:

- Only final RFP Certification by Project Director and Submitter are required.

Supplies:

- Approved items have been included in the Financial Guidelines "Supplies List" previously provided.
- If an agency is requesting any item not on the list, they must include it on their narrative.

Travel:

- Individual daily details must still be submitted on the backup documentation; however, portal submissions may be collapsed to start and end dates of the total trip.

Shared Costs

Only items that are related to the grant funded staff should be charged to the grant.

- Rent and Utilities: Grant-funded personnel can receive a maximum of 150 sq. ft.
- Rent for multiple locations is allowable.
 - Only a total of 150 sq. ft. will be allowed for each grant funded personnel across all locations.
 - Utilities such as water, sewer, electricity, and gas will be reimbursed at rental percentage.
- How to calculate rent?
 - Example: The agency has 6 FTEs. The total square footage of the building is 3,500 and the monthly rent amount is \$2,300.
 - $6 \times 150 = 900$
 - $900 / 3,500 = 25.7\% \text{ or } 26\%$
 - $\$2,300 \times 26\% = \598

cont'd

Shared Costs

- Expenses used by the agency and the grant funded personnel. These costs are reimbursed based on total FTE and grant-funded FTE.
 - Example: Agency has 100 FTEs who use a copier that costs \$1,000. Of the 100 FTEs, 15 are fully funded by the grant.

$15 \text{ Fully grant-funded FTEs} / 100 \text{ Total agency FTEs} = 15\%$

$\$1,000 * 15\% = \$150 \text{ reimbursable amount}$

cont'd

Shared Costs

- Keep in mind grant funded employees at less than 100% are counted as less than 1 FTE in the calculation of shared costs.
 - Example:

An agency with 4 fully grant-funded FTEs and 1 50% grant-funded FTE would have a total of 4.5 FTEs for the purposes of calculating shared costs.
- If there is turnover during the grant year leaving some positions unfilled the shared cost percentage does not need to be adjusted as long as the space or other shared cost is still being using by the grant.

Travel – Per Diem

- Travel costs must be consistent with your agency's policies and procedures. In the absence of policies, or if state policy is more restrictive, you must follow state policy.

Per Diem: Follow your policy, up to SC limits.

Meals	In State	Out of State
Breakfast	\$8	\$10
Lunch	\$10	\$15
Dinner	\$17	\$25
Per Day limit	\$35	\$50

Travel – Meals and Lodging

- All conference attendees must ensure that any provided meal at a conference is deducted from their claimed per diem. For example, if lunch is provided, the recipient must deduct the value of the lunch from the amount of per diem claimed (based on state allowable amount).
- For reimbursement, agency must submit an itemized invoice/bill from the hotel. It should show the person's name and the daily rate charged.
- If staff are sharing a room you must write both names on invoice and explain that they shared the room.
- If more than one room is reserved in the same person's name you must write on the invoice who actually stayed in each room.

cont'd

Travel - Meals and Lodging

- Follow your policy, up to SC allowable limits, which are controlled by the General Services Administration (GSA) rate.
- Verify lodging rates on the GSA website at <http://www.gsa.gov>
- Note: rates vary by location and season. If your location is not listed, check for and use the default rate.

Travel - Mileage

- Follow your agency's policy, up to current allowable rate. SC follows posted IRS rate ruling through the SC Comptroller General.
- Current rate is \$0.56, new mileage rates will be released January 1st.
- Complete travel support document for reimbursement, which must include origin address, destination address, total miles and the purpose of the trip.
- In the event that confidentiality needs to be maintained, a landmark within a 5 mile radius can be used in place for actual address.

Cont'd

Travel - Mileage

- For vehicles purchased with VOCA funds, mileage logs must be completed and submitted every quarter for the life of the vehicle, and include the name of the driver as well as the other fields on the regular mileage forms. The vehicle must be used exclusively and solely for the provision of direct services to victims of violent crime. Logs can be submitted to jcorey@scag.gov.
- Mileage between an employees home and his/her place of employment is not subject to reimbursement. However, when an employee leaves on a business trip directly from his/her home, and does not go by the employees headquarters, the employee shall be eligible for reimbursement for actual mileage beginning at his/her residence.

NEW Overlapping Grant Year Travel Policy

- Occasionally subrecipients may attend a training event that crosses grant years, because they occur during the last week of September *and* first week of October. In these cases, subrecipients must submit 2 training requests, but may request full registration reimbursement in their first request.
 - Example: Training takes place 9/28/21 – 10/1/21
 - ❖ Training Request 1 (current grant) = full reimbursement of registration cost plus associated travel costs through 9/30 (reimbursed in final RFP)
 - ❖ Training Request 2 (subsequent grant) = associated travel costs on 10/1 (reimbursed in RFP 1)
- Costs must be allowable and approved within the grant budget categories of both grants.

Create Request for Payment

Requests For Payment



Submission Status	Request for Payment Number	Name ↑	Created On	Approved Amt:	Total Total	Total To Date Total	
Draft	RFP2019000488		2/1/2019 9:52 AM		\$0	\$0	▼
Draft	RFP2019000508		2/6/2019 9:06 PM		\$0	\$0	▼
Draft	RFP2019000509		2/6/2019 9:54 PM		\$0	\$0	▼

Request for Payment

Please press Create Record to continue.



1. Account.
Log into Agency.
2. Scroll down to the Requests For Payment Section.
3. Click Create in order to start working on a new RFP.
4. Save.

Section Navigation ▾

General Information
RFP Expenditures
Total Costs
Supplementary Documents
Attachments and Notes
Certifications
Home

1. General Information

Request for Payment Number

RFP202103,942

RFP Name

—

Grant Name *

Grant Type

Reimbursable ▾

Grant Number

RFP Month

Grant Ending Period

September 30, 2022

County Served

Reporting Cycle

Monthly ▾

Payment Type

Reporting Period Starting

Reporting Period Ending

Submission Status

Draft

Reviewer Comments

 Save

1. Complete all fields in the General Information section.
2. Save.

Note:

- From the Section Navigation bar you can navigate to the different sections.
- *Reporting Periods in the portal are now in the correct order.*
- Input exact Reporting Period Starting and Ending dates and not the payroll period dates.

Budget Expenditures - Requirements

Section Navigation ▾

2. Budget Expenditures

Create

Budget Category ↑	Grantor Amount	Agency Match	Period Total	Grantor To Date	Agency Match To Date	Totals to Date	Created On ↑
-------------------	----------------	--------------	--------------	-----------------	----------------------	----------------	--------------

There are no records to display.

- An Agency should create a budget expenditure entry for each category when requesting reimbursement. The request must be on the approved category and line items in the grant. (Personnel, Contractual, Travel, Equipment, and Other).

Budget Category Expenditures

CREATE AN EXPENDITURE

*Please itemize budget details for Personnel, Equipme
Other

Budget Category
Budget Category *

1. Personnel*

Expenditures this Period

Grantor Amount	Agency Match	Period Total
10,000.00	20000	—

Total Expenditures to Date

Grantor To Date

Agency To Date

Notes and Comments

Attach a File

Choose Files No file chosen

Save

- Agency must enter current grantor and agency match amount. (**Leave Grant To Date and Agency Match to Date fields blank.**)
- Ensure all attachments have been uploaded prior to submitting.
- All backup documentation should be attached as a **single PDF** under the corresponding section. Personnel backup documents should be under the Personnel Budget Expenditure section. All Travel backup should be attached under the Travel Budget Expenditure etc.

Request For Payment - Total Costs

Request for Payment

Total Costs

Section Navigation ▾

3. Total Costs

Expenditures this Period

Grantor Amount - Period	Agency Amount - Period	Total Total
\$0.00	\$0.00	\$0.00

Total Expenditures

Grantor Amount	Agency Amount	Total To Date Total
\$0.00	\$0.00	\$0.00

[Save](#)

1. Once the agency has entered all Budget Category Expenditures and reviewed the total costs of the RFP.
2. Save.

4. Supplementary Documents

Summary Statements of Personnel Services

[+ Create](#)

Submission Status ↑	Agency Name ↑	Employee Name	Job Title	Hours Worked on Project	Grantor Salary and Fringe – Charged to Project	Match Salary and Fringe – Charged to Project
---------------------	---------------	---------------	-----------	-------------------------	--	--

There are no records to display.

Grantor Salary and Fringe – Charged to Project	Match Salary and Fringe – Charged to Project
—	—

Travel Support Documents

[+ Create](#)

Submission Status ↑	Date Submitted ↑	Conference Name	Staff Member Name	Grantor Amount	Cash Match	Grand Total	Created On
---------------------	------------------	-----------------	-------------------	----------------	------------	-------------	------------

Summary Documents Section

Each funded position requires an individual Summary Statement.

Volunteer Hour Logs

[+ Create](#)

Submission Status	Log Number ↑	Total Eligible Match	Total Hours	Created On
-------------------	--------------	----------------------	-------------	------------

There are no records to display.

Mileage Support Documents

[+ Create](#)

Submission Status	Grant Year	Month	Funded Position (Employee)	Total Miles	Rate Per Mile	Mileage Total Cost	Name ↑	Supervisor
-------------------	------------	-------	----------------------------	-------------	---------------	--------------------	--------	------------

There are no records to display.

[Save](#)

Supplemental – Summary Statement

Statement Number —	Agency Name *TEST Stark Industries  
Dates Worked From 8/1/2020 	Dates Worked To 8/31/2020 
Payroll Frequency Monthly 	
<hr/> 	

ONE EMPLOYEE PER FORM and EMPLOYEE MUST SIGN

RFP Number

RFP - UNKNOWN - 1/1/2019

Submission Status

Draft

Grant Name

Test JT

Employee Name

Jill Doe

Job Title (Grant Page 2)

Volunteer Coordinator

Hours Worked on Project

160

Total Hours Worked

160

% Hours Worked

—

Base Salary for Covered Period

2500

Base Salary Fringe Benefits

1200

Total Salary and Fringe Benefits

—

Grantor Salary and Fringe – Charged to Project

3700

Match Salary and Fringe – Charged to Project

0

- Job Title and Name must match on the following:
 - Approved Grant Budget
 - Notification of Hire (NOH)
 - RFP
 - Backup documentation for each RFP
- Hours worked on Project vs Total Hours Worked must not exceed the approved allocation percentage.
- For hourly employees ensure your current NOH for each employee lists the **maximum** number of hours per week the employee will work and not the estimated average per week. We cannot reimburse hours above the maximum number recorded on the NOH.

Fringe Benefits Breakdown	
FICA %	FICA Amount
.765	191
Retirement %	Retirement Amount
15	375
Workers Compensation %	Workers Compensation Amount
2	50
Unemployment %	Unemployment Amount
5	125
Health %	Health Amount
1	20
Dental %	Dental Amount
1	20
Preretirement Death Benefit %	Pre Retirement Death Benefit Amount
0	0
Accidental Death Benefit (LE) %	Accidental Death Benefit Amount
0	0

- Fringe benefits must match the backup documentation.
- Enter Fringe Benefit amount, ensuring it does not exceed employees approved benefit percentage.

Other (Detailed Below)	
Long-term Disability %	Long-term Disability Amount
<input type="text" value="0"/>	<input type="text" value="0"/>
Short-term Disability %	Short-term Disability Amount
<input type="text" value="0"/>	<input type="text" value="0"/>
Other %	Other Amount
<input type="text" value="0"/>	<input type="text" value="0"/>
Vision %	Vision Amount
<input type="text" value="0"/>	<input type="text" value="0"/>
<hr/>	
Total Other	
Total Other %	Total Other Amount
—	—
<hr/>	
Please Attach Supporting Documentation Here	
<div style="border: 1px solid #ccc; padding: 5px; background-color: #f0f0f0;">There are no notes to display.</div>	
<input type="button" value="Save"/>	

- Agency policies must be on file in order to be reimbursed i.e. workers compensation, and unemployment rate.

Certification

Total Fringe - This Amount Should Match Base Salary Fringe

Total Fringe Benefits %	Total Fringe Benefits Amount
24.7650	\$781.00

Employee Certification

Employee Typed Name	Date Signed
<input type="text" value="Jill Doe"/>	<input type="text" value="8/21/2020"/>
Employee Name	Submission Status
Jill Doe	<input type="text" value="Submitted"/>
Ready to Submit?	
<input type="radio"/> No <input checked="" type="radio"/> Yes	

- Individual certifications are no longer needed in the system. These fields may be omitted.
- Ensure backup documentation has signatures before uploading the attachment.
 - ❖ *If Employee and Supervisor cannot sign the same document, an email from the missing person can be attached for certification.*
 - ❖ *E-Signature with a date stamp is allowed.*
- Ensure information provided is correct before submitting.

Mileage Support Documents

Mileage Support Documents

 Create

Submission Status	Grant Year	Month	Funded Position (Employee)	Total Miles	Rate Per Mile	Mileage Total Cost
-------------------	------------	-------	----------------------------	-------------	---------------	--------------------

Mileage Details

Agency Name
*TEST Stark Industries

Funded Position (Employee)

Reporting Periods *
August

Reporting Periods
Monthly

Attachments Notes

 Save

1. Select Create.
2. Enter Funded Position and Brief Description.
3. Save.

Section Navigation ▾

RFP Detail Budget Detail Category Travel

Funded Position (Employee)

Jill Doe

Document Number

MSD202004,638

Supervisor

Bob Smith

Submission Status

Draft

Mileage Detailed Support Line Items

*Grid Mileage Support Line Items ▾

Line Number	Date ↑	Purpose of Trip in Detail	Total Daily Mileage	Created On ↑
-------------	--------	---------------------------	---------------------	--------------

1. Enter Funded Position and Supervisor.
2. Select Create.

RFP Detail Budget Detail Category Travel

Funded Position (Employee)

Jill Doe



Document Number

MSD202004,640

Supervisor

Bob Smith



Submission Status

Draft

Mileage Detailed Support Line Items

*Grid Mileage Support Line Items

Create

Line Number	Date ↑	Purpose of Trip in Detail	Total Daily Mileage	Created On ↑
-------------	--------	---------------------------	---------------------	--------------

Name (Funded Position)

Jill Doe



Purpose of Trip in Detail



Date



Origin



Destination



Beginning Odometer

0

Ending Odometer

150010

Total Daily Mileage

One Mileage submission must be entered per employee for the RFP period.

Example: January Mileage for Jill Doe.

- Start Odometer always at Zero.
- Ending Odometer will be the total number of miles on the employees mileage log (backup documentation).

Certification

Total Miles
0

Rate Per Mile
.585

Total Amount
—

I certify or affirm.....

Employee Typed Name 

Funded Position (Employee) 

Date Signed by Employee 

Origin must be work related. Home is not allowable as an origin point.
Certification: I certify....

Supervisor Typed Name 

Supervisor
*Test Test Authorized to Sign  

Date Signed by Supervisor 

Ready to Submit?
 No Yes

Submission Status
Submitted

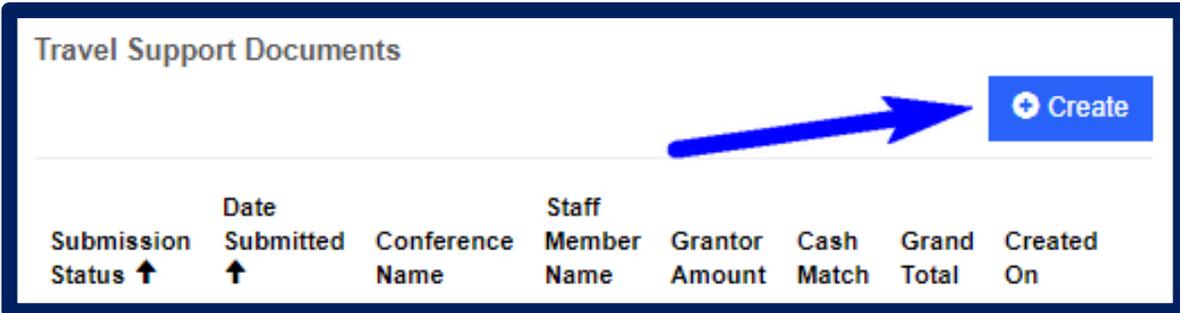
Submit

1. Rate per mile must be entered.
2. Certification is not needed.
3. Backup documentation must have employee and supervisor signature.

Travel Support Supplementary Document

To enter a travel support document for approved training complete the steps below:

1. Click Create.
2. Entry must include the start and end of the conference.
3. Backup documentation should include the following per day of travel.
 - Departure Location/Time.
 - Arrival Location/Time.
 - Daily expenses for each day of travel (to include baggage, parking, daily hotel lodging with applicable taxes, ground transportation, tolls).
 - For required receipts, follow your agency policy if stricter.



Travel Support Documents

Create

Submission Status ↑	Date Submitted ↑	Conference Name	Staff Member Name	Grantor Amount	Cash Match	Grand Total	Created On
---------------------	------------------	-----------------	-------------------	----------------	------------	-------------	------------

Travel Support Document

RFP Detail Budget Category Travel

One Travel Document Per Staff Member

Document Number
—

Agency *
*TEST Stark Industries

*Grant Number
PK Test

RFP Number

Conference Name *
Therapy Training

Staff Member Name
Jill Doe

Save

1. Enter correct data into each field: Grant Number, Conference Name, Grant Funded Employee Name.
2. Save.

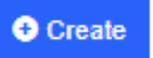
Portal will then display the travel detailed line items entry screen.

Travel Detailed Line Items

Meals and Subsistence are Reportable as Income if There was no Overnight Stay Involved

CVAG Travel Support Document Line Items (Travel Support Line Items)

*Grid Travel Support Document Line Items

 Create



Line Number	Travel Support Line Item Description	Agency	Line Item Total	Meals Per Diem	Lodging Use GSA Rate	Airfare	Other Transportation	Misc Travel Expen
-------------	--------------------------------------	--------	-----------------	----------------	----------------------	---------	----------------------	-------------------

Click to Create.

Travel Detail Line Item Entry

Other: Shuttle, Taxi,
Uber, Lyft

Misc: Baggage,
Parking

Meals: Daily

Lodging: Rate plus
Daily Taxes

Travel Support Line Item Description *

Therapy Training

Line Item Total

—

Departure Date / Time

8/3/2020 9:27 AM

Departure Destination

Columbia

Arrival Date / Time

8/3/2020 11:54 AM

Destination of Travel

New Orleans, LA

Other Transportation

25

Airfare

225

Misc Travel Expense

0

Meals Per Diem

25

Lodging Use GSA Rate

199

Save

- Enter total Travel Expenses for trip.
- Multi-day trips no longer need to be broken out in the portal, but they are still required on backup documentation.
- Save.

Totals	
Total Per Diem Meals	Total Lodging Use GSA Rate
\$0.00	\$0.00
<hr/>	
Total Airfare	Total Other Transportation
\$0.00	\$0.00
Total Misc Travel Expense	Grand Total
\$0.00	\$0.00
	Grantor Amount
	<input type="text" value="100,000"/>
	Cash Match
	<input type="text" value="20,000"/>



Cumulative travel detail lines will populate once submitted.

1. Agency must enter the grantor and match amounts claimed on the RFP.
2. Save.

Agency Traveler 1

Agency Traveler 2

Agency Traveler 3

Agency Traveler 4

Agency Traveler 5

Agency Traveler 6

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim, and that this claim is true and correct in every material matter and conforms with the requirements of state laws, rules and regulations.

Typed Name

Date Submitted

Submitted By

Submission Status

Ready to Submit?

 No Yes[Submit](#)

1. Submit.
2. Entries will post to Travel Support Documents.

Travel Support Documents

[+ Create](#)

Submission Status ↑	Date Submitted ↑	Conference Name	Staff Member Name	Grantor Amount	Cash Match	Grand Total	Created On
Submitted	3/6/2019	Therapy Training	Jill Doe			\$0.00	3/7/2019 9:23 AM

Section Navigation ▾

6. Certification

I certify that this is a correct statement of project costs for the period identified above and the appropriate documentation to support these costs is attached. Additionally, all expenses claimed are made in compliance with federal, state and local statutes and regulations and are in accordance with the approved grant.

Project Director's Typed Name

Jill Doe

Certification Date:

8/21/2020

Submitted By

Bob Smith

Submission Status

Draft

Ready to submit?

No Yes

Submit



- The final Certification is the only certification field required on RFPs.
- Ensure "Ready to Submit" has been switched to "Yes".

Attachments – Backup Documentation

Payroll	<p>Itemized payroll register or employee paystubs</p> <p>Timesheets signed by supervisor and employee (handwritten or electronic signatures)</p> <p>Time and effort sheets for partially funded VOCA employees who don't spend 100% of their time working on grant</p>
Fringe	<p>Itemized payroll register showing employer portion of fringe</p> <p>Copies of fringe-related invoices and proof of payment</p> <p>Worker's Compensation current policy (on file)</p>
Travel	<p>Mileage logs with origin and destination or local landmarks listed</p> <p>Travel support document for training and other expenses outside of mileage</p> <p>Receipts required when applicable, to include: itemized lodging, parking, flights and associated costs, rental cars, tolls, etc. Additional receipts if required by agency policy (on file).</p>

Attachments – Backup Documentation

<p>Contractual</p>	<p>Approved policy/contract listing rate for service and effective dates</p> <p>A contractual budget detail page, invoices, and proof of payment</p>
<p>Equipment</p>	<p>An equipment budget detail page, invoices, and proof of payment</p> <p>For items \$10,000 to \$25,000: three written quotes are required and quotes must be reviewed and approved prior to purchase</p> <p>For items \$2,500 or above: a property control form is required</p>
<p>Other</p>	<p>An other budget detail sheet breaking down all expenses, invoices, and proof of payment</p> <p>Updated IDC Negotiated Rate Agreement</p>
<p>Rent</p>	<p>Current lease including square footage</p> <p>Periodic lease billing or proof of payment</p> <p>Sheet showing where grant funded staff are located and calculation if agency has multiple locations</p>

Attachments – Backup Documentation

- Submit all documents as one attachment per field.
 - i.e.: All personnel documents should be uploaded as 1 PDF under the “Personnel” field within the “Budget Expenditures” section.
- Additional backup documentation will be requested as needed.

We cannot process your reimbursement request for payment until ALL requested documentation is received.

De-obligation Procedures



Closing Packages

- De-obligation packages will not be mailed out this year via USPS.
- All packages will be sent via email and should be returned via the AGO Grants portal.
- Review the close-out package for any errors and contact the CVAG Financial Staff for corrections.
- If no errors, please e-sign the document or ink signature (preferably blue ink) and upload to the AGO Grants portal.
- Final RFP's not received by November 15th will be automatically de-obligated.

Upload Letters

Project Close-out Attachments

 [+ Create](#)

Name ↑	Agency Account	Grant Number	Attachment Type (Required)	Attachment Reviewed (Read-Only)	Programmatic Reporting	DCVAG Use / CRM ONLY - Programmatic Reporting	Created On
1V19000 Closeout	*TEST Stark Industries	SVAP TEST January 31st	De Obligation Budget Letter	Yes			10/9/2020 1:24 PM
1V19010 Deob	*TEST Stark Industries						
Another Test	*TEST Stark Industries						
Close out document	*TEST Stark Industries						

Attachment Name *

Agency Account *

Grant Number *

Attachment Type (Required) *

Attachment Reviewed (Read-Only) No Yes

Programmatic Reporting —

DCVAG Use / CRM ONLY - Programmatic Reporting —

Attach a File  No file chosen

- Once the Agency's official Authorized to Sign has signed the De-obligation letter, the agency needs to upload the attachment into the AGO Grants portal.
- Scroll to the bottom of the grants page, "Project Close-out Attachments"
- Click Create.
- "Attachment Name" must be the grant number & De-obligation Letter.
 - (1V190000 De-obligation Letter)
- Attach the signed letter (Blue ink, preferably).
- Submit.
- Email your Fiscal Analyst once the letter has been signed and uploaded in the system.

Questions?

A decorative horizontal line consisting of a solid teal bar on top, followed by a white bar, and then three thin, parallel teal lines on the right side.