

MODULE 102: GRANT MANAGEMENT AND REPORTING

Office of Adult & Juvenile Justice Assistance
(OAJJA)

Division of Criminal Justice

2016-17

<http://dcj.state.co.us>

<http://dcj.oajja.state.co.us/>

GRANT MANAGEMENT RESOURCES

- ❑ Your DCJ Program Manager
- ❑ OAJJA web site - <http://dcj.oajja.state.co.us/>
- ❑ DCJ Grants web site - <http://dcj.state.co.us/home/grants>
- ❑ DCJ Administrative Guide for Federal Grants Programs
- ❑ 2015 DOJ Grants Financial Guide

DCJ FORMS



GRANT REPORTING FORMS

How they are used:

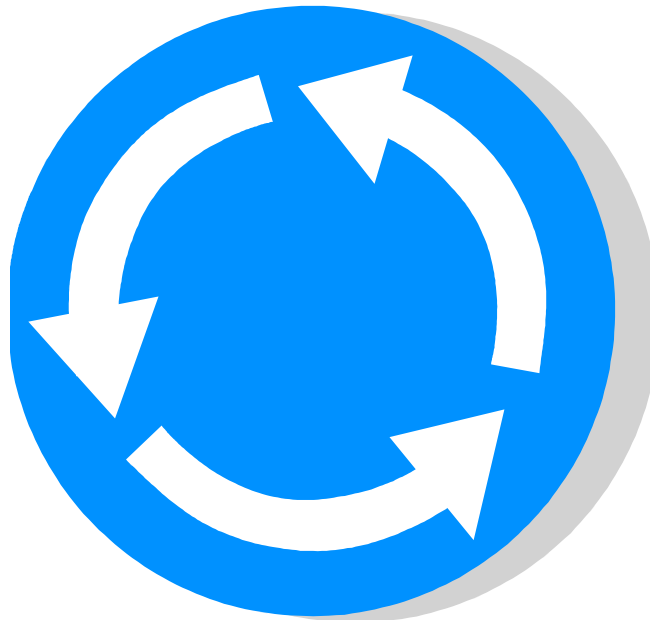
- ✓ Monitor Project Progress

Due dates:

- ✓ 15 days after the end of the calendar quarter (1/15, 4/15, 7/15, and 10/15)
- ✓ Final Reports are due 45 days after the end of the project.

DCJ FORMS

QUARTERLY
FINANCIAL
REPORT



QUARTERLY
NARRATIVE
REPORT

PAYMENT
REQUEST

QUARTERLY NARRATIVE REPORT- 2 Q

COLORADO DIVISION OF CRIMINAL JUSTICE QUARTERLY NARRATIVE REPORT (DCJ FORM 2-Q)

Prepare this report according to the instructions (see last page). Requests for funds may be denied unless this report is complete and filed on time as required by the Division of Criminal Justice.

GRANTEE:		GRANT NUMBER:	
PROJECT TITLE:		PROJECT DURATION:	
		FROM: TO:	
PREPARED BY:		WITHIN CALENDAR QUARTER OF YEAR DOES THIS REPORT COVER?	
DATE: PHONE: ()		Jan 1 to Mar 31 Jul 1 to Sep 30	
QUARTERLY PROGRESS REPORT Demographic information applies to this project: Yes = or No = (If yes, complete Section I below)		Apr 1 to Jun 30 Oct 1 to Dec 31	

SECTION I. DEMOGRAPHIC INFORMATION (If applicable): Complete the table reporting on unsubstituted numbers each quarter (enter "0" in fields if no clients were served; do not leave fields blank). If your program is tracking two or more distinct populations (i.e., adults and juveniles, parents and children, etc.) for which reporting is required we have provided an additional Table on page 2; remember to distinctly label each.

Major Ethnicity or Race Served (population)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)
White						
African American						
Native American						
Asian/Pacific Islander						
Mixed Race						
Other						
TOTAL						
Of above, number reporting Hispanic ethnicity						

Gender	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)
Male						
Female						
TOTAL						

Outcome (for those goals which have listed this as a data element)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)	Number of (If N/A, N/A)
If Who Listed Successfully					
If Who Listed Unsuccessfully					
If Who Re-Offended					
If Still in Progress					

SECTION II. PROGRESS TOWARD GOALS AND OBJECTIVES: ONLY IN THE FIRST, REPORT THIS INFORMATION FOR CURRENT QUARTER ONLY- DO NOT CUT AND PASTE FROM PRIOR QUARTERS. Beginning on Page 2, complete progress reporting for each goal using the format below.

Report progress on each goal (as stated in the Grant Agreement or subsequent most recent DCJ approved Statement of Work) by addressing items 1-4 below. If there was no activity toward a particular goal during the quarter, state such in the narrative, but the reasons must be explained. Please describe any technical assistance and/or training needs you may have.

- 1) Activities: Activities and strategies implemented to date to meet the goal include number of participants served, services provided, and dosage, if applicable.
 - 2) Timelines: Are timelines being met? If no, please explain the delay.
 - 3) Indicators: Provide indicators that show progress toward attaining each listed outcome/indicator. Include data regarding project outputs or completion of tasks (give a numeric value where available, such as number of participants served, equipment purchased, records updated, classes taught, number of lab tests completed, total number served versus stated number to be served, number of participants referred for needed services, types of services, etc.). If a direct service project, look at your data- are you seeing anything that needs addressed such as a differential success rate by race/ethnicity and/or gender, or specific services that are regularly and routinely needed?
 - 4) Problems/Concerns: What were they, how did they impact the program/project, how were they handled and what is your plan to get back on track?
- Items 5 & 6 relate to the project as a whole for this quarter.
- 5) Project/Program Changes: Have any significant changes been made within the program/project since the last reporting period? Please explain in detail.
 - 6) Program/Project Highlights: Please describe any highlights of this program/project you feel are relevant to the program/project outcome. These can be intentional/unintentional outcomes of the work that you are doing. Please be specific in your description.

REQUIRED: GRANTEE SIGNATURES: I certify that, to the best of my knowledge and belief, this report and attachments are correct and complete.

Project Director's Signature / Date

SUBMIT ONE SIGNED FORM TO DCJ NO LATER THAN 15 DAYS AFTER THE END OF EACH CALENDAR QUARTER.

QUARTERLY NARRATIVE REPORT- 2 Q

Narrative Report Components

- ❑ Prepared By - the individual(s) completing the form.
- ❑ Demographic Information -must be completed when a project provides direct services (by the applicant agency and/or the vendor)
- ❑ Report progress on each goal. If there was no activity toward a particular goal during the quarter, state such in the narrative, but the reasons must be explained.
- ❑ Report Certification - certification statement acts as an electronic signature. By certifying the grantee understands that backup documentation must be kept on hand and made available to DCJ if requested.

PROGRESS ON GOALS- 2Q

1. **Activities**: Activities and strategies implemented to date to meet the goal; include number of participants served, services provided, and dosage, if applicable.
2. **Timelines**: Are timelines being met? If no, please explain the delay.
3. **Indicators**: Provide indicators that show progress toward attaining each listed outcome/indicator. Include data regarding project outputs or completion of tasks (give a numeric value where available)

PROGRESS ON GOALS- 2Q (CONT)

4. **Problems Encountered:** What were they, how did they impact the program/project, how were they handled and what is your plan to get back on track?

Items 5 & 6 relate to the project as a whole for this quarter.

5. **Project/Proposed Changes:** Have any significant changes been made within the program/project since the last reporting period? Please explain in detail.

PROGRESS ON GOALS-2Q (CONT)

6. **Progress/Highlights:** Please describe any highlights of this program/project you feel are relevant to the program/project outcome. These can be intentional/unintentional outcomes of the work that you are doing. Please be specific in your description.

QUARTERLY NARRATIVE REPORT- 2 Q

- ❑ Quarterly reports must be submitted in within 15 days after the end of each calendar quarter, even if there is no activity for that quarter.
- ❑ If there was NO ACTIVITY for the quarter, you must provide an explanation.
- ❑ Once a goal has been met, note that it has been COMPLETED.

QUARTERLY NARRATIVE REPORT- 2 Q

Common errors

- ❑ Not addressing any problems encountered with the project (staff issues, lack of progress, etc.)
- ❑ Not providing sufficient detail on activities
- ❑ Not completing the demographic table (if providing direct services)

FINAL NARRATIVE REPORT- 2F

Final Narrative Report Components

- ❑ Prepared By - the individual(s) completing the form.
- ❑ Final Table (demographics) -must be completed when a project provides direct services (by the applicant agency and/or the vendor)
- ❑ Final Narrative- Must include a summary of the entire grant, with an **emphasis on the impact of the project** on the Problem identified in the grant application
- ❑ Report Certification - certification statement acts as an electronic signature

FINAL NARRATIVE REPORT- 2F

(CONT)

1. **Project impact**: Include an analysis of the project's impact on the problem statement addressed in the application.
2. **Outcomes**: Given how success was defined in the grant application, has this project(s) met with success? Did the project serve the intended number and population? Did the project accomplish all objectives? If not, why not. The analysis should identify the specific ways in which the project has had an impact (i.e., reduction of crime, improvement of the criminal justice system, or cost savings to law enforcement or other government agencies).

FINAL NARRATIVE REPORT-2F

(CONT)

3. **Long-Term Sustainability Plan**: If the project has not impacted the intended problem(s) or met with success, will the agency continue implementing it? What changes are planned to make the project more effective? If the project has been successful, what plans will be implemented to diversify its funding base (city/county financial support) and how are you documenting long-term cost effectiveness of this project?
4. **Publications**: List any documents that were produced by or for the program using these grant funds. Attach any that were not previously submitted.
5. **Grants Process**: Provide feedback about improving our application and grant process, including our grant reporting, payments, etc. Identify any technical assistance needs.

FINAL NARRATIVE REPORT- 2F

- ❑ The FINAL Narrative is due within 45 days of the end of the grant period; this report is in addition to the last quarterly narrative report

Common errors

- Final report does not include impact statement, only summarizes the quarterly information
- Repeats last quarter information only
- Demographic table(s) is not completed

FINANCIAL REPORT (DCJ FORM 1-A) QUARTERLY & FINAL

- ❑ Used to report project expenditures for the quarter.
- ❑ Expenditures of funds must reconcile to the agency's General Ledger. If sub-ledgers are used, a process to reconcile the sub-ledger to the General Ledger must be in place.
- ❑ The 1-A may contain Unpaid Invoices (any unpaid invoice(s) for the quarter or the legal commitment for goods/services not yet paid), however, the FINAL financial report cannot contain Unpaid Invoices.
 - ❑ Personnel and Indirect/Admin costs never have unpaid invoices.

FINANCIAL REPORT

DCJ FORM 1-A

Quarterly and Final Financial Report

- ❑ Quarterly reports are mandatory and must be submitted within 15 days after the end of each calendar quarter, even if you do not incur any expenses within the quarter
- ❑ Projects with start dates other than the first day of a calendar quarter must still report at the end of the calendar quarter

FINANCIAL REPORT (DCJ FORM 1-A)

FINAL

- ❑ The Final Financial report is an optional report, and must be used only if you reported unpaid invoices on the “last quarter’s” report. This report is due 45 days after the end of the grant award period, giving you 30 days from the due date of the quarterly report to pay your unpaid invoice(s) and submit this report.

- ❑ The final can be combined with the last quarterly report if:
 - ✗ Awarded funds have been fully expended,
 - ✗ All invoices have been paid, and
 - ✗ The report is submitted no later than 15 days after the end of the grant award period.

FINANCIAL REPORT (DCJ FORM 1-A)

Paper Form

TYPE OF REPORT: ☒ Quarterly Progress ☐ Quarter # _____; and/or ☐ Final Report ☐

Jan 1 to Mar 31 _____ Apr 1 to Jun 30 _____
 Jul 1 to Sep 30 _____ Oct 1 to Dec 31 _____

EXPENDITURES						
Budget Category	Fund Source	Approved Budget	A Expenditures Beginning of quarter (C on previous report)	B Expenditures This Quarter	C Total Expenditures to Date (A + B)	Unpaid Obligations/Invoices at end of quarter
Personnel	Award 1					
	Cash Match 2					
	In-kind Match 3					
	Total 4					

Indicate if the report is Quarterly or Final or both. They may be combine the last quarter and final if you don't have any outstanding invoices reported and all expenses are paid, regardless of whether or not you spent the full amount of your award. This report will then be considered your "Final".

ZoomGrants Form

5. Is this report a Quarterly AND Final Report

☒ No
☐ Yes

6. Expenditures This Quarter - Award

22317.65 (B) Personnel Expenditures

(B) Supplies & Operating Expenditures

107.07 (B) Travel Expenditures

1000.00 (B) Consultants/Contracts Expenditures

(B) Indirect Expenditures

7. Expenditures This Quarter- Cash Match

7439.22 (B) Personnel Expenditures

(B) Supplies & Operating Expenditures

(B) Travel Expenditures

(B) Equipment Expenditures

(B) Consultants/Contracts Expenditures

8. Expenditures This Quarter - In-Kind Match

(B) Personnel Expenditures

(B) Supplies & Operating Expenditures

(B) Travel Expenditures

(B) Equipment Expenditures

(B) Consultants/Contracts Expenditures

9. Unpaid Invoices This Period

Supplies & Operating Unpaid Invoices this period - Award

Supplies & Operating Unpaid Invoices this period - Cash Match

Travel Unpaid Invoices this period - Award

Travel Unpaid Invoices this period - Cash Match

Consultants/Contracts Unpaid Invoices this period - Award

Consultants/Contracts Unpaid Invoices this period - Cash Match

- ☐ Approved Budget: is your final budget reflected in your Grant Agreement, Exhibit B2, Budget and Budget Narrative, Total Request or your most recent approved Budget Revision. (Paper form only)
- ☐ Expenditures Beginning of Quarter: is the Total Expenditures to Date from the last prior report (Paper form only)
- ☐ Expenditures This Quarter: report project expenditures for this quarter (Award, Cash Match, In-Kind Match are separated into separate entries)
- ☐ Total Expenditures to Date: sum of Expenditures Beginning of Quarter and Expenditures This Quarter (Paper form only)
- ☐ Unpaid Invoices at End of Quarter: report unpaid invoices for this quarter

FINANCIAL REPORT (DCJ FORM 1-A)

Paper Form

REQUIRED GRANTEE SIGNATURES: I certify that, to the best of my knowledge and belief, this report is correct and complete, and that all expenditures and unpaid obligations are for the purposes set forth in the grant award documents. I, hereby, also certify that the content of this form, other than the data entry required, has not been altered. ☐

Financial Officer's Signature / Date

Project Director's Signature / Date

ZoomGrants Form

10. Financial Officer: I certify that, to the best of my knowledge and belief, this report is correct and complete, and that all expenditures and unpaid obligations are for the purposes set forth in the grant award documents.

Enter name below to act as a signature:

Maximum characters: 255. You have 238 characters left.

11. Project Director: I certify that, to the best of my knowledge and belief, this report is correct and complete, and that all expenditures and unpaid obligations are for the purposes set forth in the grant award documents.

Enter name below to act as a signature:

Maximum characters: 255. You have 241 characters left.

12. Project Director: I certify that the appropriate backup documentation is available onsite, if requested and will be retained for the required time as specified in the grant agreement.

Enter name below to act as a signature:

Maximum characters: 255. You have 241 characters left.

FINANCIAL REPORT (DCJ FORM 1-A)

FINAL

Final Financial Report

- ❑ Accurately report expenses to match your accounting ledgers, even if you have not spent all of the grant money.
- ❑ The only expenditure(s) that will show on this report is the payment of the Unpaid Invoice(s) reported on the last quarter report
- ❑ All invoices and expenses should be paid for this report to be final.
- ❑ The Final Financial Report is only required if you reported unpaid invoices in your last Quarter Financial Report
- ❑ The FINAL financial report cannot contain Unpaid Invoices

FINANCIAL REPORT (DCJ FORM 1-A)

Common errors

- ❑ Double reporting expenses by entering the amount in both the “Unpaid Invoices” and the “Expenses This Quarter” columns.
- ❑ Basing reported expenses from the Payment Request instead of the actual expenses from the accounting system/ledgers. This happens frequently if grantees draw funds from DCJ on a monthly basis, instead of a quarterly reimbursement.

PAYMENT REQUEST

Payment Request

- ❑ Most Payment Requests are submitted on a quarterly reimbursement basis with your Financial Expenditure Report (Form 1-A)
- ❑ Federal cash on hand cannot exceed more than 10 days of anticipated expenditures
- ❑ Verify that the Payment Request matches reported expenditures on the Form 1-A if on a quarterly reimbursement basis
- ❑ Your Payment Request will not be approved for payment if your:
 - ✗ Narrative/Financial reports are late or submitted incorrectly
 - ✗ Required documentation has not been received
 - ✗ Any applicable Special Conditions have not been met

Payment Request

Time Period: 07-01-2015 to 09-30-2015 ▼

SECTION I: CASH NEEDS FOR THIS TIME PERIOD

1. Projected or Actual Expenditures for this time period	\$7,267.40
2. Less Cash Match available during this time period	\$0.00
3. TOTAL FEDERAL/STATE-AWARDED FUNDS NEEDED DURING THIS TIME PERIOD (Line 1 minus Line 2)	\$7,267.40

SECTION II: CASH SUMMARY AND REQUEST

4. Total Amount of Federal/State Dollar Award:	\$26,664
5. Total Amount of Federal/State Dollars Received to Date:	\$19,396.60
6. Total Amount of Federal/State Dollars Requested, Not Received:	\$0.00
7. TOTAL AMOUNT OF THIS REQUEST (#3 above):	\$7,267.40
8. Totals of Lines 5, 6 & 7:	\$26,664.00
9. Federal/State Award Balance (Line 4 minus Line 8):	\$0.00

Recalculate

Payment Request

Data only needs to be entered in lines 1, 2, 5 and 6. The system will automatically bring forward and calculate the other lines.

Line 1: Total amount of expenditures for this time period.

Line 2: Cash match – this will always be “0” for JAG programs

Line 3: Balance of federal dollars needed

Line 4: Federal award amount.

Line 5: Federal dollars received to date

Line 6: Federal dollars requested but not yet received

Line 7: Total amount of this request. This line will be the same as Line 3 above.

Line 8: Total of lines 5, 6 and 7

Line 9: Available federal dollars remaining

On the final payment request for your grant, if your award was fully expended line 9 should be \$0, otherwise the balance remaining should reflect the unspent federal funds you will be not be using on your project.

The form may look different in paper form than in ZoomGrants. The fields are in the same order and have the same content.

PAYMENT REQUEST

Common errors

- ❑ Request does not match reported expenditures for the quarter
- ❑ Requesting funds in advance on an estimated basis (excessive draw down of funds)
- ❑ Requesting funds when progress has not been made on grant activities



❑ Vendor Setup and CORE Payment for State Agencies:

- State Agencies need to be set up as an Internal Vendor for transfer of funds.
- Until the PRMI document in CORE is working, an ITI needs to be done and submitted for CDPS for approval using RDAA as the Agency Code. E-mail the ITI number to cindya.johnson@state.co.us, and be sure to reference your grant number in the e-mail. Once your payment request has been approved by your DCJ Grant Manager, an ITA will be submitted.



PROGRAM INCOME



PROGRAM INCOME

- ❑ Program income means gross income earned that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance.
 - Examples of program income that are normally seen with JAG projects are:
 - Income from fees for services performed
 - Registration fees
 - The use or rental of real or personal property acquired under the federal award

NOTE: Fines as a result of law enforcement activities are not considered project income.

PROGRAM INCOME CONT.

- ▣ Program income must be used for the same purposes and under the same conditions as the original federal award. Program income must be expended on the project as soon as possible.

PLEASE NOTIFY YOUR DCJ GRANT MANAGER IF
YOU ARE, OR ANTICIPATE, GENERATING PROGRAM
INCOME!!

PROGRAM INCOME REPORT

Purpose

Quarterly reporting to track project income generated by the activities of the funded project and the expenditures of this income.

How they are used

Reports are reviewed to track and report the amount of project income earned by a project and to ensure the required percentage of program income is expended.

DCJ Form 1-B

Line 1: Amount of program income is always \$0 for the 1st quarter. Subsequent quarters enter the amount from line 4 of the previous quarter.

Line 2: Receipts of Income earned for the Quarter.

a: Check the type of service provided, Client or Registration

b: Other, please specify

Total Receipts This Quarter (a+b).

Line 3: Expended amount this quarter.

Line 4: Cash Balance at end of Quarter, (1+2)-3. This line should always be 0 on the final report.

1. PROJECT INCOME BALANCE at Beginning of Quarter (Line 4 from previous report, or "0" if this is the first report.)				1. \$	
2. RECEIPTS/INCOME THIS QUARTER, BY SOURCE					
a. Fees (check all that applies) <input type="checkbox"/> Client <input type="checkbox"/> Registration		\$			
b. Other (please specify)		\$			
TOTAL RECEIPTS THIS QUARTER (sum of a through b)				2. \$	-
3. TOTAL EXPENDITURES OF PROJECT INCOME THIS QUARTER				3. \$	
4. BALANCE END OF QUARTER [(1+2) - 3 = 4]				4. \$	-

The form may look different in paper form than in ZoomGrants. The fields are in the same order and have the same content.

PROJECT INCOME REPORT

Common errors

- ☐ Submitting this report in place of the 1-A financial quarterly report. If your project earned program income, both reports are required.
- ☐ Combining your awarded grant funds with your program income dollars.
 - ☐ Including your grant payment as revenue on this report
 - ☐ Showing expenses paid by grant dollars as expended program income.

DCJ PRIOR APPROVAL FORMS

DCJ FORM 16

Professional Services/Consultant Certification (DCJ Form 16)

SECTION II: PRIOR APPROVAL

☐ Not Applicable - The maximum hourly rate does not exceed \$650 per 8-hour day (\$81.25/hr.) (Federally Funded Grants), **OR** State Funded Grants. Complete Section III.

☐ Prior Approval Required (***federal grant funds only***) – The hourly rate exceeds the maximum per hour and is /hr. Attach a written justification for the payment rate with this form, and the proposed draft of the Statement of Work, Purchase Order, or Contract. Stop here and submit to DCJ, do not complete Section III until prior approval is granted.

SECTION III: CONTRACT EXECUTION DETAILS

A. ☐ Grantee has verified that the contractor is not on the federal debarment list and is actively registered at <https://www.sam.gov>.

B. Total Contract Amount:
Amount Paid by Grant: Amount Paid by Match (if applicable):

C. Attach a copy of the **signed Statement of Work, Purchase Order, or Contract** with outside contractor.
Date executed:

D. Indicate the type of Procurement Process used to select this contractor. All procurements must be conducted in a manner to provide, to the maximum extent practical, open and free competition. Attach a description of the process utilized.
☐ Competitive (informal/formal) ☐ Sole Source ☐ Other

E. Has contractor been notified of the provision regarding copyrighted materials? (see page 2 for provisions)
☐ YES ☐ NO ☐ N/A

been received and approved.

DCJ PRIOR APPROVAL FORMS

DCJ FORM 16

This form is used to verify the grantee's compliance with federal/state regulations regarding services provided by outside contractors under contract with the project. This form must be completed and forwarded to DCJ at the time of contract execution, and **if the hourly rate exceeds the maximum per hour rate prior approval must also be submitted before contract execution**. Refer to the DCJ Administrative Guide applicable to your grant program (State or Federal) for additional information. All sections must be completed.

SECTION I: CONTRACTOR INFORMATION

Contractor's Name and Address:

SECTION II: PRIOR APPROVAL

☐ Not Applicable - The maximum hourly rate does not exceed \$650 per 8-hour day (\$81.25/hr.) (Federally Funded Grants), **OR** State Funded Grants. Complete Section III.

☐ Prior Approval Required (**federal grant funds only**) – The hourly rate exceeds the maximum per hour and is /hr. Attach a written justification for the payment rate with this form, and the proposed draft of the Statement of Work, Purchase Order, or Contract. Stop here and submit to DCJ, do not complete Section III until prior approval is granted.

SECTION III: CONTRACT EXECUTION DETAILS

- A. ☐ Grantee has verified that the contractor is not on the federal debarment list and is actively registered at <https://www.sam.gov>.
- B. Total Contract Amount:
Amount Paid by Grant: Amount Paid by Match (if applicable):
- C. Attach a copy of the **signed Statement of Work, Purchase Order, or Contract** with outside contractor.
Date executed:
- D. Indicate the type of Procurement Process used to select this contractor. All procurements must be conducted in a manner to provide, to the maximum extent practical, open and free competition. Attach a description of the process utilized.
☐ Competitive (informal/formal) ☐ Sole Source ☐ Other
- E. Has contractor been notified of the provision regarding copyrighted materials? (see page 2 for provisions)
☐ YES ☐ NO ☐ N/A

FORM 16 CONT.

- ❑ Note: The main purpose of this form is to ensure a fair, open, and competitive process of vendor selection that meets federal requirements.
- ❑ The debarment/excluded parties list needs to be checked at <https://www.sam.gov>
- ❑ Total contract amount versus amount paid by the grant.
- ❑ The maximum hourly rate cannot exceed \$81.25 or \$650 per 8 hour day without **PRIOR APPROVAL** from DCJ.
- ❑ Justification must demonstrate that this compensation rate is reasonable and consistent with that paid for similar services in the market place .
- ❑ Documentation must include prior contracts or invoices between the consultant and other agencies for similar work, if possible, or comparison with other potential providers of the same or similar work.

FORM 16 CONT.

- ❑ Per your agency's procurement policies indicate the type of Procurement Process used to select this vendor. Attach a description of the process utilized. All procurements must be conducted in a manner to provide, to the maximum extent practical, open and free competition.
 - Sole source
 - Competitive
 - Other (please explain)
 - If your agency does not have a procurement process, you must use the State's procurement process. Please contact DCJ for assistance.
- ❑ Copyrights/Intellectual rights - "DCJ reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and authorize others to use, for Federal government purposes: 1) The copyright on any work developed under an award or subaward; and 2) Any rights of copyright to which a recipient or subrecipient purchases ownership with support."

Note: These are part of your Grant Agreement

FORM 16 CONT.

- ❑ *Per your agency's purchase order/contract process, your purchase order/contract at a minimum should include:*
 - Parties
 - Performance period and total amount of contract
 - Detailed statement of work
 - Deliverables/Description of goods and services provided
 - Vendor/contractor obligations
 - Standards for acceptable performance
 - Itemized budget including personnel/qualifications and credentials
 - Purpose
 - Notices and representatives
 - Payment process for vendor/contractor
 - Licenses and insurance
 - Breach of contract and remedies
 - Retention of records
 - Confidentiality
 - Signatures of the appropriate Authorized Officials

DCJ PRIOR APPROVAL FORMS

Common errors with the DCJ Form 16

- ❑ The grantee did not follow the appropriate procurement procedures
- ❑ The grantee did not provide justification if it is a sole source contract
- ❑ All appropriate back-up documentation was not submitted (statement of work, contract, procurement policy, MOU, detailed contract budget, timeframes, etc.)
- ❑ The contract was not signed by an authorized official of the grantee agency and/or the contract agency who has authority to enter into contracts
- ❑ The debarment/excluded parties list was not consulted:
- ❑ Justification was not included if the hourly wage exceeded \$81.25 per hour or \$650 per 8 hour day
- ❑ The Form 16 was not submitted to and approved by DCJ PRIOR to spending funds under this line item

Note: Form 16 must be approved prior to contract execution!

DCJ PRIOR APPROVAL FORMS

Equipment Procurement Certification (DCJ Form 13)

- ❑ Used to obtain prior approval to purchase equipment
- ❑ Equipment = Tangible, nonexpendable property with an acquisition cost of \$5,000 or more and a useful life of more than one year
- ❑ Grantee must comply with all applicable local, state, or federal procurement procedures
- ❑ Grantee must document procurement procedure and submit all back-up documentation (i.e. copy of procedure, bids, sole source justification, etc.) to DCJ by mail, fax or email - cannot be attached in COGMS
- ❑ Form must be completed in its entirety to be approved

DCJ PRIOR APPROVAL FORMS

Equipment Procurement Certification (DCJ Form 13)

1. Equipment to be Purchased: Include brand name, model, price of each unit. For automated data processing (ADP) equipment, include any added features, peripherals and ancillary items necessary to its operations, as well as PRICE of each piece of equipment.

Brand Name:	
Model #:	
Price:	
% Paid by awarded federal funds:	0.00%
% Paid by matching and/or agency funds:	0.00%

2. Vendor Name and Address:

--

3. Procurement Process Used – Check one:

- ☐ a. Existing federal, state or local bid from established state or local government award list that meets or exceeds the federal guidelines.

Bid Type: Federal

☐

State

☐

Local

☐

Award Number:

--

- ☐ b. Competitive procurement (ATTACH a description of the vendor selection process, the number of qualified vendors, the vendor selected and reason for selection.)

- ☐ c. Sole source procurement (ATTACH a sole source justification explaining each of the following circumstances that apply:)

* Item is available only from a single source	* Emergent need does not permit a delay that might result from a formal competitive solicitation
* After solicitation of a number of sources, competition was deemed inadequate	* Expertise of the vendor

4. Answer the following questions regarding this equipment purchase:

a. Is the equipment identified within the approved grant application and is it necessary and sufficient to meet the project goals?	--select--
b. Is the equipment procurement in compliance with existing federal, state, and local laws and regulations?	--select--
c. Was a purchase/lease comparison demonstrating that it is more advantageous to purchase rather than lease the equipment conducted?	--select--

Backup
documentation
needs to be attached

DCJ PRIOR APPROVAL FORMS

Common errors with the DCJ Form 13

- ❑ The grantee did not follow their agency's appropriate procurement procedures
- ❑ The grantee did not document the bids and/or did not provide adequate documentation to DCJ
- ❑ The Form 13 was not submitted and approved before the equipment purchase

Note: Payment requests will not be processed if form(s) have not been received and approved

DCJ EQUIPMENT CLOSE-OUT FORM

Equipment Inventory/Retention (DCJ Form 5)

- ❑ Submitted to record the equipment purchased with the grant and matching funds
- ❑ The form must be completed and submitted by the Project Director within **45 days** of the grant end date
- ❑ Grantee must resubmit this form upon a change in disposition of any equipment, even if it occurs after the end of the grant period
- ❑ DOJ Grants Financial Guide provides program specific information on equipment disposition

DCJ EQUIPMENT CLOSE-OUT FORM

Equipment Inventory/Retention (DCJ Form 5)

SECTION I: EQUIPMENT INFORMATION

Description: <input type="text"/>	
Serial #: <input type="text"/>	Inventory #: <input type="text"/>
Date of Acquisition: <input type="text"/>	Cost: <input type="text"/>
Federal Award Identification Number: <input type="text"/>	
Percent of cost paid with awarded federal funds from this grant: <input type="text" value="0.00%"/>	
Location of Equipment: <input type="text"/>	
Use and Condition of Equipment: <input type="text"/>	

SECTION II: RETENTION AND DISPOSAL: Complete this section for the Grant Award Period End and/or Final Disposition Reporting.

Status: [check the appropriate box (es)]

☒ Retention:

- ☐ Item has depreciated to a value less than \$5,000 and no longer requires inventory.
- ☐ The equipment has a value of \$5,000 or greater and will continue to be used for the authorized federal grant purposes for which it was acquired.
- ☐ The equipment has a value of \$5,000 or greater and will be used for other activities currently or previously supported by a Federal agency. Describe in the space provided:

☒ Disposal:

- ☐ Item has depreciated to a value less than \$5,000 and no longer requires inventory.
- ☐ The equipment has a value of \$5,000 or greater and is no longer needed for the funded project or other activities currently or previously supported by a Federal agency:
 - ☐ Traded in or sold to offset the cost of replacement equipment. (If this occurs during the grant period, prior approval must be obtained from your DCJ Grant Manager). Replacement equipment will require a new DCJ Form 5.
 - ☐ Sold at fair market value in excess of \$5,000. Proceeds must be returned to DCJ equal to the percentage paid by federal grant funds.
 - ☐ Returned to the Division of Criminal Justice (Prior to returning equipment, contact your DCJ Grant Manager).
- ☐ Lost, damaged or stolen. Attach a copy of report made and investigation results.

DCJ EQUIPMENT CLOSE-OUT FORM

Common errors with the DCJ Form 5

- ❑ Grantee fails to submit Form 5 or to comply with retention requirements
- ❑ Grantee does not submit a separate Form 5 for each piece of equipment

DCJ MODIFICATION REQUESTS

Common Modification Forms (Download and save the form prior to editing.)

Form Name	DCJ Form Number	Grant Funds Source	Due Dates	Signatures
Budget Revision	DCJ Form 4-A	State Federal	Due 30 days prior to deviating from the current approved budget [Prior Approval Required]	Financial Officer Project Director
Change in Project Officials	DCJ Form 4-B	State Federal	Due 15 days following a change in Project Director, Financial Officer, or Signature Authority	Project Director or Signature Authority
Change in Grant Award Period	DCJ Form 4-C	State Federal	Due No Later than 60 days Prior to the end of the Grant Award Period [Prior Approval Required]	Project Director
Modification of Other Grant Agreement Terms	DCJ Form 4-D	State Federal	Due 30 days prior to deviating from the current approved Grant Agreement [Prior Approval Required]	Project Director

DCJ MODIFICATION REQUESTS

- ❑ Reasons for requests need to be clear and detailed. If the narrative does not provide adequate detail, the Modification Request will be denied.
- ❑ Once a Modification Request is submitted, Grant Managers will reopen the corresponding application section (ie. Goals and Objectives) so that the Project Director can submit these changes.
- ❑ Please note - Grant extensions still need to be submitted a minimum of 60 days in advance.

DCJ MODIFICATION REQUESTS

Budget Revision (DCJ Form 4-A)

- ❑ Must include a narrative explaining the need for the budget revision.
 - ❑ NOTE: Changes within a Budget Category, e.g., items within the supplies and operating category, usually do not require a modification but the grantee must discuss this with their DCJ Grant Manager. **Some changes will require a contract amendment.**

Common errors with Budget Revisions

- ❑ The form has been submitted without the required reasons for the request
- ❑ The budget revision requested changes the scope of the project, this will require a Contract Amendment

NOTE: VERBAL APPROVAL IS NOT SUFFICIENT

DCJ MODIFICATION REQUESTS

Change in Officials (DCJ Form 4-B)

- ❑ Any changes in the project officials must be communicated to your DCJ grant manager
- ❑ Must include a narrative explaining the need for the change
- ❑ An official grant agreement modification is not required, but must be approved by DCJ.

Common errors with Change In Project Official Revisions

- ❑ The official(s) left before change(s) was requested

DCJ MODIFICATION REQUEST

Change in Grant Award Period (DCJ Form 4-C)

- ❑ Option Letter: Unilateral only (signed by State only)
- ❑ Used to request no-cost extension to the grant award period
- ❑ Request must be made at least 60 days prior to the end of the grant award period
- ❑ A grant extension will not be approved after the end of the grant award period - cannot be retroactive
- ❑ Must include a narrative explaining the need for the extension
- ❑ All reports must be up-to-date and applicable Special Conditions must have been met for the change to be considered

NOTE: VERBAL APPROVAL IS NOT SUFFICIENT

DCJ MODIFICATION REQUESTS

Common errors with Grant Extensions

- ❑ Grantee does not request the change in a timely manner
- ❑ Grantee does not justify the need for the extension
- ❑ The end date being requested is past the federal or state award end date (is the money still “good”)
- ❑ Multiple extensions – does this signify that the project is in trouble?

DCJ MODIFICATION REQUESTS

Modification of Other Grant Agreements (DCJ Form 4-D)

- ❑ Contract Amendment: Bi-lateral signatures are required
- ❑ To add, modify, or delete goals and/or objectives of the project
- ❑ A narrative explaining and justifying the requested change is required

Common errors

- ❑ Does the requested modification change the whole scope of the grant?
- ❑ May need pre-approval from the federal funding agency to modify the sub grant (i.e. Coverdell, NCHIP)

NOTE: VERBAL APPROVAL IS NOT SUFFICIENT

DCJ MODIFICATION REQUESTS

Contract Modification Tools:

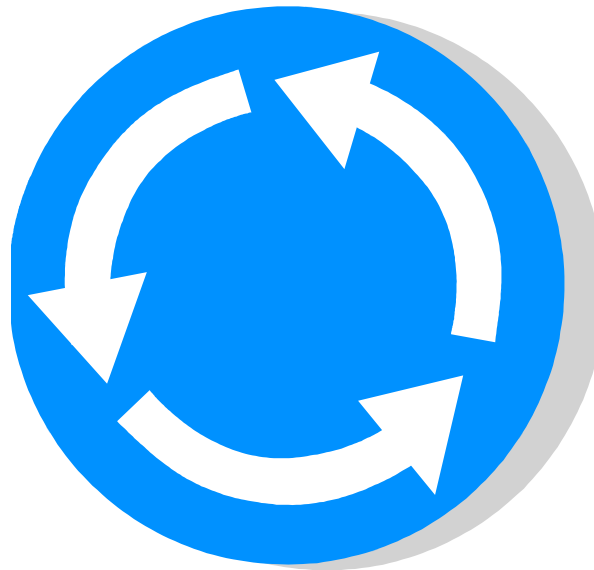
- ❑ General Approval - used to update project officials, some budget revisions, **late start dates** and close the grant early
- ❑ Grant Funding Change Letter- used to increase or decrease funding without a change in the Statement of Work
- ❑ Option Letter - this form is used for a change in grant award period and other changes not related to the statement of work
- ❑ Contract Amendment - changes in goals and objectives as some budget changes

A modification request must be submitted in COGMS no later than 60 days prior to the grant end date.

DCJ FORMS

Form 16

QUARTERLY
FINANCIAL
REPORT &
PROJECT INCOME
REPORT
(IF APPLICABLE)



Forms 13 and 5

QUARTERLY
NARRATIVE
FORMS (2Q)

**General Approval
Option Letter
Contract Amendment**

PAYMENT REQUEST

CLOSING OUT A GRANT



CLOSING OUT A GRANT

- ❑ Verify that copies of all reports, including final reports (final project income reports if applicable), have been submitted and copies are in your working grant file
- ❑ Verify that all back-up materials (timesheets, invoices, accounting reports, etc.) for 1-A's are in your working grant file
- ❑ For equipment grants: the Form 5 is submitted
- ❑ Verify that all formal monitoring findings have been resolved, if applicable.
- ❑ Records retention: 3 years after the Final Financial Report (DCJ Form 1-A) has been approved by DCJ.

CLOSING OUT A GRANT

- ❑ Contracts Management System (CMS):
Statewide database for all contracts/grants with the State.
Includes grants awarded by DCJ. All grants over \$100,000 will receive a Final Performance Rating generated by DCJ which will be posted on CMS. This will be emailed to the Project Director for your file.

FEEDBACK AND QUESTIONS

Who to call/email:

Financial Matters

Cindy Johnson

(303) 239-4443

Cindya.johnson@state.co.us

All Other Grant Questions:

Kyle McDonald

(303) 239-4452

kyle.mcdonald@state.co.us

Please complete a brief survey regarding this training:

<https://www.surveymonkey.com/r/2XX8Y35>

COMPLETE THIS PAGE AND EMAIL TO THE ADDRESS BELOW

I certify that I have completed this 2016 Module
102: Grant Management and Reporting training.

Date Completed: _____

Name: _____

☐ Project Director or ☐ Financial Officer (check one)

Grant Number: _____

Project Name: _____

Email Form to: cdps_dcj_oajjagrants@state.co.us