

DCJ Form 16



Professional Services/
Consultant Certification

Purpose of the DCJ Form 16

- This form in COGMS is used to obtain DCJ approval for the procurement of services by outside vendors who will be under contract with the grantee agency for the funded project.
- This form is used to verify the grantee's compliance with federal/state regulations regarding services provided by outside vendors who are under contract with this project.

IMPORTANT!

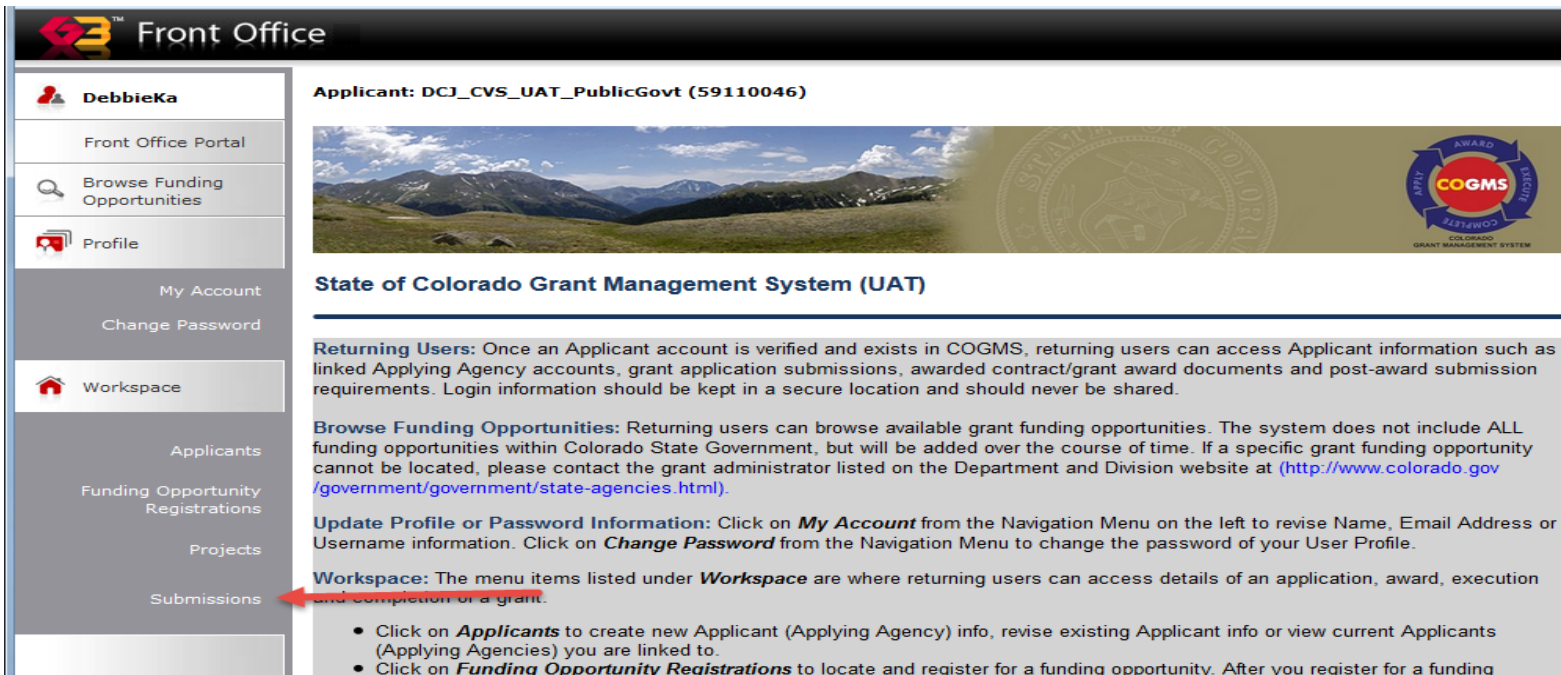
- * This form must be completed and submitted in COGMS at the time of contract execution with the vendor.
- * Cash requests may be held until the DCJ – 16 is received with required documentation.

Completing the form in COGMS

- * To complete the *DCJ Form 16*, log in to COGMS and enter your user name and password:
<https://g3.state.co.us/grantium/frontOffice.jsf>
- * If you have forgotten your user name, contact Kathy Holland at OVP at kathryn.holland@state.co.us. If you have forgotten your password, use the link under the *Login* button to request that your password be reset.

Completing the form in COGMS Continued

- * Click *Submissions* in the left menu bar after logging in.



The screenshot displays the 'Front Office' interface for the Colorado Grant Management System (COGMS). The left navigation menu includes options for 'DebbieKa', 'Front Office Portal', 'Browse Funding Opportunities', 'Profile', 'My Account', 'Change Password', 'Workspace', 'Applicants', 'Funding Opportunity Registrations', 'Projects', and 'Submissions'. The 'Submissions' option is highlighted with a red arrow. The main content area shows the applicant information for 'DCJ_CVS_UAT_PublicGovt (59110046)' and a banner image of a mountain landscape. Below the banner, the text reads 'State of Colorado Grant Management System (UAT)'. The main content area also contains instructions for returning users, including how to access applicant information, browse funding opportunities, and update profile or password information. A red arrow points to the 'Submissions' menu item, and a red arrow points to the 'Workspace' section of the main content area.

Front Office

DebbieKa

Front Office Portal

Browse Funding Opportunities

Profile

My Account

Change Password

Workspace

Applicants

Funding Opportunity Registrations

Projects

Submissions

Applicant: DCJ_CVS_UAT_PublicGovt (59110046)

State of Colorado Grant Management System (UAT)

Returning Users: Once an Applicant account is verified and exists in COGMS, returning users can access Applicant information such as linked Applying Agency accounts, grant application submissions, awarded contract/grant award documents and post-award submission requirements. Login information should be kept in a secure location and should never be shared.


Browse Funding Opportunities: Returning users can browse available grant funding opportunities. The system does not include ALL funding opportunities within Colorado State Government, but will be added over the course of time. If a specific grant funding opportunity cannot be located, please contact the grant administrator listed on the Department and Division website at (<http://www.colorado.gov/government/government/state-agencies.html>).







Update Profile or Password Information: Click on **My Account** from the Navigation Menu on the left to revise Name, Email Address or Username information. Click on **Change Password** from the Navigation Menu to change the password of your User Profile.

Workspace: The menu items listed under **Workspace** are where returning users can access details of an application, award, execution and completion of a grant.

- Click on **Applicants** to create new Applicant (Applying Agency) info, revise existing Applicant info or view current Applicants (Applying Agencies) you are linked to.
- Click on **Funding Opportunity Registrations** to locate and register for a funding opportunity. After you register for a funding

Completing the form in COGMS Continued

At the *Submissions* screen, find the *DCJ Form 16* in the left column; click on the  icon next to the *DCJ Form 16* to open the form.


| | | | | | |
|--|---|--------------|--------------|-------------------|---|
|  CVS_Closeout_09102014 - 2015 Payment Request Jan - Mar EXTRA 2014-SA-14-002890-02 - 2015 Payment Request Jan - Mar EXTRA | Crime Victims Services Grant Program 2014 Initial Post Award Submission | Jul 1, 2014 | Jun 30, 2016 | Primary Applicant | 1 |
|  CVS_Closeout_09102014 - 2015 Payment Request July - Sep EXTRA 2014-SA-14-002890-02 - 2015 Payment Request July - Sep EXTRA | Crime Victims Services Grant Program 2014 Initial Post Award Submission | Jul 1, 2014 | Jun 30, 2016 | Primary Applicant | 1 |
|  CVS_Closeout_09102014 - 2015 Payment Request Oct - Dec EXTRA 2014-SA-14-002890-02 - 2015 Payment Request Oct - Dec EXTRA | Crime Victims Services Grant Program 2014 Initial Post Award Submission | Jul 1, 2014 | Jun 30, 2016 | Primary Applicant | 1 |
|  CVS_Closeout_09102014 - DCJ-13 Certification 2014-SA-14-002890-02 - DCJ-13 Certification | Crime Victims Services Grant Program 2014 Initial Post Award Submission | Aug 19, 2013 | Aug 19, 2016 | Primary Applicant | 1 |
|  CVS_Closeout_09102014 - DCJ-16 Certification 2014-SA-14-002890-02 - DCJ-16 Certification | Crime Victims Services Grant Program 2014 Initial Post Award Submission | Aug 19, 2013 | Aug 19, 2016 | Primary Applicant | 1 |
|  CVS_Closeout_09102014 - DCJ-5 Certification 2014-SA-14-002890-02 - DCJ-5 Certification | Crime Victims Services Grant Program 2014 Initial Post Award Submission | Aug 19, 2013 | Aug 19, 2016 | Primary Applicant | 1 |

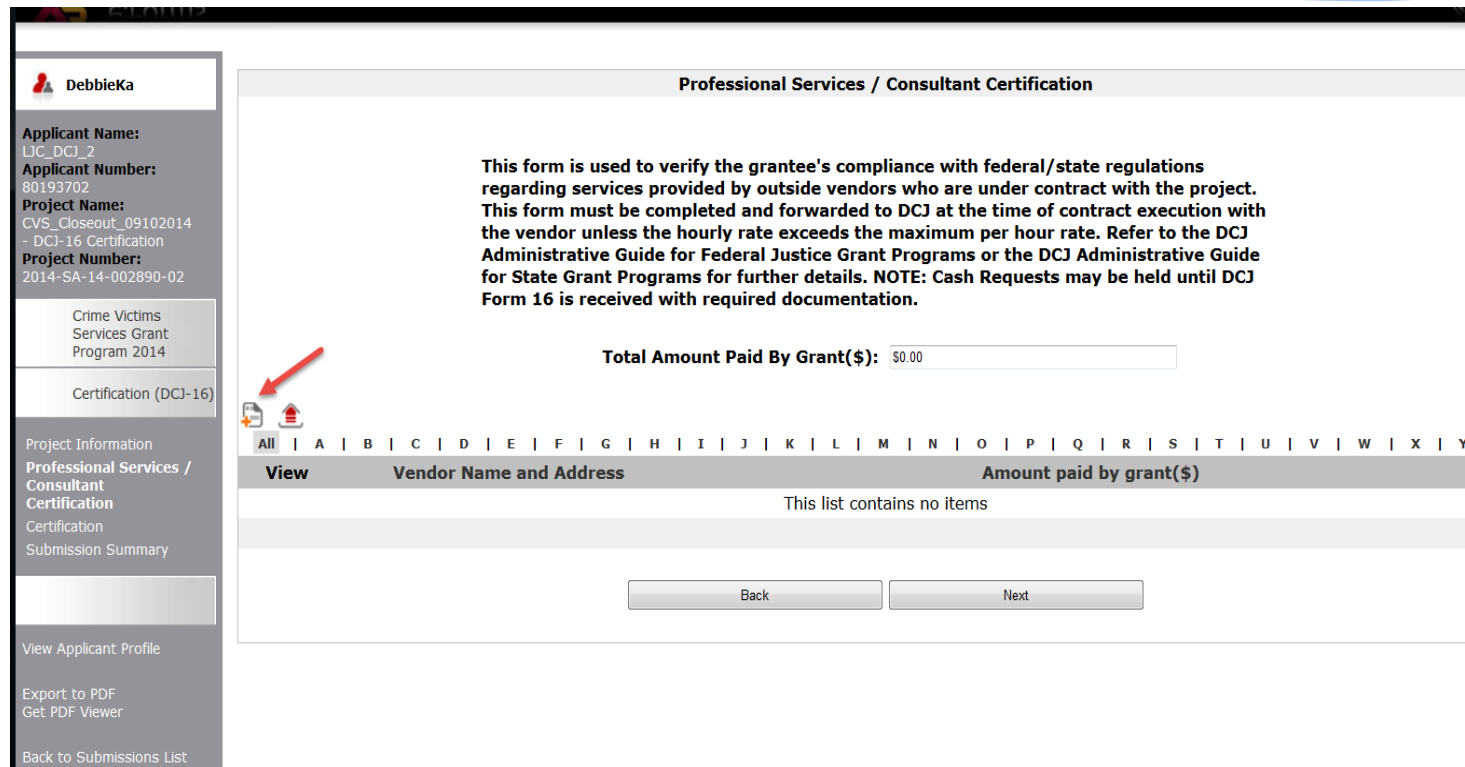
Completing the form in COGMS Continued

Upon opening the *DCJ Form 16*, the *Project Information* screen will be displayed. This screen lists the basic information about your grant. Complete the *Prepared By* and *Contact Phone* fields (highlighted in yellow on the screen shot below). Click *Save & Next* at the bottom of the screen to proceed to the next section.

| | |
|--|--|
| Applicant Name: LJC_DCJ_2 Applicant Number: 80193702 Project Name: CVS_Closeout_09102014 - DCJ-16 Certification Project Number: 2014-SA-14-002890-02 | Reference Submissions |
| | View |
| | Step |
| | This list contains no items |
| Project Information | Grantee Name: LJC_DCJ_2 |
| Crime Victims Services Grant Program 2014 | Project Title: CVS_Closeout_09102014 |
| Certification (DCJ-16) | Grant Number: 2014-SA-14-002890-02 |
| Project Information | Project Director: John Doe |
| Professional Services / Consultant Certification Submission Summary | Project Duration: |
| View Applicant Profile | From: 01/01/2015 |
| Export to PDF | To: 12/31/2015 |
| Get PDF Viewer | Submission Information |
| Back to Submissions List | Certification Type: DCJ 16 |
| | * Prepared By: |
| | * Contact Phone: |
| | Submission Date: 12/22/2014 |
| | <input type="button" value="Save"/> |
| | <input type="button" value="Save & Back"/> |
| | <input type="button" value="Save & Next"/> |
| | <input type="button" value="Back"/> |
| | <input type="button" value="Next"/> |
| | <input type="button" value="Check Spelling"/> |

Completing the form in COGMS Continued



At the *Professional Services/Consultant Certification* screen, click the  icon to add the required information for EACH contractor (vendor).



Professional Services / Consultant Certification

This form is used to verify the grantee's compliance with federal/state regulations regarding services provided by outside vendors who are under contract with the project. This form must be completed and forwarded to DCJ at the time of contract execution with the vendor unless the hourly rate exceeds the maximum per hour rate. Refer to the DCJ Administrative Guide for Federal Justice Grant Programs or the DCJ Administrative Guide for State Grant Programs for further details. NOTE: Cash Requests may be held until DCJ Form 16 is received with required documentation.

Total Amount Paid By Grant(\$):

All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y

| View | Vendor Name and Address | Amount paid by grant(\$) |
|-----------------------------|-------------------------|--------------------------|
| This list contains no items | | |

View Applicant Profile
Export to PDF
Get PDF Viewer
Back to Submissions List


Completing the form in COGMS Continued

A series of questions must be answered for each vendor. Once the questions are answered, click *Save & Add Another* if there are additional vendors with whom you are contracting. Or, click *Save & Back to List* to return to the previous screen.

Items Details

*** A. Vendor's Name and Address:**

*** Grantee has verified that the vendor is not on the federal debarment list at <https://www.sam.gov>**

-- select -- 

Check to make sure the contractor/vendor is not on the debarment list (<https://www.sam.gov>)

*** B. Has a copy of the Purchase Order or signed contract with outside vendor been provided to DCJ?** Yes

*** Date Executed:** 23

C:

Amount Paid By Grant:

Total Contract Amount:

Select one or the other even if you are funded by State funds.

The maximum hourly rate does not exceed:
\$650 per 8-hour day (\$81.25/hr) (Federally Funded Grants)
Not Applicable (State Funded Grants)

OR

The hourly rate exceeds the maximum per hour and is: /hr
Grantee must submit written justification for that payment rate for PRIOR DCJ review and approval.

*** D. Indicate the type of Procurement Process used to select this vendor. All procurements must be conducted in a manner to provide, to the maximum extent practical, open and free competition.**

-- select --

*** Provide a description of the process utilized:**

*** E. Has vendor been notified of the following provision regarding copyrighted materials?** -- select --

DCJ reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and authorize others to use, for Federal and/or State 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: This formlet contains mandatory fields for which no value has been saved.

Completing the form in COGMS Continued

Once all of the vendors have been entered, click *Next* to proceed to the next screen. Note that the *Total Amount Paid by Grant* field will reflect the total of all vendor contracts that have been entered. Each vendor will be listed separately below.

DebbieKa

Applicant Name:
LIC_DCJ_2

Applicant Number:
80193702

Project Name:
GVS_Closeout_09102014
- DCJ-16 Certification

Project Number:
2014-SA-14-002890-02

Crime Victims
Services Grant
Program 2014

Certification (DCJ-16)

Project Information
Professional Services /
Consultant
Certification
Certification
Submission Summary

View Applicant Profile

Export to PDF
Get PDF Viewer

Back to Submissions List

Professional Services / Consultant Certification

This form is used to verify the grantee's compliance with federal/state regulations regarding services provided by outside vendors who are under contract with the project. This form must be completed and forwarded to DCJ at the time of contract execution with the vendor unless the hourly rate exceeds the maximum per hour rate. Refer to the DCJ Administrative Guide for Federal Justice Grant Programs or the DCJ Administrative Guide for State Grant Programs for further details. NOTE: Cash Requests may be held until DCJ Form 16 is received with required documentation.

Total Amount Paid By Grant(\$):

All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y

| View | Vendor Name and Address | Amount paid by grant(\$) |
|------|-------------------------|--------------------------|
| | Jane Smith 100 E... | \$2,000.00 |

1

Completing the form in COGMS Continued

After completing the *DCJ Form 16*, certify that the information is correct, that backup documentation is available and that the person authorized to submit the form is the one submitting. Click *Save & Next* to proceed.

e.Forms Logout

DebbieKa

Applicant Name: LIC_DCJ_2
Applicant Number: 80193702
Project Name: CVS_Closeout_09102014 - DCJ-16 Certification
Project Number: 2014-SA-14-002890-02

Crime Victims Services Grant Program 2014

Certification (DCJ-16)

Project Information
Professional Services / Consultant Certification

Certification

*** I certify that the content of this form is accurate and can verify that the appropriate backup documentation is available onsite, if requested and will be retained for the required time as specified in the grant agreement.**

I, hereby, also certify that I am authorized to submit this form.

Save Save & Back Save & Next

Back Next

Completing the form in COGMS Continued

The final screen is the *Submission Summary* screen. If you have any items that have not been completed, it will state *Please Complete* under the *Last Updated* column (see screen shot below). Clicking on *Please Complete* will take you to the section that needs to be completed or corrected. Once the form is completed, click the *Submit* button at the bottom of the screen. Once the form is submitted it cannot be revised unless OVP amends it back to the grantee.

Submission Summary

| Page | Last Updated |
|--|-------------------|
| Project Information | Please Complete |
| Professional Services / Consultant Certification | Please Complete |
| Certification | Please Complete |
| Submission Summary | No Input Required |

Notes:

- Complete the table with the required information.
- Professional Services / Consultant Certification list contains 1 incomplete item.

Buttons: Back, Next, Export to PDF, Get PDF Viewer, Submit

Things to remember

- * The grantee must receive approval from DCJ prior to executing the final contract.
- * Supporting documentation must be submitted to DCJ by mail, fax or email as these documents cannot be attached in COGMS. (i.e. scope of work, contract, invoice)
- * All expenses must be supported by a valid signed contract, detailed invoices from the contractor, accounting records indicating the payment of the contractor by the grantee.
- * Contracts must be signed by an agency representative who is authorized to enter into contracts on behalf of the agency.

Questions????

- * Please contact your grant manager with questions at (303) 239-5719