

# The Department of Crime Victim Assistance Grants AGO Grants System

# **BUDGET REVISIONS**

### Editing an Approved Grant for Revision(s)



ALAN WILSON SOUTH CAROLINA ATTORNEY GENERAL

Crime Victim Assistance Grants

ency Name \* V \*TEST Stark Industries

**Primary Contact** 

#### 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.

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)	2018/2019	AGA DEV TEST		[

- 1. Navigate to "Grants and Applications" Section on the Home Page
- Select the Grant That You Wish to Make Revision(s). Grant Number, Version and Application Numbers are Displayed on the Grid

# Create and Edit Budget Revision

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 of grant periods **	Awarded	VOCA (Program) Victims of Crime Act	2018/2019	"Test Test Authorized to Sign			2/15/2019 1:57 PM	•
1V19999	R001	AV/18000	*Stark Project Title	Revision	VOCA (Program) Victims of Crime Act	2018/2019	*Andrew *Test Lincoln	\$89,847.00	\$1,000,000.00	2/16/2019 11:53 AM	View Details     Edit this version
1630000	Original	AK39001	Final	Awarded	VAMA	2018/2019	"Andrew	\$75,000,00	\$75 000 00	2/15/2019	<b>v</b>

#### **CREATE** a Budget Revision

- 1. After highlighting Grant to be revised, SELECT Create Revision.
- NOTE: Version Number will be set to R001 or higher. Please note that Submission Status will change from Approved to Revision
- NOTE: You may have to refresh your browser several times if the Edit option does not appear. Once the Submission Status has changed to "Revision" you are now able to Edit

**EDIT a Budget Revision** 

- Select Version Available to be Edited (Reminder: Only those marked as Revision may be edited)
- 2. SELECT Edit

# Navigating Budget Revisions

#### ALAN WILSON SOUTH CAROLINA ATTORNEY GENERAL ection Navigation AGO Grants Request for Grant Extension ency **Required Fields** alan wilson Counties Served by this Project Grant Information EY GENERAL **Budget Description** Acceptance of Audit Requirements Organization Description Interagency Coordination Volunteer Coordination Problem Definition Project Description ection Navigation State Funding Agency (SFA) Use Only **/ersion Number !** Grant Number App Number 1005 1V19999 AV18999 Project Title \* Stark Project Title Amount Approved Amount Requested Status Reason Under Revision 69.647.00 \$1,000,000,00

Versions

- NOTE: Once you have opened Version, users can navigate to specific screens by using the navigation drop down on the upper left side of the screen
- To save your work and move to the next • screen, Press the blue submit button on the lower left
- 1. SELECT Budget Description

### Request for Revision

Ħ		Version Number *	Grant Number
	2/15/2019	R001	IV19999
			Agency Account *
		¢ Q.	*TEST Stark Industries
			Project Title *
			*Stark Project Title
			Stark Project Tille
_			*Stark Project Title

- NOTE: Complete this form PRIOR to Certifying and Submitting Revision Request
- NOTE: Do not remove line items or narrative for items that the agency has already purchased and received reimbursement for
- NOTE: Do not complete request for Extension Section, this will be addressed by the programmatic team
  - 1. SELECT (check) Budget Revision box only
  - 2. Scroll down page to Section 2. Request for Budget and/or Program Revision

# Request for Revision

	oved Personnel	R PROGRAMMATIC REVISION Requested Personnel Amount *	Personnel Difference
S	75,481.00	S 74000	(\$81)
Appr	oved Contractual Services	Requested Contractual Services	Contractual Difference
S	5,040.00	\$ 05040	(\$5,040)
Appr	oved Travel	Requested Travel	Travel Difference
S	2,828.00	S 2828	(\$2,828)
Appr	oved Equipment	Requested Equipment	Equipment Difference
s	0.00	S 481	\$0
Appr	oved Other	Requested Other	Other Difference
S	3,340.00	\$ 03340	(\$3,340)
Appr	oved Total	Requested Total	Total Difference
_		\$75.400	-

- Section 2 will be auto populated with previous Approved Balances (Original Grant)
- Rows and Columns will be auto calculated once you have submitted the form
- Complete requested columns as directed by the programmatic and fiscal team instructions

Section 2 – Request for Budget and/or Programmatic Revision

When entering in column 1 for approved amounts per budget expenditure category make sure that the current approved grantor amounts are entered.

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

Please keep in mind that employer contributions are a separate budget expenditure line item entry in AGO Grants, but the employer contributions amounts are pulled into the total personnel category total

## **Budget Revision Certifications**

×

- 1. Complete other fields on the form
- 2. Submit

#### **Budget Line Item Revisions**

Personnel Salaries Grantor Total       Personnel Salaries Grantor Total       Personnel Salaries Cash Total       Personnel Salaries Total       Personnel Salaries Total       Hours/Pay % of Time       Personnel Salaries Additional Notes         Votim Advocate       \$41,200       \$10,300       \$0       \$51,500.00       100       200         Volunteer Services Richland, Lexington, Newberry       \$34,000       \$0       \$34,000.00       100       200
Volunteer Services \$34,000 \$0 \$0 \$34,000.00 100 Associate - Richland, Lexington,
Associate Services Solution as as as as as as as as as a solution of the services as a solution
nployer Contributions (Fringe Benefits)

#### 1. Navigate to Revision Line Item

Options include:

Create Associate

View Edit Disassociate Deactivate

2. Select Edit

#### Budget Revisions

	Budget Lir	ne Item Det	ails	
	Budget Line Item 1 Budget Line Item Ca	Title - Matching Fun Itegory	ds and Categories	
	Personnel			
	Budget Line Item Na	ime *		
	Victim Advocate			
	Budget Line Item Na	irrative		
		s in the fown of London, :	days of the award. this VA will provide tra SC	uma-foci
ÉEDIT				
Personnel Salaries (by Positi	DN)			
Personnel Salaries (by Positi Personnel Title	on)	% of Time	Hours Works	
Personnel Salaries (by Positi Personnel Title Personnel Salaries Grantor Total	on) Personnel Salaries Cash Total			

- NOTE: Budget Line Items are editable in the Revision
- NOTE: Navigate through the Form and Update as Needed
  - 1. Make Changes
  - Insert (type) a <u>DETAILED summary</u> of your revision request in the Budget Line Item Narrative section (example: Moving \$500.00 from Personnel and adding the \$500.00 to Equipment)
  - 3. Submit

Section Navigation -				
cceptance of Aud	dit Require	ements - P	age	6
ant Number				
JNKNOWN				
idit Period Start Date	Audit Perioc Grant/App)	l End Date (Default		Submit Audit By (Default Agency Account)
CCEPTANCE OF AUDIT REQUIREN	MENTS			
LEASE NOTE: State Agencies whose a	nnual audit is covered	by the State Auditor's o	ffice do r	not have to complete this form.
Ve agree to have an audit conducted in c equired, at the end of each audit period v equire a compliance audit (\$750,000). If he management letter if applicable, to:	we will certify in writin	g that we have not expe	nded the	amount of federal funds that would

#### NOTE: NO ACTION NEEDED ON THIS PAGE.

#### 1. GO TO NAVIGATION BROWSER AND SELECT REQUEST FOR GRANT EXTENSION/REVISION

## Budget Revision "READY TO SUBMIT"

Required Fields			
Versions			
Counties Served by this Project			
Grant Information	0		
Budget Description			
Acceptance of Audit Requirements			
Organization Description			
Interagency Coordination	Section Navigation -		
Volunteer Coordination	-		
Problem Definition			
Project Description	Required Fields		
Objectives and Performance			
Project Assessment and Evaluation	Program Details		
Project Continuation	Agency Account *		
Sources of Income	*TEST Stark Industries X Q		
Grant Terms and Conditions			
Attarkmente and Motar	Project Title *		
	Test		
	Project Director *		
	Q		
	Organization Type *		Application Ready to Submit? *
	Unknown		• NO • Tes
	Grant Starting Period *	Grant Ending Period *	Grant Year *
	October 1, 2018	September 30, 2019	• 2018/2019 •
	Number of Active Volunteers *	Victims Served *	
	100	99999	
	Program Funding		
		Program Area	
	Grant Program *	FIQUALITATEA	

- 1. Go to Navigation
- 2. Select Grant Certification
- NOTE: Do not select "ready to submit", until all data updates and edits are completed (Review "Required Fields" under Navigation Bar)
- NOTE: Pressing the Submitted Button will change the application status to read-only.

#### **Budget Revision Submission**

ency Account * EST Stark Industries		
ant Number 19999		
ertification by Project Director		- 1
A Test System Admin X Q		
oject Director Typed Name	Certification Date Project Director	
original Data 10/2018		
ertification by Financial Officer		
Ill Richardson X Q		
ancial Officer Typed Name	Certification Date Financial Officer	
Driginal Data 10/2018		<b>H</b>
Certification by Financial Officer		
Financial Officer Contact Bill Richardson X Q		
Financial Officer Typed Name	Certification Date Financial Officer	=
Original Data 10/2018		
Castification by Authorized to Siz-		
Certification by Authorized to Sign Authorized to Sign Contact		

- NOTE: Before submitting the revision, confirm all updates are completed
- NOTE: Confirm Request for Grant Extension and/or Revision have been completed and certified

## Budget Revision Review and submission

Jeffrey Morgan	x Q	
Certification Signature Au	uth to Sign	Certification Date Auth to Sign
Original Data 10/2018		
Submit for Review		- Basty in Submit? (Annication will become Bast, solv)
Submit for Review		Ready to Submit? (Application will become Read-only)
		Ready to Submit? (Application will become Read-only)
Submit for Review		
		Submission Status

- Navigate to the End of the Application to the Grant Certifications Pages 27-28 section
- Confirm all fields are completed and Select Ready to Submit = YES
- Revision will be marked as submitted and moved to read-only status



# Additional Notes and Instructions

by Programmatic and Fiscal Team

## **Budget Revisions**

Budget Line Item Details
Budget Line Item Title - Matching Funds and Categories Budget Line Item Category
Personnel
Budget Line Item Name *
Victim Advocate
Budget Line Item Narrative
The town will hire a victim advocate within 30 days of the award, this VA will provide trauma-6 victim of violent crime in the town of London, SC

Personnel Salaries (by Position) Personnel Title					% of Time		
Personnel Salaries Grantor Total		Pers Tota	onnel Salaries Cash	Personnel Salaries In-Kind Total			
\$ 41,200		\$ 10,300		S 0			

#### **Budget Justification Expansion:**

In order to revise narratives on already approved line items. For line items that were already approved in the original grant and the agency is only expanding the budget narrative the entry should be made as follows:

Example, Budget Narrative:

Approved Line Item and Narrative

Therapy Supplies: journals and therapy games

To reflect an expanded narrative it needs to be entered as follows:

Revision 001 – stress balls, workbooks, sand therapy, art therapy supplies

The budget revision justification should be broken down by budget expenditure category and line item.

Example, Budget Revision Justification

Travel – adding line item for lodging for \$750

Equipment – reducing laptops line item by \$1000

Other – increasing line item for registration fees by \$250; expanding narrative for office supplies to include file folders

## **Budget Revisions**

Bu	dget Line Item Details		
Budg	et Line Item Title - Matching Funds and Categories It Line Item Category		
Per	onnel T		
Budg	et Line Item Name *		
Vict	n Advocate		
Budo	t Line Item Narrative		
		ide trauma-focused, 1	
The	town will hire a victim advocate within 30 days of the award, this VA will prov a of violent crime in the town of London, SC	vide trauma-focused, v	
The	own will hire a victim advocate within 30 days of the award, this VA will prov a of violent crime in the town of London, SC Personnel Salaries (by Position)		
The	lown will hire a victim advocate within 30 days of the award, this VA will prov a of violent crime in the town of London, SC	vide trauma-focused, v	Hours Worker
The	own will hire a victim advocate within 30 days of the award, this VA will prov a of violent crime in the town of London, SC Personnel Salaries (by Position)	% of Time	

- Budget Line Items are editable in the Revision
- Navigate through Form and Update as

#### **Budget Narrative Expansion:**

For line items that were already approved in the original grant and the agency is only expanding the budget narrative the entry should be made as follows:

Example, Budget Narrative:

Approved Line Item and Narrative

Therapy Supplies: journals and therapy games

To reflect an expanded narrative it needs to be entered as follows:

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#### Budget Revision Approvals and Notes

CVAG Administrative	
	Submission Status
	Revision
Reviewer Comments "Display on the Portai"	
Original Data 10/2018	
Programmatic User Contact	
Joe Corey	
Programmatic Reviewer Typed Name	Programmatic Reviewer Certification Date
Original Data 10/2018	10/1/2018
Fiscal User Contact	
Daphne Shook	
Lidbille chook	
Flecal Reviewer Typed Name	Flecal Reviewer Certification Date
Original Data 10/2018	10/1/2018
Silmit	

- Navigate to the End of the Application to the Grant Certifications Pages 27-28 section
- Programmatic and Fiscal Team Names and Review Notes will be Displayed.
- Press blue button to save and submit edits

## Budget Revisions

1110		nent of	Crim	e Vid	ctim	Assista	ance C	Grants	Ports	al
	Dopara					ice Grants		indinto	- orte	
Agency Name 'TEST Stark In		Primary Contact SA Test System Admin		n	Main Phone 212 867 5309			Websils https://www.noiteallyteal.com		
Address Type	Street Address 1	Street Address 2	City	tinis.	Zip Code	County	Agency Account	Created On	BC Judiolal Circuit District	reade
Advertalist	123 Inel Street		Arabaraca	8C	*****	Andaracen	11551 Dark Industries	5410/2018 8.30 AM		۲
				Such	29415	Charleston	*16.51 East	9/20/2018 10:54 AM		٣
Adventionations Offices	Post Office Box 21121		hards Charleston	Canitra	11/1		Industries			
Adversionation Offices					atiatua		"TEST Stath Industries	8/27/2018 7:54 AM		٣

 When Revision is Submitted, You will be directed back to the AGO Grants Landing Page

#### Budget Revisions Programmatic and Fiscal team notes and instructions

• Request for Grant Extension and/or Revision

• Please do not remove line items or narrative for items that the agency has already purchased and received reimbursement for.

#### Budget Revisions Programmatic and Fiscal team notes and instructions

#### Section 2 – Request for Budget and/or Programmatic Revision

- When entering in column 2 for requested amounts, make sure the amounts per category that the agency is requesting to be the approved amounts per category are entered. For example, if the approved grantor personnel is \$45,000 and there are no requested changes then the personnel grantor amount requested would still be \$45,000.
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#### NEED HELP? PLEASE CONTACT:

Joe Corey	(803) 734-0798	jcorey@scag.gov
Ginger Dukes	(803) 734-0792	gdukes@scag.gov
Billy House	(803) 734-0785	<u>bhouse@scag.gov</u>
Sheila Hoffman	(803) 734-3751	<u>shoffman@scag.gov</u>
Bonnie Brooks	(803) 734-1424	<u>bbrooks@scag.gov</u>

#### THANK YOU!

https://agogrants.scag.gov