



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)

Burke Fitzpatrick – Director, Division of Crime Victim Services
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shoffman@scag.gov

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bhouse@scag.gov

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kbuckley@scag.gov

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BrandonNewsom@scag.gov

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lmedlin@scag.gov

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lbarnes@scag.gov

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EmilyMerritt@scag.gov

Vacant – Fiscal Analyst I (VOCA)

Webinar Housekeeping

- Live Q&A in the Questions Box
- Estimated end time of 11am
- Webinar will be available on our support tab within a few days: <http://www.scag.gov/crime-victims-grants-help-desk>

Grant Terms and Conditions

- Be sure to read all Terms and Conditions before signing the grant award. A signed grant award is a contract that means the agency has accepted and agrees to comply with all of the Terms and Conditions and the Special Conditions.
- Most items that were previously Special Conditions have now moved to Terms and Conditions.
- Special Conditions documents must be uploaded to the Post Award Attachments section on the AGO Grants Home Page.
- Refer to the Financial Guidelines previously provided, please 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>

Progress Reports

VOCA

- Progress Reports must be submitted through PMT site, which is administered by the Office of Justice Programs.
<https://ojpssso.ojp.gov>
- Reports are due once per quarter.

Progress Reports

VOCA

1ST QUARTER - October 1 through December 31

Due January 15

2ND QUARTER - January 1 through March 31

Due April 15

3RD QUARTER - April 1 through June 30

Due July 15

4TH QUARTER - July 1 through September 30

Due October 15

Progress Reports

VAWA

- Annual MEI Report
- Covers calendar year 2020
- Report updates will be sent out in December
- Due to DCVAG February 15, 2021
- Technical Assistance Website <https://www.vawamei.org/>
- Contact Ginger Dukes at gdukes@scag.gov

Progress Reports

SVAP

- Reports due twice a year
- 1ST Report - October 1 through March 31
Due May 1
- 2ND Report - April 1 through September 30
Due November 1
- Contact Billy House at bhouse@scag.gov

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 2020/2021.
 - Volunteer hours are **no longer required** on RFPs, agencies may retain the logs for internal records.
- All agencies utilizing cash match are still required to provide match for the 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. Contacts are: Project Director, Official Authorized to Sign, and Financial Officer, anyone funded by the grant, or volunteers.
- There can only be one Project Director, one Official Authorized to Sign, and one Financial Officer per agency.
- Keeping your contacts current will allow DCVAG staff to work your requests promptly.
- When a contact needs to be added or updated, it must be done in the AGO portal.
- If the Project Director leaves during the grant year please contact DCVAG staff.



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

Summary

Contact Role

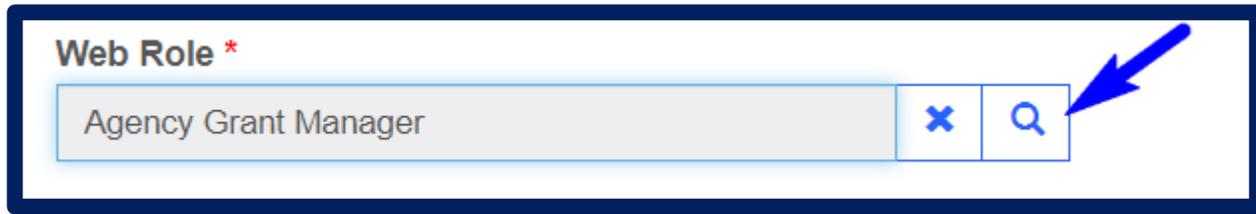
- 
- Unknown
 - Not Applicable
 - Project Director
 - Financial Officer
 - Authorized to Sign
 - Assigned Point of Contact
 - Agency Funded Staff
 - Agency In Kind Staff
 - Agency Volunteer
 - For Communications Purposes Only

To edit an existing contact

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

Web Role *

Agency Grant Manager



Web Roles

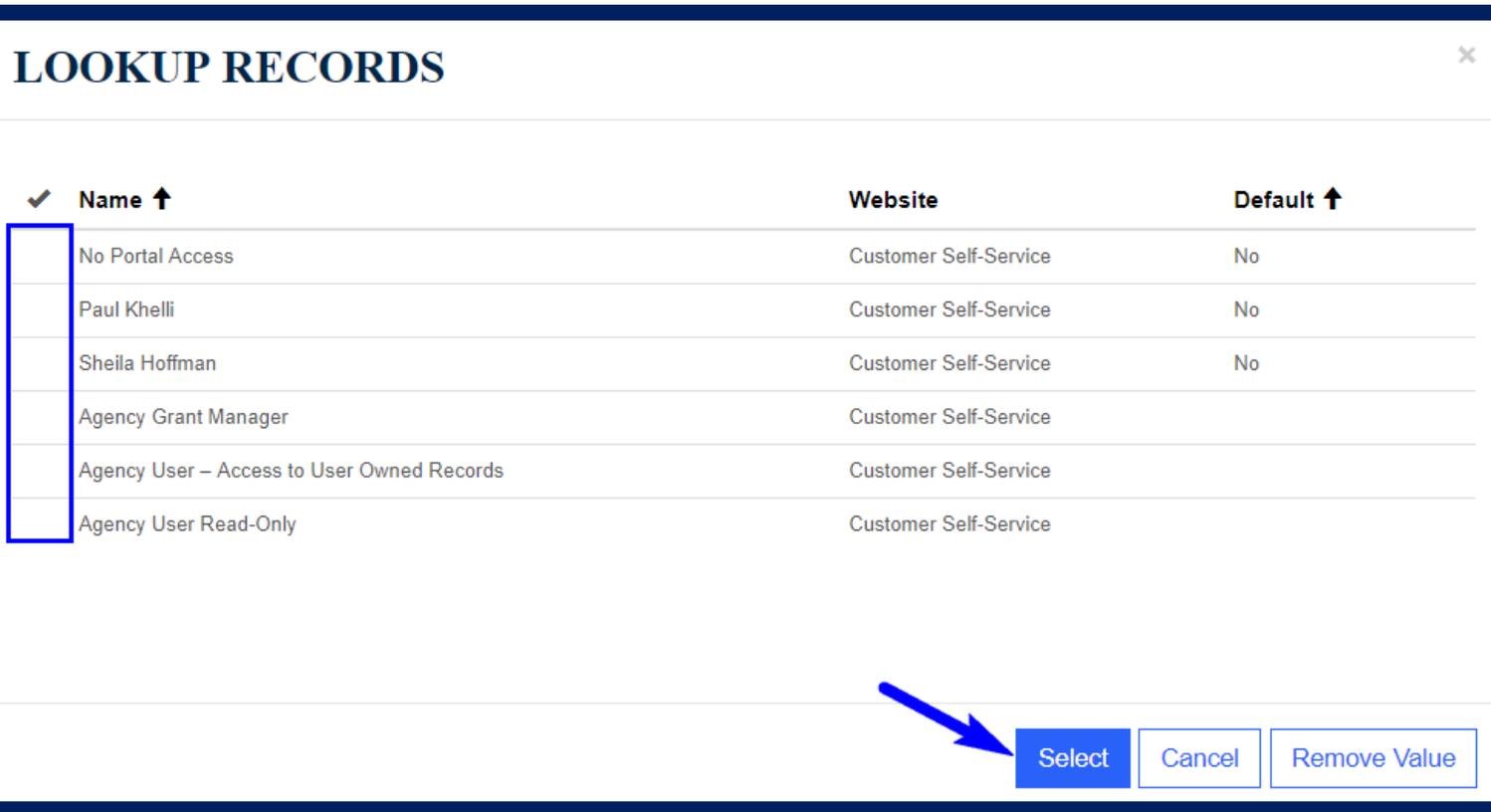
1. Click on the looking glass below Web Role to adjust user permissions.

Note: If a user will be submitting any applications or Requests For Payment they should be 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 ↑ |
|--|-----------------------|-----------|
| No Portal Access | Customer Self-Service | No |
| Paul Khelli | Customer Self-Service | No |
| Sheila Hoffman | Customer Self-Service | No |
| Agency Grant Manager | Customer Self-Service | |
| Agency User – Access to User Owned Records | Customer Self-Service | |
| Agency User Read-Only | Customer Self-Service | |



Budget Revisions



Changes to Budget Revisions

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

Reasons for Revisions

- Adding a new line item to the grant budget.
- Changing the quantity of an already-approved item in the grant.
- You're going to exceed the approved amount in a category by more than 10%.
- Budget Narrative needs to be expanded or corrected.

Creating a Revision(s)



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 Numbers 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

A screenshot of a web application's navigation menu. The menu is titled 'Section Navigation' and is expanded to show a list of options. The options are: 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, and Home.

A screenshot of a form titled 'State Funding Agency (SFA) Use Only'. The form contains several fields with the following values:

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

A blue arrow points to a 'Save' button located at the bottom left of the form.

- 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

Section Navigation ▾

Request for Grant Revision

| Grant Number | Version Number * | Version Date |
|--------------|------------------|--------------|
| — | R001 | — |

Agency Account *
*TEST Stark Industries

Project Title
Test VOCA

Program Director Contact *
Jill Doe

Type of Request

Programmatic Revision Budget Revision

Navigate to the Request for Revision tab.
Select (check) Budget Revision box only.

1. Scroll down page to Section
2. Request for Budget and/or Program Revision.

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, but please 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.

Please keep in mind that employer contributions are pulled into the total 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 will help us review and approve your revision much quicker.

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 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: Therapy Supplies

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

Budget Revisions

Editing or Adding Line Items

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

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 ✕ 🔍

Project Director Typed Name * Certification Date Project Director *
Joe Corey 2/13/2020 📅

Certification by Financial Officer

Financial Officer Contact *
Emily Merritt ✕ 🔍

Financial Officer Typed Name * Certification Date Financial Officer *
Emily Merritt 1/29/2020 📅

Certification by Authorized to Sign

Authorized to Sign Contact *
John *TEST Doe ✕ 🔍

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

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 Revision is submitted, you will be directed back to the AGO Grants landing page.

Requests for Payment

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

Financial Guide

- Financial Guidelines are a summary of Federal and State guidelines and do not replace internal agency policies. Stricter policy applies.
- Grant funds must be obligated for expenses that occur during the grant period.
(October 1, 2020 – September 30, 2021)
- 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 preapproval and a budget revision. RFPs will not be processed until the revision has been approved.
- All purchases must be completed, invoiced, paid for, and received by the end of the project year on September 30.
- All vendors must be enrolled in ACH electronic Payments, per guidance from the SC State Treasurer.

RFP Submissions

Due either monthly or quarterly.

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

Monthly

- Monthly RFP is due no later than 30 days after the month ends,
 - Example: October RFP is due no later than November 30.

Quarterly

- RFP Quarterly Due Dates:
 - October 1 through December 31 – RFP due no later than February 1.
 - January 1 through March 31 – RFP due no later than May 1.
 - April 1 through June 31 – RFP due no later than August 1.
 - July 1 through September 30 – RFP due no later than November 15.

Failure to submit Request for Payment on time with the required back up will result in corrective action that can lead to an agency being placed in an elevated risk status.

Changes to RFP's

Attachments:

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

Certifications:

- Individual lines are no longer needed (i.e. personnel / travel)
- Only final RFP Certification by Project Director and Submitter

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.

Changes to RFP's continued

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.

Mileage:

- Mileage Logs have changed and no longer require odometer readings. Instead, Origin and Destination must include a physical street address.
**In the event of a confidential location, we will accept a public address within a 5 mile radius.*
- Individual trip details are still required on backup documentation, BUT Portal submissions should be collapsed into 1 submission per employee per reporting period.

In-Kind Match:

- Waived for VOCA and SVAP
- Volunteer logs are no longer needed

Allowable 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?

➤ Ex: The agency has 6 employees. The total square footage of the building is 3,500 and the monthly rent amount is \$2,300.

$$6 \times 150 = 900$$

$$900 / 3,500 = 25.7\% \text{ or } 26\%$$

$$\$2,300 \times 26\% = \$598$$

Shared Costs

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

15 grant FTE / 100 Agency FTE = 15%

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

Travel

- 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.

| | In State | Out of State |
|------------------|----------|--------------|
| Breakfast | \$8 | \$10 |
| Lunch | \$10 | \$15 |
| Dinner | \$17 | \$25 |
| Per Day Limit | \$35 | \$50 |

Travel

- 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.

Travel - 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 \$0.575, 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.
- 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 myself, Brandon Newsom (BrandonNewsom@scag.gov).
- Mileage to or from home is not reimbursable, with the exception of certified law enforcement officers.

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.



- Log into Agency Account.
- Scroll down to the Requests For Payment Section.
- Click Create in order to start working on a new RFP.

Failure to submit Request for Payment on time with the required back up will result in corrective action that can lead to an agency being placed in an elevated risk status.

- Select Create.
- Select Save.

Section Navigation ▾

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

Section Navigation ▾

1. General Information

| | |
|--|--|
| Request for Payment Number RFP202002,674 | RFP Name — |
| Grant Name * <input type="text"/> | Grant Type Reimbursable ▾ |
| Grant Number <input type="text"/> | RFP Month <input type="text"/> |
| Grant Ending Period September 30, 2021 | County Served <input type="text"/> |
| Reporting Cycle Monthly ▾ | Payment Type <input type="text"/> |
| Reporting Period Ending <input type="text"/> | |
| Reporting Period Starting <input type="text"/> | |
| Submission Status Draft | |
| Reviewer Comments <input type="text"/> | |

Save



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

Note:

- from the Section Navigation bar you can navigate to the different sections.
- Reporting Period is reversed in the Portal.

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.

- Agency should create a budget expenditure category entry for each category they are requesting reimbursement for based 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 Match To Date |
|-----------------|----------------------|
| | |

Notes and Comments

Attach a File

Choose Files No file chosen

Save

- Agency must enter current grantor and agency match amount. (**Grantor to date and Agency Match to date, leave blank**).
- Ensure all attachments have been uploaded prior to submitting.
- All back up should be attached as a single PDF under the corresponding section. Personnel back up should be under the Personnel Budget Expenditure, All Travel back up 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 click 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 |
|---------------------|------------------|-----------------|-------------------|----------------|------------|-------------|------------|
|---------------------|------------------|-----------------|-------------------|----------------|------------|-------------|------------|

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](#)

Summary Documents section

Each funded position requires an individual Summary Statement.

Supplemental – Summary Statement

| | |
|---|--|
| Statement Number — | Agency Name *TEST Stark Industries <input type="button" value="x"/> <input type="button" value="Q"/> |
| Dates Worked From 8/1/2020 <input type="button" value="📅"/> | Dates Worked To 8/31/2020 <input type="button" value="📅"/> |
| Payroll Frequency Monthly <input type="button" value="v"/> | |

Enter all fields and click
“Save”.

ONE EMPLOYEE PER FORM and EMPLOYEE MUST SIGN

RFP Number

Submission Status

Draft

Grant Name

Employee Name

Job Title (Grant Page 2)

Hours Worked on Project

Total Hours Worked

% Hours Worked

—

Base Salary for Covered Period

Base Salary Fringe Benefits

Total Salary and Fringe Benefits

—

Grantor Salary and Fringe – Charged to Project

Match Salary and Fringe – Charged to Project

- Job Title must match on the following:
 - Approved Grant Budget.
 - Notification of Hire.
 - Backup documentation submitted on this RFP.
- Hours worked on Project vs Total Hours Worked, must not exceed approved allocation percentage.

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 |

Other (Detailed Below)

| | |
|---|------------------------------|
| Long-term Disability % | Long-term Disability Amount |
| 0 | 0 |
| Short-term Disability % | Short-term Disability Amount |
| 0 | 0 |
| Other % | Other Amount |
| 0 | 0 |
| Vision % | Vision Amount |
| 0 | 0 |
| <hr/> | |
| Total Other | |
| Total Other % | Total Other Amount |
| — | — |
| <hr/> | |
| Please Attach Supporting Documentation Here | |
| There are no notes to display. | |
| <hr/> | |
| Save | |

- Fringe benefits must match the backup documentation.
- Enter Fringe Benefit amount, ensuring it does not exceed employees approved benefit percentage.
- Agency policy must be on file in order to be reimbursed.

** Each field needs to be entered, blank fields must be entered as "0".

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?
 No 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.*
- 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 | Name ↑ | Supervi |
|-------------------|------------|-------|----------------------------|-------------|---------------|--------------------|--------|---------|
|-------------------|------------|-------|----------------------------|-------------|---------------|--------------------|--------|---------|

Required Fields

Agency Name
*TEST Stark Industries

Funded Position (Employee)
Jill Doe

Brief Description *
August's milage

 [Save](#)

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

For 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 

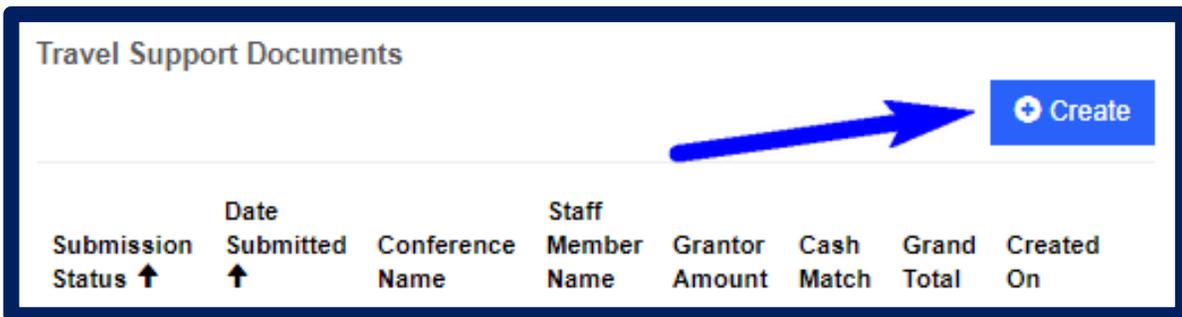
Ready to Submit?
 No Yes

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, per diem, ground transportation).

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. Click 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

- 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.
- Select Save.

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

Other: Shuttle, Taxi, Uber, Lyft

Misc: Baggage, Parking

Meals: Daily Lodging Rate plus Daily Taxes

| 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. Select 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



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

Travel Support Documents

| 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 <input type="button" value="▼"/> |

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.
- All fields are required for this submission.
- Ensure "Ready to Submit" has been switched to "Yes".

Attachments – Back-up Documentation

- Submit all documents as one attachment per field.
 - For example: All personnel documents for all employees, will be uploaded as one PDF file under the “Personnel” field within the “Budget Expenditures” section.
- Summary Statement of Personnel Services: Timesheet, Time And Effort, Payroll Report, Employer Portion of Employer Contributions.
- Travel Support Document: Hotel itemized receipt, meal receipts if required by agency travel policy, airline receipt, baggage receipt, taxi/shuttle receipts.
- Mileage Support Documents: Agency must enter addresses in the Origin and Destination fields, total miles per trip, purpose of the trip.

Attachments - Other

- Other – Other Budget Detail Worksheet (Paper) list approved budget line item, then list vendor, and attach all invoices.
- Invoices should be marked as paid with check or payment information and date paid.
- For utility bills, cell phone bills, that have a coverage period we need the cover.
- Page of the bill and the detail page. Example, cell phone bill should have the cover page and the billing detail with the cell phone numbers with the monthly charges and which grant funded staff the cell phones are assigned to.
- Please note that the grant is reimbursable and agencies should not submit quotes or orders for reimbursement. Only paid invoices should be submitted for reimbursement in the RFP.

Attachments - Other

- Rent – Provide monthly lease billing or copy of payment. Include an excel sheet that shows where grant funded staff are located along with the monthly calculation if the agency has more than one location.
- Indirect Costs – IDC Worksheet by Employee Name for Salary and Fringe; List line items in travel category and other category based on approved line item and the modified total direct costs.

Attachments - Equipment

- Equipment– Equipment Budget Detail Worksheet (Paper) listing approved line item and supporting invoice documentation.
- Property Control Form – Complete and attach with the invoice.

De-obligation Procedures:

A decorative horizontal bar consisting of a solid teal line at the top, followed by a white line, and then three thin, parallel teal lines below it.

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 portal.
- Review the close-out package for any errors and contact the CVAG Financial Staff for corrections.
- If no errors, print the attachment and have the Authorizing Official sign.

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 | De Obligation | Yes | | | 10/9/2020 1:24 PM |
| 1V19010 Deob | *TEST Stark Industries | a | | | | | |
| Another Test | *TEST Stark Industries | Violent Against Investig | | | | | |
| Close out document | *TEST Stark Industries | SVAP T | | | | | |

Attachment Name *

 Attachments and Notes

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 Authorizing Official has signed the De-obligation letter, the agency needs to upload the attachment into the Portal.
- *Retain original signatures with internal records.
- 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
- Click "Submit"
- Please email your Brandon Newsom 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.