



COLORADO

# *Crime Victim Services Financial Post Award Training*

OFFICE FOR VICTIMS PROGRAMS  
Division of Criminal Justice

<https://dcj.colorado.gov/dcj-offices/victims-programs/grant-funding-for-agencies/crime-victim-services-funds>



**COLORADO**  
Department of Public Safety

# Goal of Today's Workshop

Help Grantees to Successfully Follow  
CVS Grant Post-Award Financial Requirements



# Common Acronyms

<b>CDPS:</b>	<b>Colorado Department of Public Safety</b>
<b>DCJ:</b>	<b>Division of Criminal Justice</b>
<b>CVS:</b>	<b>Crime Victim Services Funds</b>
<b>OVP:</b>	<b>Office For Victims Programs</b>
<b>VOCA:</b>	<b>Victims of Crime Act</b>
<b>SASP:</b>	<b>Sexual Assault Services Program</b>
<b>VAWA:</b>	<b>Violence Against Women Act</b>
<b>SLFRF:</b>	<b>State and Local Fiscal Recovery Fund</b>
<b>ARPA:</b>	<b>American Rescue Plan Act</b>

# Grant Accounting Requirements

## Commingling Funds: Don't Do It!

- Definition: “Commingling” means to combine funds from different sources into one account.
- Grant expenses and revenues must be clearly identified as separate from other organization funds.
- Your Accounting System should identify expenses and revenues by grant (including the grant #).
- Your Accounting System should be set up to capture and identify the following CY23-24 grant expenditures:
  - Direct Expenses (project personnel, project-related supplies & operating, etc.)
  - Indirect Expenses (if applicable)
  - Cash Match Expenses (if applicable)



# Grant Accounting Requirements

## Confidentiality/Redacting



If supplying supporting documentation that includes a victim's personal identifying information, you must redact (black-out) this information (name, address, etc.).



Accounting ledgers cannot contain victim information in description lines.



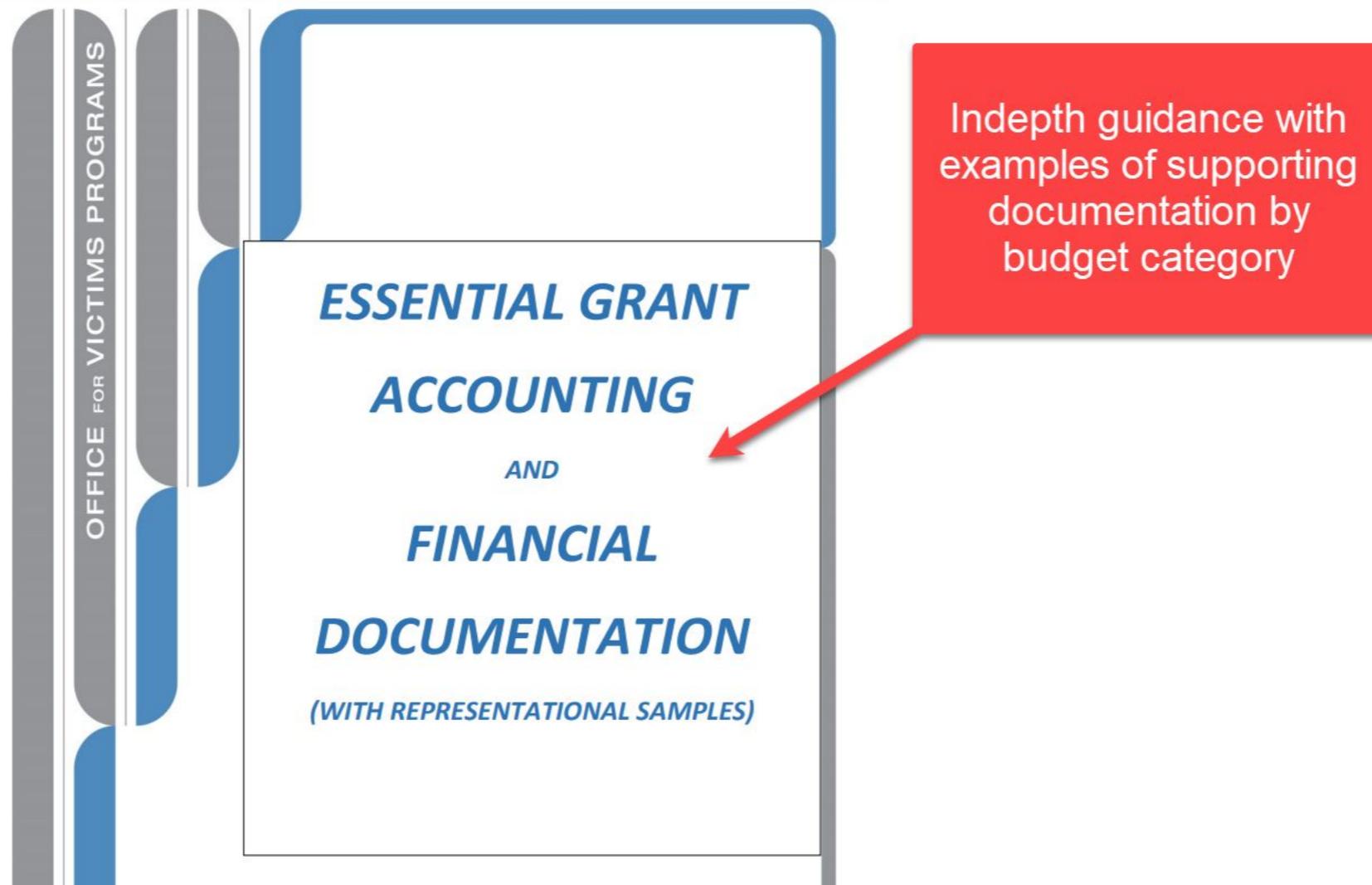
TIP: Create an internal numbering system for victims that is used on physical, electronic and accounting records (ex: V1234).



**Submitting documentation that contains personally identifying info. or breaks victim confidentiality is a direct violation of your grant agreement.**

# Grant Accounting Requirements

*If the documentation doesn't exist, the expense doesn't either.*



<https://cdpsdocs.state.co.us/dcj/DCJ%20External%20Website/OVP/Essential%20Grant%20Accounting%20and%20Financial%20Documentation%20Packet.pdf>

# Grant Budget Categories

## Personnel



Composed of Salary and Fringe Benefits. Fringe benefits can include numerous benefits an organization provides based on the organization's compensation plans.



“Time and Effort” records (digital or written timesheets) must reflect all hours worked by the staff person or volunteer if used as match, and include holidays, vacation, and sick leave as applicable (these hours should be prorated across funding sources, also).



Timesheets must clearly show the amount of salary charged to the grant either by number of hours or percentage of time and list the grant number. These figures **MUST** match your accounting ledger as this will be verified when your supporting documentation is reviewed.



Timesheets must be signed by Employee and/or Volunteer, the supervisor AND the Project Director (if they are not the grant-funded staff person's supervisor). In the case of a nonprofit Executive Director, their timesheet should be signed by a Board Member, preferably the Treasurer or President.



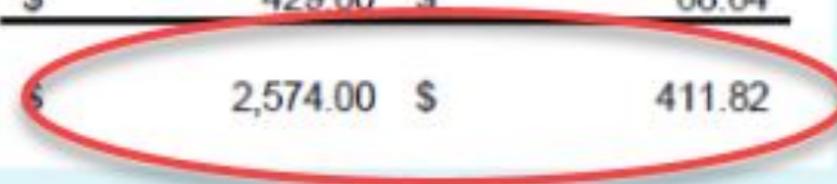
# Personnel -Labor Distribution/Payroll Example

## ACME Nonprofit

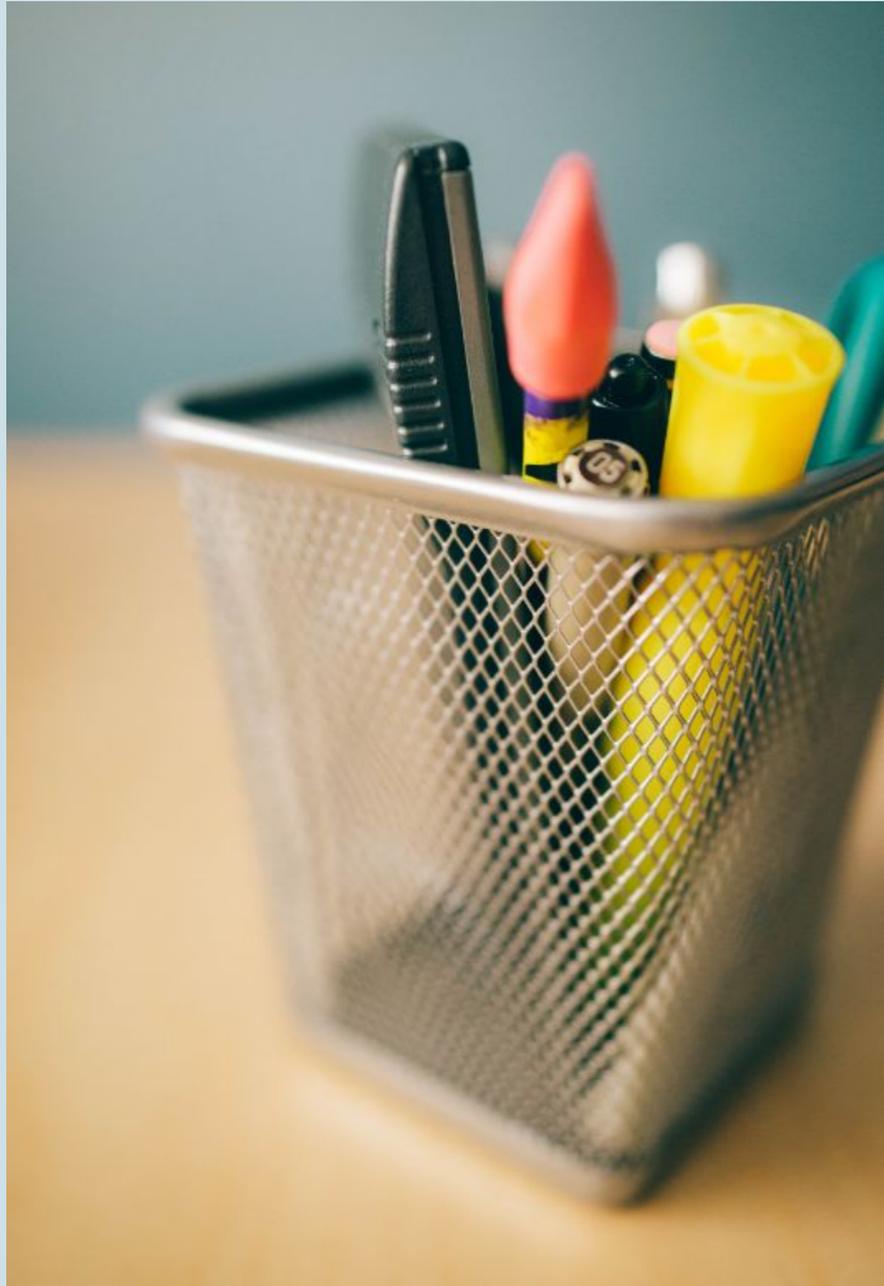
VOCA Grant #2022-VA-23-xxx-xx  
Labor Distribution/Payroll  
Pay Period 01/01/23 - 03/31/23



Employee Name	Date	Salary	Fringe Benefits	VOCA %	VOCA Salary Portion	VOCA Fringe Benefits Portion
Doe, Jane	1/15/2023	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	1/31/2023	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	2/15/2023	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	2/28/2023	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	3/15/2023	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
Doe, Jane	3/31/2023	\$ 1,430.00	\$ 228.79	30%	\$ 429.00	\$ 68.64
		<b>\$ 8,580.00</b>	<b>\$ 1,372.74</b>		<b>\$ 2,574.00</b>	<b>\$ 411.82</b>



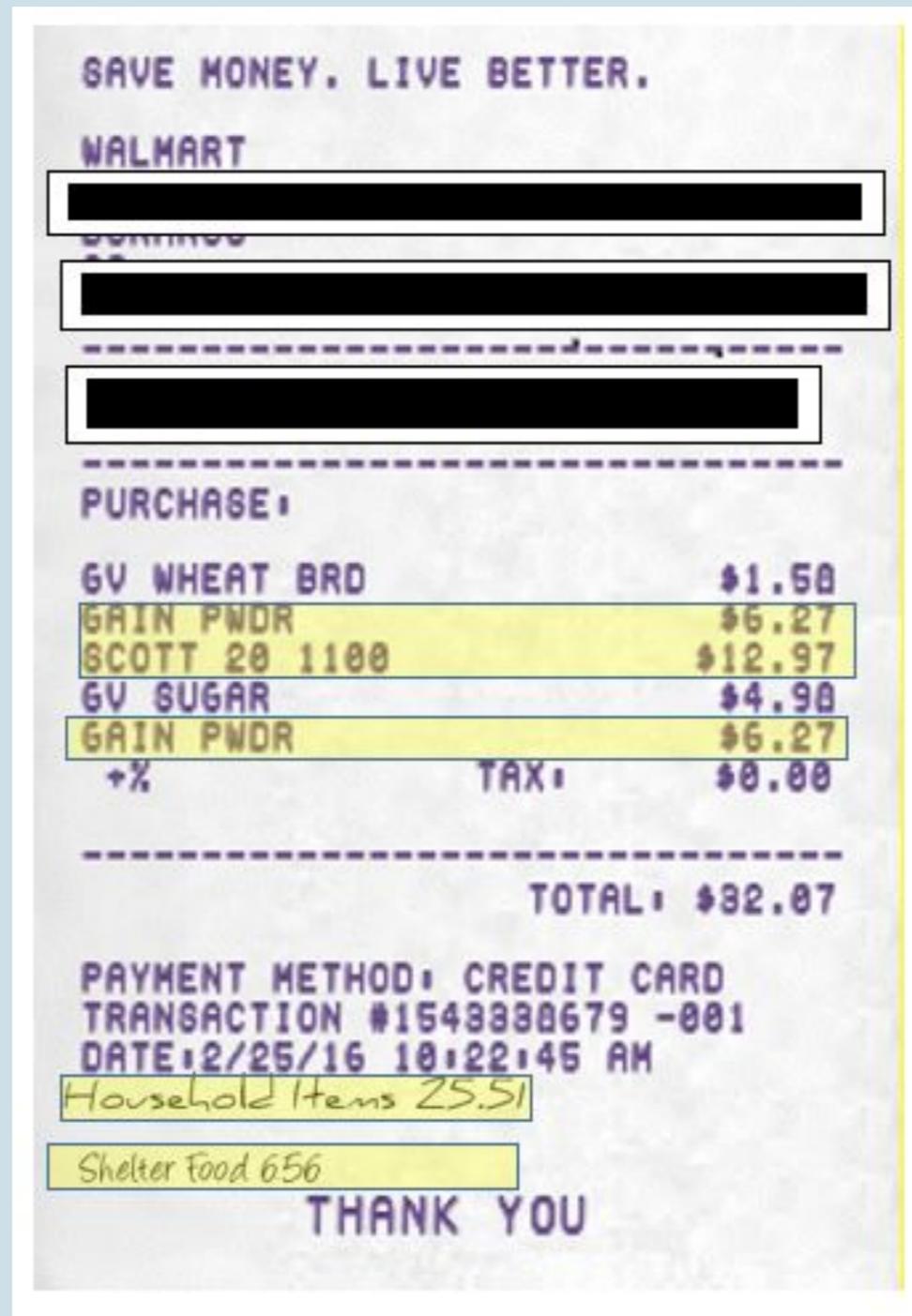
# Grant Budget Categories



## Supplies & Operating

For an approved expense to be reimbursed, it should be coded appropriately in your accounting ledger and the accompanying supporting documentation should be in your grant file.

# Supplies and Operating - Receipt of Expense Example



# Supplies and Operating - Expense Approval Form Example

Vendor Name: *Walmart*

Invoice #: *605600144936*

Invoice Date: *2/25/16*

Acct #	<u>Div #</u>	<u>Prog #</u>	<u>Dept #</u>	sis #	Rev #	R/U#	
4 digits	1 digit	3 digits	3 digits	2 digits	2 digits	1 digit	\$ Amount
<i>8104 - household items/laundry</i>	<i>4</i>	<i>610</i>	<i>172</i>	<i>02</i>	<i>00</i>	<i>0</i>	<b>\$25.51</b>
<i>8105-shelter food</i>	<i>4</i>	<i>610</i>	<i>172</i>	<i>02</i>	<i>00</i>	<i>0</i>	<b>\$6.56</b>
						Total Amt.	<b>\$32.07</b>

1<sup>st</sup> Approval: *[Signature]* 2<sup>nd</sup> Approval: *[Signature]*

Comments: *Please Bill VOCA 2015-VA-1-00006206 for all expenses*

**PAID**  
Mar 22 2016

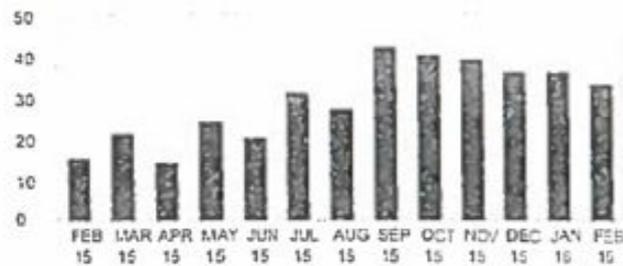
# Supplies and Operating - Actual Bill

## Example

City **Utility** Service Bill

Show the type of bill.

Usage in Thousand Gallons



<b>Account Number</b> [REDACTED]	<b>Bill Date</b> 02/20/2016
<b>Billing Service Period</b>	
01/04/2016 to 02/04/2016	31 Days
<b>Service Address</b>	
[REDACTED]	

Service	Prior Meter Reading	Current Meter Reading	Consumption in thousand gallons	Service Amount
Balance Forward				\$442.42 <i>Paid</i>
Water Base				\$14.33
Water Consumption				\$228.28
Sewer Base				\$16.54
Sewer Consumption	582	615	33	\$156.40
Spring/Fall Clean-up				\$1.50
Trash Comm Dumpster			17	\$54.07
Single Stream Comm w/ Trash				\$9.73
Trash Comm Dumpster				\$6.48
FOR BILLING INQUIRIES PLEASE CALL (970)375-[REDACTED] 7:30 A.M. AND 4:30 P.M., OR EMAIL US AT f [REDACTED]	<b>TOTAL AMOUNT DUE BY</b>		03/11/2016	\$929.75
	<b>IF PAID 30 DAYS AFTER DUE DATE</b>			\$939.75

Indicate the the amount charged to the grant



# Grant Budget Categories

## Travel

In accordance with your Agency's Travel Policies, reimbursement requests for travel expenses must be submitted with required supporting documentation, including (but not limited to):



An approved travel reimbursement form outlining expenses that match your approved budget

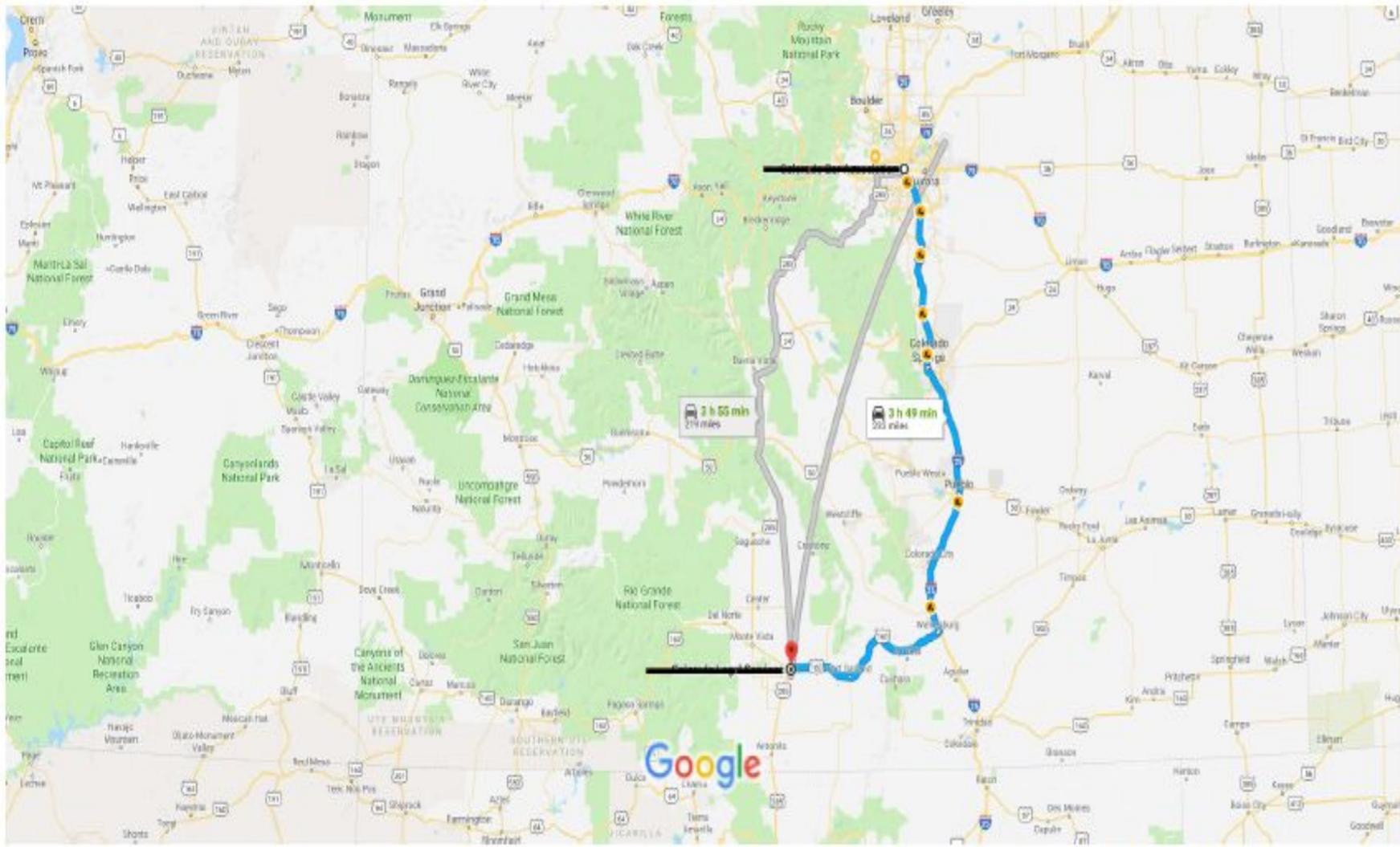


Map outlining the distance traveled, if requesting mileage



Receipts for hotel stays if applicable.





Map data ©2018 Google 20 mi



via I-25 S and US-160 W

3 h 49 min

Fastest route now due to traffic conditions

233 miles



via US Hwy 285 S

3 h 55 min

219 miles

All travel requests should include a printed map showing the beginning point, end point and the mileage.

# Grant Budget Categories

## Equipment



Equipment is defined as an individual item having a **useful life of more than one year** and having an acquisition cost equal to or more than **\$5,000**.



You must have an approved DCJ Form 13 on file **before** purchase.



If grants funds are only paying a portion of equipment cost, it is still considered equipment if the single item cost is over **\$5,000**.



Supporting documentation includes a copy of the invoice/receipt of purchase.

# Grant Budget Categories

## Consultant/Contractor



This budget category includes services provided to the project by outside vendors who are under contract with the grantee.



You must have an approved DCJ Form 16 & 17 on file with required documentation for each vendor.



Supporting documentation also includes an approved invoice.

# Grant Budget Categories

## Indirect

Indirect costs are those costs that are understood to generally benefit the organization but cannot be tied to or readily allocated to a specific project or activity.



Refer to your Grant Agreement Budget for your approved Indirect Cost Rate.



Your Accounting Ledger should include an account that allows you to code indirect expenses to your grant number and name, but should not be itemized or posted as specific expense items.



Grantees with a Federally Negotiated Indirect Rate should notify their Grant Program Manager if their rate changes.

# Indirect and Payment Request Calculator

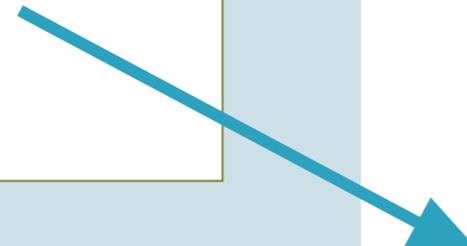
## Indirect Calculation

A. Personnel		}	Enter line item totals into A-D
B. Supplies/Operating			
C. Travel			
D. Consultant/Contractor			
E. Rent		→	Place total amount for rent
G. Minus Rent & Consultant/Contractor Exceeding \$25,000		→	If consultant/contractor exceeds \$25,000 or federally negotiated rate does not allow rent, enter that here.
Modified Total Direct Costs (MTDC)	\$ -		
Indirect Rate	10%	→	If you have a federally negotiated rate other than 10%, enter that here
Indirect Expenditures (MTDC x 10%)	\$ -		
Total Request for Expenditures	\$ -	→	This will auto populate the total sum for your payment request

<https://drive.google.com/file/d/1u9F43pyCLDfIL1PyG2QilGyIPqFAh2WQ/view>

# Indirect - Accounting Ledger Example

Total Indirect cost must appear as a line item in the Grant Subledger or Transaction Detail Report, but should not be itemized or allocated to specific expenses.



Office for Victims Programs VOCA 2020 January 2019 through November 2020	
	Jan '19 - Nov 20
Ordinary Income/Expense	
Income	
5002 · Grants - Government	
5013 · VOCA	
5013.2 · VOCA Grant 2019-VA-000-01	43,718.50
Total 5013 · VOCA	43,718.50
Total 5002 · Grants - Government	43,718.50
5005 · In-Kind Donations	
5005.1 · In-Kind Match	6,000.00
Total 5005 · In-Kind Donations	6,000.00
Total Income	49,718.50
Gross Profit	49,718.50
Expense	
6100 · Payroll	
6100.1 · Salaries & Wages	30,000.00
6100.6 · Dental Insurance	360.00
Total 6100 · Payroll	30,360.00
6200 · Contract Services	2,050.00
6300 · Supplies & Operating	1,975.00
6400 · Travel	2,245.00
6500 · Equipment - Non Asset	450.00
6800 · Emergency Victim Assistance	2,840.00
<b>8002 · Indirect Costs - Expense</b>	<b>3,798.50</b>
Total Expense	43,718.50
Net Ordinary Income	6,000.00
Other Income/Expense	
Other Expense	6,000.00
Net Other Income	-6,000.00
Net Income	<b>0.00</b>

# Grant Budget Categories

## Cash Match



Matching funds requirements, if any, are outlined in your Approved Budget.



Your Account Ledger should include an account that allows you to code cash match to your grant number and name.



When using items or staff as cash match, the required documentation is the same as that which is required for direct expenditures, i.e. receipts, timesheets, etc.

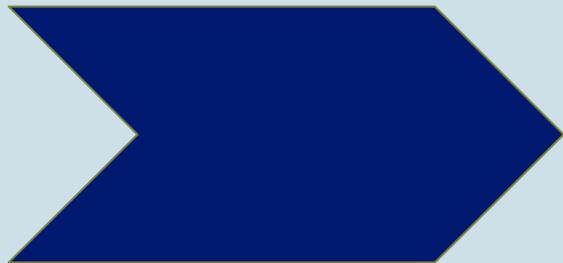


Cash match must be non-federal funds.

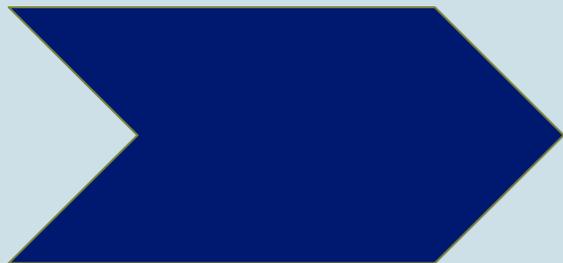
# Grant Budget Categories - In-Kind Match



In-kind match, such as volunteer hours and donations, must be assigned a dollar value based on fair market value.



Volunteers as In-Kind Match: Timesheets must be approved by a supervisor and include the number of hours valued at the approved hourly rate and also include the grant number and name.



Grantees may not delay their project's match until the end of the grant cycle. Instead, grantees will be required to provide the required match, or above, that corresponds with each reimbursement request every quarter.

# Grant Agreement

The first step to successful financial management of your grant is knowing how to navigate to your approved Grant Agreement in ZoomGrants.

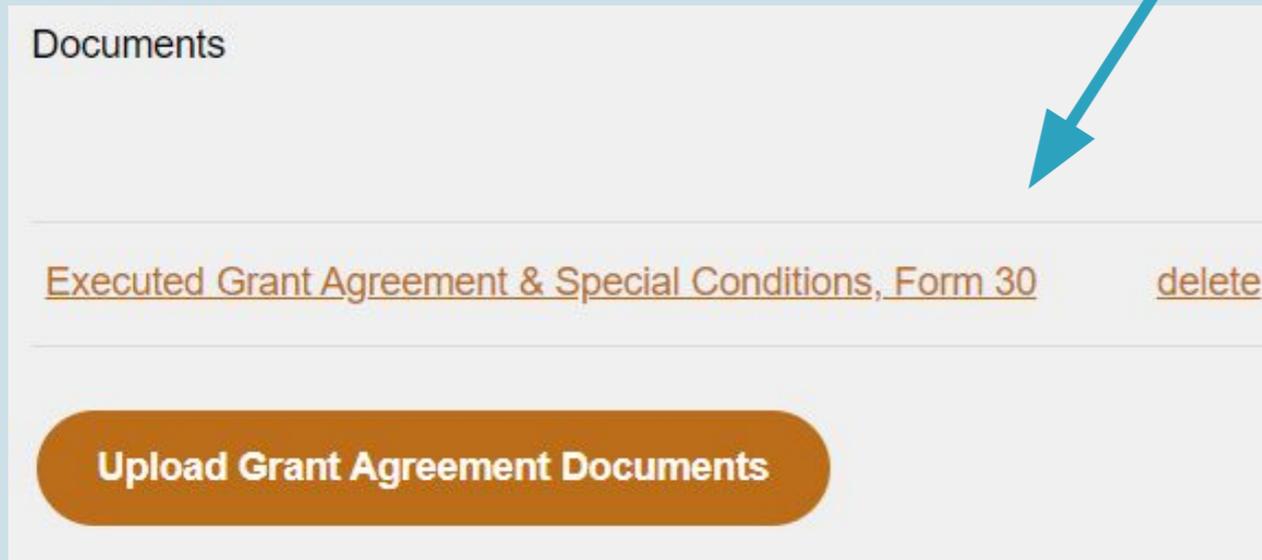
The screenshot displays the ZoomGrants interface for the Colorado Division of Criminal Justice. At the top, it identifies the user as being in the Office for Victims Programs, viewing the CY23 & 24 Crime Victim Services (CVS) Grant Program. A row of navigation buttons includes 'VIEW OPEN PROGRAMS', 'SHOW DESCRIPTION', 'SHOW ELIGIBILITY CRITERIA', 'SHOW REVIEW CRITERIA', 'SHOW LIBRARY', and 'CONTACT ADMIN'. Below this, the specific grant is identified as '2022-VA-23' with a redacted description, 'Victim Response Team', and a redacted amount requested. A horizontal menu of tabs is visible, with 'Summary' selected. Below the tabs, a secondary row of buttons includes 'Grant Agreement', 'Financial (Payments)', 'Report', and 'Report Totals'. A blue arrow points to the 'Grant Agreement' button.

# Grant Agreement Tab

Your Approved Grant Agreement lives here.

The Grant Agreement includes information such as:

- Your Award Amount
- Grant Number
- CFDA number
- Award Start and End Date
- Approved Statement of Work
- Original approved budget (Exhibit F)
- Special Conditions



# Financial Report (DCJ Form 1-A)

- Financial Reports (DCJ Form 1-A) are submitted quarterly via the *odd* numbered Report Tabs (1,3,5, etc...) in ZoomGrants under the Reports Tab.
- Financial Reports are due on the 15<sup>th</sup> day of the month following the close of the quarter - if the 15<sup>th</sup> falls on a holiday or a weekend, the report is due on the next business day.
- Accurately report expenses to match your accounting ledgers and as outlined by budget category in the Grant Agreement.
- Due to State Fiscal Year End Requirements, 2<sup>nd</sup> and 6<sup>th</sup> Quarter financial reports are typically due a week early.

# Financial Report, DCJ Form 1-A - Navigation

## 1. What type of Report is this? (DO NOT CHANGE THIS RESPONSE)

DCJ staff have selected the appropriate response below based on your Reporting Schedule. Do not change this response.

- Financial Report (DCJ Form 1-A) - Quarterly
- Financial Report (DCJ Form 1-A) - Final
- Statistical and Narrative Report (DCJ Form 2) - Quarterly
- Project Income Report (DCJ Form 1-B) - Quarterly
- Program Income Report (DCJ Form 1-B) - Quarterly

## 2. Prepared By:

Enter name of individual completing this report.

Maximum characters: 255. You have 255 characters left.

## 3. Prepared By Phone Number:

Maximum characters: 255. You have 255 characters left.

## 4. Reporting Period (DO NOT CHANGE THIS RESPONSE)

DCJ staff have selected the appropriate response below based on your Reporting Schedule. Do not change this response.

- 01-01-2021 to 03-31-2021
- 04-01-2021 to 06-30-2021
- 07-01-2021 to 09-30-2021
- 10-01-2021 to 12-31-2021
- 01-01-2022 to 03-31-2022
- 04-01-2022 to 06-30-2022
- 07-01-2022 to 09-30-2022
- 10-01-2022 to 12-31-2022

## 5. Is this report a Quarterly AND Final Report

- No
- Yes

Ensure this is  
marked  
“YES” in  
your 8<sup>th</sup>  
Quarter  
Report.



# Financial Report, DCJ Form 1-A - Navigation

## 6. Expenditures This Quarter - Grant Awarded Funds Only

- Report Cash Match Expenditures in #7 below - Report In Kind Match Expenditures in #8 below

(B) Personnel Expenditures

(B) Supplies & Operating Expenditures

(B) Travel Expenditures

(B) Equipment Expenditures

(B) Consultants/Contracts Expenditures

(B) Indirect Expenditures

- Enter expenditures for the quarter to match your accounting ledger and supporting documentation.
- Only request reimbursement for costs that are a part of your approved budget.

# Financial Report, DCJ Form 1-A - Navigation

## 7. Expenditures This Quarter - Cash Match

<input type="text"/>	(B) Personnel Expenditures
<input type="text"/>	(B) Supplies & Operating Expenditures
<input type="text"/>	(B) Travel Expenditures
<input type="text"/>	(B) Equipment Expenditures
<input type="text"/>	(B) Consultants/Contracts Expenditures
<input type="text"/>	(B) Indirect Expenditures

## 8. Expenditures This Quarter - In-Kind Match

<input type="text"/>	(B) Personnel Expenditures
<input type="text"/>	(B) Supplies & Operating Expenditures
<input type="text"/>	(B) Travel Expenditures
<input type="text"/>	(B) Equipment Expenditures
<input type="text"/>	(B) Consultants/Contracts Expenditures
<input type="text"/>	(B) Indirect Expenditures

If you have match:

- Report **Cash Match** in Question 7 by budget category
- Report **In-Kind Match** in Question 8 by budget category

**Documentation to support your match must be in your grant file**

# Financial Report, DCJ Form 1-A - Navigation

**9. Financial Officer:** I certify that, to the best of my knowledge and belief, this report is correct and complete,  
*Enter name below to act as a signature:*

Maximum characters: 255. You have  characters left.

**10. Project Director:** I certify that, to the best of my knowledge and belief, this report is correct and complete,  
*I also certify that the appropriate backup documentation is available onsite, if requested and will be retained for the re*

Maximum characters: 255. You have  characters left.

Project Official and Financial Officer listed in ZoomGrants must sign the Financial Report prior to submitting.

The Signature Authority can sign in lieu of Project Director or Financial Officer, when necessary

# Financial Report, DCJ Form 1-A - Navigation

Colorado Division of Criminal Justice

Office for Victims Programs

CY21 & 22 Crime Victim Services (CVS) Grant Program

VIEW OPEN PROGRAMS

SHOW DESCRIPTION

SHOW ELIGIBILITY CRITERIA

SHOW REVIEW CRITERIA

SHOW LIBRARY

Division of Criminal Justice

2020-VA-2

\$ [REDACTED] requested

Summary

Organizational/Agency Information

Project Overview

Budget Summary

Documents

Grant Agreement

Financial (Payments)

Report

Report Totals

Report Totals Tab give you an accurate picture of where you stand in spent and unspent funds and match throughout the course of the grant cycle.

# Financial Report, DCJ Form 1-A - Navigation

Totals	Goal	%	Remaining	
0.00	163,257.00	0%	163,257.00	(B) Personnel Expenditures
0.00	8,305.00	0%	8,305.00	(B) Supplies & Operating Expenditures
0.00	1,843.00	0%	1,843.00	(B) Travel Expenditures
0.00	0.00	0%	0.00	(B) Equipment Expenditures
0.00	0.00	0%	0.00	(B) Consultants/Contracts Expenditures
0.00	62,364.00	0%	62,364.00	(B) Indirect Expenditures
0.00	235,769.00	0%	235,769.00	<b>TOTAL</b>

# Common Errors on Financial Report, DCJ

## Form 1-A



Indirect Calculation is incorrect.



Expenditures report in the Financial Report do not match the amount of the Payment Request(s).



Not using the most current, approved budget.



Incorrect Signatures for Project Director and/or Financial Officer.



Rounding to the nearest whole dollar - must be actual expenditures.



Submitting for reimbursement in contracts and consultants category with no approved corresponding DCJ Form 16.



Reporting Match when not required.



Submitting full supporting documentation when not required or requested by OVP.

# Payment Request



Payment Requests are due monthly or quarterly and must reconcile to the Quarterly Financial Report.



Grantees who are requesting reimbursement quarterly but would like to request monthly reimbursement, should contact their Grant Program Manager.



Supporting documentation should be collected and available in your grant file, but only submitted with your payment request **when requested**.

# Payment Request



Grantees whose approved grant budgets include one or more of the following must submit a detailed cost ledger outlining the grant expenditures for the period along with their payment request:



- approved grant budgets that include more than 1 contractor or consultant. The cost ledgers must identify contractors/consultants by name.
- approved grant budgets that include indirect costs and excluded expenses (e.g. grantee uses the de minimus cost rate and has rent expenses).

# Accompanying Accounting Ledger Examples

**VOCA 1/2018 - 12/31/18**  
**VOCA 2018**  
January through March 2018

	Jan - Mar 18
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
4300 · Government Grants/Contracts	24,476.93
<b>Total Income</b>	24,476.93
<b>Expense</b>	
66000 · *Payroll Expenses	
5000 · Payroll Expenses	
5010 · Salaries & Wages	
5020D Program Manager	4,625.01
5017 · Executive Director	6,412.50
5018 · Direct Service Coordinator	2,992.16
5020B · Chief Program Officer	3,965.76
<b>Total 5010 · Salaries &amp; Wages</b>	17,995.43
<b>Total 5000 · Payroll Expenses</b>	17,995.43
<b>Total 66000 · *Payroll Expenses</b>	17,995.43
66001 · Fringe/Benefits & Taxes	
5020 · Employee Benefits	
5023 · F&B -Direct Service Coordinator	440.28
5028 · F&B - Executive Director	887.49
5032 · F&B - Chief Program Officer	605.76
5034 · F&B - Program Manager	772.50
<b>Total 5020 · Employee Benefits</b>	2,706.03
<b>Total 66001 · Fringe/Benefits &amp; Taxes</b>	2,706.03
66002 · Supplies and Operating	
6002 · Rent	455.01
<b>Total 66002 · Supplies and Operating</b>	455.01
66006 · Client Financial Assistance	1,136.65
66025 · Indirect	2,183.81
<b>Total Expense</b>	24,476.93
<b>Net Ordinary Income</b>	0.00
<b>Net Income</b>	0.00

[REDACTED]  
**Transaction Report**  
April - June, 2022

DATE	TRANSACTION TYPE	NUM	NAME	ACCOUNT	SPLIT	AMOUNT	BALANCE
<b>Program Expenses</b>							
<b>Contract Labor</b>							
<b>Interpreters</b>							
04/01/2022	Bill	2022-20	[REDACTED]	5015.1 Program Expenses:Contract Labor:Interpreters	2000 Accounts Payable	45.00	45.00
04/05/2022	Bill	CG3LH9	Linguabee	5015.1 Program Expenses:Contract Labor:Interpreters	2000 Accounts Payable	664.00	709.00
04/17/2022	Bill	2022-47	[REDACTED]	5015.1 Program Expenses:Contract Labor:Interpreters	2000 Accounts Payable	45.00	754.00
04/25/2022	Bill	YTPNXL	Linguabee	5015.1 Program Expenses:Contract Labor:Interpreters	2000 Accounts Payable	126.00	880.00
05/05/2022	Bill	3GWN7W	Linguabee	5015.1 Program Expenses:Contract Labor:Interpreters	2000 Accounts Payable	682.50	1,562.50
<b>Total for Interpreters</b>						<b>\$1,562.50</b>	
<b>Total for Contract Labor</b>						<b>\$1,562.50</b>	
<b>Total for Program Expenses</b>						<b>\$1,562.50</b>	
<b>TOTAL</b>						<b>\$1,562.50</b>	

# Payment Request Navigation

Print/Preview

Summary Organizational Details Project Overview Budget Summary Additional Financial Details Documents

Grant Agreement **Financial (Payments)** Report Report Totals

Print Budget

Financial (Payments)

(click on column headers to sort on that column)

[Ask a Financial \(Payments\) Question](#)

Payment Request

Payment Request Number	Date Submitted	Status	Requested	Funding Amount Approved	Paid Payment (Disbursements)
		-none-			
		Total	\$ 0.00	\$ 0.00	\$ 0.00

Create a New Payment Request

To submit your Payment Request, navigate to the Financial (Payment) tab and select “Create a New Payment Request”.

# Payment Request Navigation

	Tel:  Fax:  EIN: 	<b>Project Contact</b> 
<b>Total Requested</b> \$ <b>Funding Amount Approved</b> \$ 0.00	<b>Date Submitted</b> <input type="button" value="Submit Payment Request"/> <a href="#">[delete this Payment Request]</a>	<b>Payment Request Contact</b> <input type="text" value="Name"/> <input type="text" value="Email"/> <input type="text" value="Telephone"/>
	<b>Payment Request Number</b> <input type="text"/>	

[Show Payment Request Status](#)

Examples of Payment Request Number naming conventions:

- Payment Request - Quarterly - Jan-March 2023
- Payment Request - Monthly - Jan 2023

# Payment Request Navigation

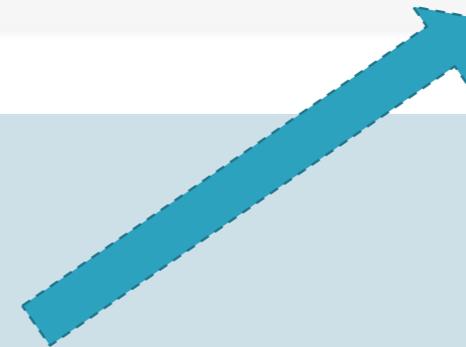
## Payment Request Details

Instructions [show/hide](#)

Complete the electronic Payment Request (DCJ Form 3) below and submit.

Requested Amount

\$



Enter your payment request amount here.

# Payment Request Navigation

## TIME PERIOD

 Calendar Year (2021 or 2022)

Payment Frequency (Q =Quarterly or M = Monthly)

Start Month for this Request (Jul-07, Aug=08,... Jun=06)

End Month for this Request (Jul-07, Aug=08,... Jun=06)

**All Federal/State Dollars previously requested have been received?**

Yes

No

# Payment Request Navigation

Supporting documentation, *if requested or required*, should be attached here.



**Documents Requested \***  
Supporting Documentation

*\* ZoomGrants™ is not responsible for the content of uploaded documents.*

**Payment Request Certification**  
By signing this report, I certify to the best of my knowledge and belief that the report is true, accurate, and not fictitious, or fraudulent information, or the omission of any material fact, may subject me to legal action.

THIS MUST BE CERTIFIED BY THE PROJECT DIRECTOR.

*Enter your name, indicating agreement with this statement*  
Sign here to accept

Project Director **MUST** be the one who “Signs” and submits *via their own ZoomGrants account log-in*.



# Payment Request Navigation

To check on the status of your payment request look here

**Payment Request**

Payment Request Number	Date Submitted	Status	Requested	Funding Amount Approved	Paid Payment (Disbursements)
		-none-			
		<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

[Create a New Payment Request](#)

Your new invoice will be listed when this page reloads.

**Payment (Disbursements)**

Date	Number	Description	Payment Request	Status	Payment (Disbursements)	Deposit	Balance
		Official Award Amount				\$ 326,886.00	\$ 326,886.00
			<b>Total</b>		<b>\$ 0.00</b>	<b>\$ 326,886.00</b>	<b>\$ 326,886.00</b>

## Status meanings

- **Pending** - awaiting OVP review
- **Approved** - reviewed and approved by OVP and has been sent for payment processing
- **Paid** - payment has been issued either via check or EFT

# Common Errors with Payment Requests



Requesting funds when progress has not been made on grant activities.



Request does not match expenditures on quarterly Financial Report - DCJ Form 1-A.



Electronic signature does not match Project Director's name and email address.



Payment Request is not clearly named.



Payment requests are based on estimates rather than actual expenditures.



Supporting documentation is missing, incomplete, incorrect, or poorly organized.

# Budget Revisions (DCJ Form 4-A)



Budget revisions are requested via DCJ Form 4-A



DCJ 4-A Budget Revision request must be uploaded into the Documents tab in ZoomGrants for approval.



Approved budget modifications will be found in your Documents Tab under Administrative Documents

Colorado Division of Criminal Justice  
Office for Victims Programs  
CY23 & 24 Crime Victim Services (CVS) Grant Program

VIEW OPEN PROGRAMS | SHOW DESCRIPTION | SHOW ELIGIBILITY CRITERIA | SHOW REVIEW CRITERIA | SHOW LIBRARY | CONTACT ADMIN

Division of Criminal Justice  
2022-VA-23 [REDACTED] Victim Response Team  
\$ [REDACTED] requested

Summary | Organizational/Agency Information | Project Overview | Budget Summary | Documents  
Grant Agreement | Financial (Payments) | Report | Report Totals

# Questions

- Contact your Grant Financial Manager if you have specific financial questions about the implementation of your award.
- Email [cvsgrants@state.co.us](mailto:cvsgrants@state.co.us) with any other questions.

