Cash Advance Reports Training

Office of School Safety
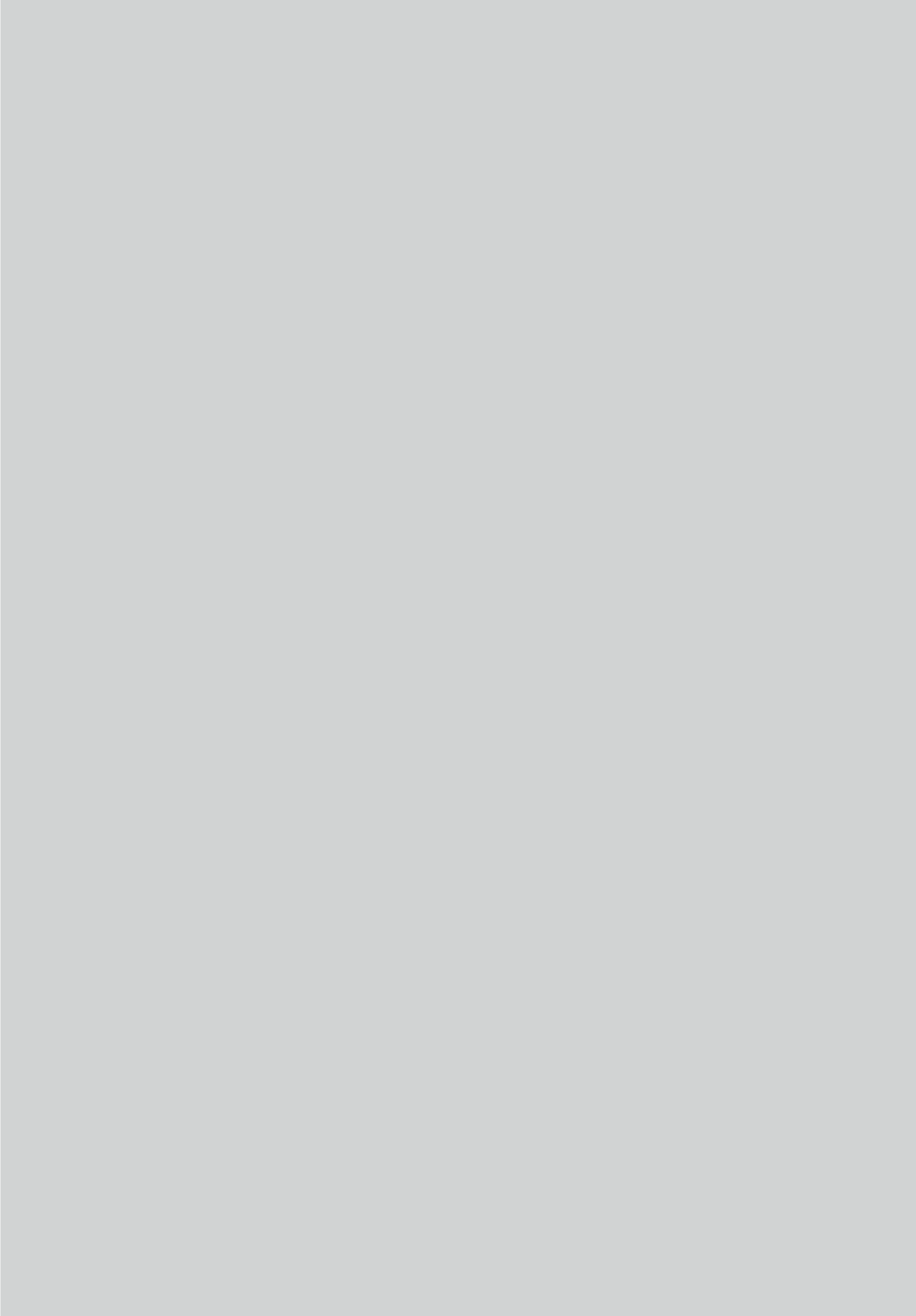Grant Unit
Presenters: Charli North and Chamone Jones

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Agenda

- Intro to Office of School Safety Grant Unit
- Reporting Requirements
- Required Supporting Documents and Proof of Payments
- Updated forms
- Budget Change Request
- Risk Management
- Close Out

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The OSS Grants unit

The Grants Unit is established in the Office of School Safety to manage available school safety grant funding from state and federal authorities and provide grant training and consultation to schools across Colorado.

Charli North
Grant Manager

Chamone Jones
Grant Analyst

The OSS is the sole point of contact concerning these funds and all communications must be made through the Office of School Safety.

Cash Advance Grant

Grants that are awarded through a lump sum disbursement typically towards the beginning of the award period. The signed acceptance letter and financial documents must be received before the disbursement process can begin.

Disbursement occur 4-8 weeks after the OSS receives a fully completed financial packet. (Signed acceptance letter, EFT Authorization, voided check, W-9, bank letter)

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Reporting is Required for <u>ALL</u> Grants

Progress reporting is a requirement of the grant. Progress reports are due quarterly, 30 days after the end of the calendar reporting period. Should these due dates fall on a weekend: The reports are due the Friday before the weekend.

From inception of your Small Dollar Grant Agreement (SDGA), Progress Reporting begins, no matter where it falls in the table below. For example, if you have your SDGA effective July 1st – your first progress report is due October 30th.
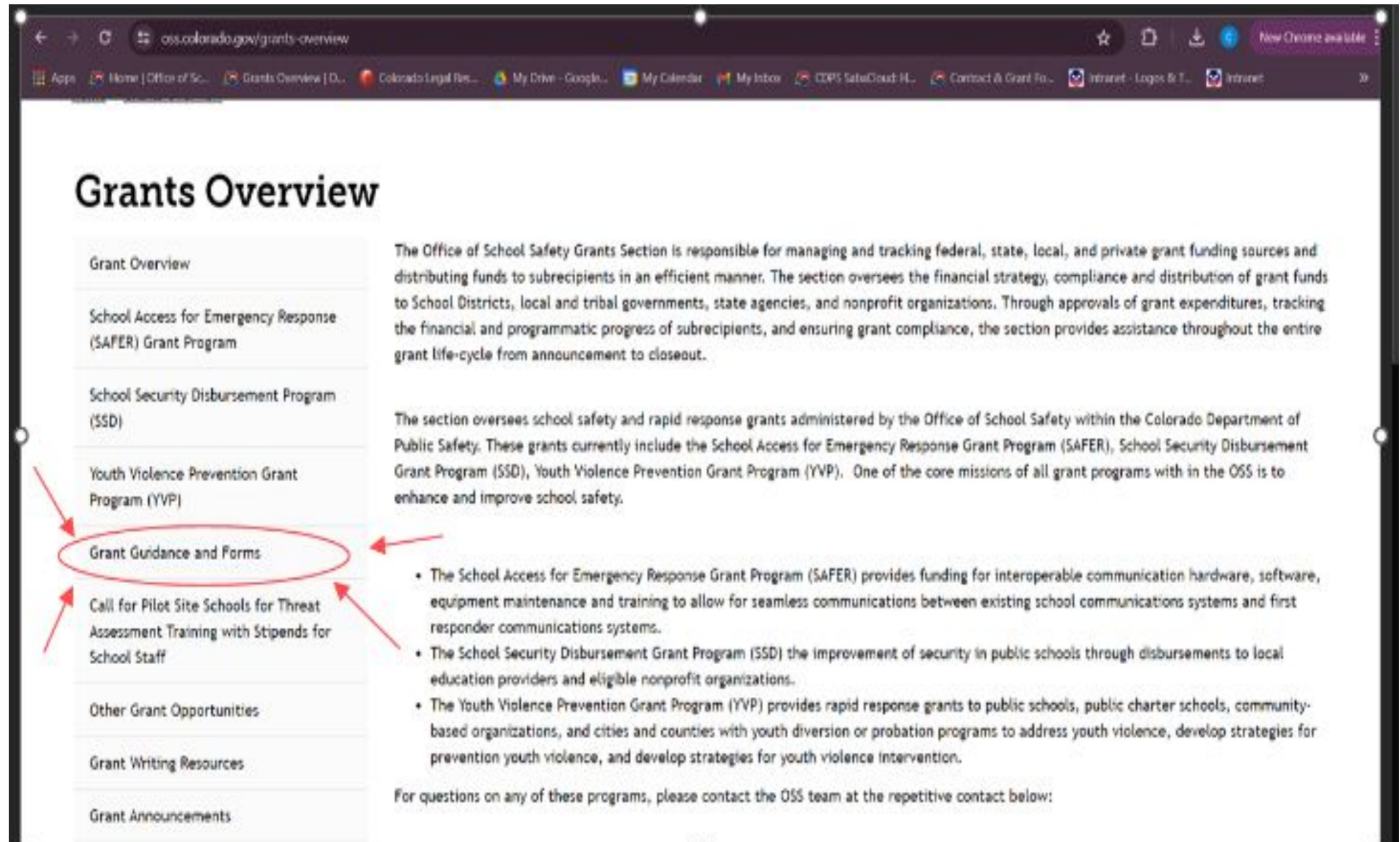
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Grant Guidance and Forms

- Quarterly Progress Reporting form
- Request for Reimbursement/Cash Advance Proof of Expenditure form
- Budget Change Request Form
- Guidebook
- Reporting Webinar Slides are available on website

All Grant Guidance and forms are located on the OSS Grant Unit Website.

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Where are the forms located?

All forms can be downloaded directly from our [website](#)

oss.colorado.gov/grant-guidance-and-forms

Apps Home | Office of Sc... Grants Overview | O... Colorado Legal Res... My Drive - Google... My Calendar My Inbox CDPS SabaCloud: H... Contract & Grant Fo... Intranet - Logos & T... Intranet »

Grant Guidance and Forms

Grant Overview

School Access for Emergency Response (SAFER) Grant Program

School Security Disbursement Program (SSD)

Youth Violence Prevention Grant Program (YVP)

Grant Guidance and Forms

Call for Pilot Site Schools for Threat Assessment Training with Stipends for School Staff

Other Grant Opportunities

Grant Writing Resources

Grant Announcements

Grant Guidance and Information

- School Security Disbursement Program
- School Access for Emergency Response (SAFER) Grant Program
- Youth Violence Prevention (YVP) Grant Program

Grant Forms ⬅

Please note: Grant Forms are available to download on specific grant pages for which the application window is open.

- Request for Reimbursement (RFR) Form ↗
- OSS Quarterly Progress Report Form ↗
- OSS Grant Change Request Form

OSS Grant Opportunities

- Youth Violence Prevention (YVP) Grant Program
- Call for Pilot Site Schools for Threat Assessment Training with Stipends for School Staff

Quarterly Reporting

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The Quarterly Progress Report

The Progress Report consists of two sections, the narrative information and financial updates. The report keeps OSS informed with current information on your grant. The reports require original or dated electronic signatures from your organization's authorized representatives.

Narrative Information:
- Captures significant activity completed during the quarter
- Identifies challenges/issues within the project
- Identifies any technical assistance needed from OSS (Note in the progress report if there were no expenses and why)

Financial Updates:
- Identifies expenditures to date
- Broken down by project and solution area

Please see the application Handbook for more details and instructions on completing the Quarterly Report

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Reporting schedule

Quarterly reports indicate your organization's progress on the approved projects and assist the OSS Grant Team in supporting you.

If you have not been able to conduct any grant activities in the past quarter, that is acceptable. Please report that information and any barriers or issues your organization is experiencing.

Reporting Schedule

Report Period	Report Due Dates
October - December	January 30
January - March	April 30
April - June	July 30
July - September	October 30

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1.   General Information

Sub-recipient Name: This is your organization's name as it appears on the OSS-issued grant agreement documents.

Grant #: This is the number assigned to your organization for this grant period. This information is found on the OSS-issued grant agreement documents, this is often referred to as the encumbrance number.

Award Amount: This is the total grant funding awarded to the organization for all projects.

AMOUNT OBLIGATED TO DATE: Report the amount of funds the organization has spent and/ or obligated (through purchase orders/vendor agreements) for the grant projects. This is the total of all grant projects to date.

AMOUNT SPENT TO DATE: This is the amount the organization has fully paid for to date. This amount should reconcile/agree with the total documentation submitted for the grant.

Encumbrance # / Grant #

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Department of Public Safety
Office of School Safety
700 Kipling Street, Suite 1000
Lakewood, CO 80215

John Smith
Director of Safety and Security
Office of Safety Schools
1800 E. bridge Ave
Lakewood, CO 80023

July 1, 2024

Dear John Smith :

Encumbrance #: 24SSD24OSS

We are pleased to inform you that the Colorado Department of Public Safety, Office of School Safety (OSS) has approved Office of Safety School's application for funding pursuant to the chool Access for Emergency Response Grant Program ("Program") in the amount of $100,000. This letter authorizes you to proceed with the approved application projects

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GRANT AWARD LETTER
SUMMARY OF GRANT AWARD TERMS AND CONDITIONS

State Agency Department of Public Safety	**Grant Amount** State Fiscal Year 2025: $100,000.00
Grantee ██████████████	**Total for all State Fiscal Years:** $100,000.00
Grantee UEI ██████████████	**Grant Issuance Date** July 1, 2024
Award Information Encumbrance #: 24SAF25OSS Grant Program Name: School Access for Emergency Response Grant Program SB23-241, Round 7 Award Funding Source: State of Colorado Identification if the Award is for R&D: No	**Grant Expiration Date** June 30, 2025
	Grant Authority Senate Bill 23-241 enacted by the General Assembly of the State of Colorado **State Authority** to enter this Grant exists in CRS §24-1-128.6.

Grant Purpose

Disbursement of Funds for Senate [...] sponse Grant Program. Providing funding for interoperable communication hardware, software, equipment maintenance and training to allow for

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Quarterly Progress Report

Instruction: <u>Select Appropriate Quarter Tab</u>, then complete the form. All white cells are required. Pay particular attention to the red highlighted cells.

Recipient Name:		Encumberance #
Grant Program:		Award Amount:
Grant Performance Period from:	to:	
Report Prepared By:	Email:	
Phone:	Report Type: *QUARTERLY*	This Report Covers Calendar Quarter of Year:

Quarter 1: JAN 1 – MAR 31 = Due by April 30th	Quarter 3: JULY 1 – SEPT 30 = Due by October 30th	Quarter 1
Quarter 2: APR 1 – JUN 30 = Due by July 30th	Quarter 4: OCT 1 – DEC 31 = Due by January 30th	Jan 1 - Mar 31

AMOUNT OBLIGATED TO DATE:	Current Amount Spent	Amount Spent to Date	

**Required to Answer:	We are required to undergo an A-133 Single Audit:	Select Answer	
**Required to Answer:	We have completed our OMB Circular A-133 Audit for fiscal year ending:		Format YYYY or N/A
**Required to Answer:	A copy is available on the National Clearinghouse site:	Select Answer	

**Required to Answer: Current status of your grant projects:	Select Answer

1. What is the anticipated completion date of your projects? (*Estimated Date Only! If Complete, include DATE Completed*)

2. Project Activities: Please report any activity, including meetings, which took place in this quarter to implement grant projects. If there were no activities this quarter, provide specific reasons.

| Q1 (Jan-Mar) | Q2 (Apr-Jun) | Q3 (Jul-Sep) | Q4 (Oct-Dec) | FINAL | ⊕ |

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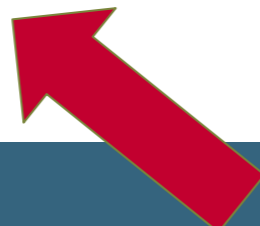
Request for Reimbursement Proof of Expenditures Form (RFR)

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Is the RFR required for all grant Recipients?

Answer: YES

RFR are required for Cash Advance grants and Cash Reimbursable grants.

If the grant is a Cash Advance grant, this form will serve as a proof of expenditures form.

RFRs can be submitted as frequent as monthly or at a minimum quarterly, alongside the quarterly report.

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To complete the RFR correctly Please:

- *Remember there are two tabs that need to be completed and submitted. (Request Form and Project details)*
- *Complete all of the red fields. The red fields on the Request Form will auto Populate the information onto the Project Details form*
- *Red Fields will also auto populate balances.*
- *You are able to edit the expense summary and Solution Areas.*

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Request For Reimbursement and Cash Advance Proof of Expenditures

This form is utilized for a request for reimbursement for cost reimbursable grants, or proof of expenditures for cash advances.

5		Instructions
6		Contact your Grant Specialist immediately if you experience issues using this form. All fields in WHITE are required. Rejection of the RFR will occur if there are missing or incomplete row fields.
7		Request Form
8	Step 1	Complete all white fields in the "Section A: Applicant Information." For encumbrance number information please refer to your entities agreement.
9	Step 2	Complete the Total budget fields and Line 14 "*3. Total Amount of Grant Dollars Received to Date*," line 15 "*4. Total Amount of Previous Requests, Not Yet Received,*" and Line 12 "*1. Total Match If Budgeted*" all other fields are auto populated.
10	Step 3	Complete all white fields in the "Section C: Signatures." Electronic certified signatures are accepted
11		Project Detail Form (All the blue and yellow fields will auto populate)
12	Step 4	Lines 3 through 5 will auto populate from the information entered in the request form in Section A: Applicant Information.
13	Step 5	Begin inputting your quarterly expenditures on Line 8. Each expenditure should be listed on separate lines unless there are multiple quantities of a item. Be sure to select the appropriate category for each expenditure and include a detailed description.
14	Step 6	For Cash advances and lump sum disbursements enter CA in column I
15	Step 7	Enter the quantity of the items purchased in column J

Section A: Applicant Information

Subrecipient Name:		Address:	
Grant Program Name and FY :		Encumbrance Number:	
Prepared By:		Award Period (POP) :	
Phone:		Reporting Period, Year:	
Email:		Date of Request:	

Section B: Financial Information

1. Total Award Amount	$0.00	1. Total Match *If Budgeted*	$0.00
2. Current Expenditures - Total Requested from current report period (Totals from Project Detail Sheets column M)	$0.00	2. Total Current Match (from Project Detail Sheets)	$0.00
3. Total Expenditures to Date (excluding Match)	$0.00	3. Total Match to Date	$0.00
4. Remaining Balance Available (line 1 minus line 3)	$0.00	4. Total Match remaining	$0.00

Summary of Expenses:

Budget Categories:	Total Budget	Current Expenditures	Remaining Funds
Equipment	$0.00	$0.00	$0.00
Capital Construction	$0.00	$0.00	$0.00
Training & Exercise	$0.00	$0.00	$0.00
Materials & Supplies	$0.00	$0.00	$0.00
Personnel (Salary & Fringe)	$0.00	$0.00	$0.00
M & A	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

Instructions | Example | Request Form | Project Details

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Request for Reimbursement (RFR) and Cash Advance Proof of Expenditures
Expense Reimbursement Detail

Subrecipient:	0		Address:	0		Encumberance Number:	0
Grant Program	0		Award Period:			E-Mail:	0
Prepared By:	0		Phone:	0		RFR#:	0

Project Details	Line Item Reference from Budget	Specific Jurisdiction Project Location (Organization Name)	Expenditure Budgeted Category *Drop list*	Item/Product Description	Date Paid	If Cash Advance: Enter "CA"	Quantity (tangible items)	Individual Item Cost (Must match the amount listed on the invoice for this line request)	Total Actual Cost	ENTER Total of Grant Funded Expenditures	Matching Contribution Difference is *Columns M minus N	Comments - Additional Note Not Required
						Request Total			2,500.00	2,000.00	500.00	
			Supplies				5	$500.00	2,500.00	2,000.00	500.00	
			Select....						-		-	
			Select....						-		-	
			Select....						-		-	
			Select....						-		-	
			Select....						-		-	
			Select....						-		-	

Instructions | Example | Request Form | Project Details

Chamone Patrick-Jones (cpatrick-jones@dps.state.co.us) is signed in

https://bss.colorado.gov/grant-guidance-and-forms

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Required
Proof of Payments
and
Supporting
Documents

Proof of Payments

- Receipts
- Invoices
- Cancelled checks
- Bank Statements
- Credit Card Statements
- Pay records (i.e. employee Paystubs, payroll ledgers for multiple employees)
- **General Ledgers cannot be accepted as proof of payments**

Please redact any confidential information such as account numbers, credit card numbers, SSN

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Common Budget Categories

Please refer to the specific grant program, individualized agreement and individualized budget.

- Personnel
- Fringe/ Benefits
- Supplies
- Training
- Travel
- Equipment
- Capital construction
- Engagement

Personnel/ Benefits

- Timesheets and Time and effort reports that **documents time worked on grant**.
- Please report benefits as a separate line item and include the breakdown/ how the benefits are calculated .
- Payroll Records
  - Employee pay stubs
  - Collective payroll for employees who are dedicating time to the grant
  - Please redact any sensitive information (i.e. SSN)

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Personnel Cont.

Have a contract employee?

No problem.

Submit a time sheet/ time and effort report showing time worked on the grant

Proof of Payment

- Copy of cancelled check
- Bank statement (please redact account numbers)

Example of Cancelled Checks

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Supplies

- Itemized receipts
- Invoices require proof of payment
- Taxes removed
- brief explanation

Training

- Invoice
- number of attendees
- If food is provided, please include receipts
- Proof of Payment

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Engagement

- Itemized Receipts
- # of participants
- Justification
- invoice & proof of payment

Food purchases must all ready be specifically written into your grant application, agreement/ budget.

Travel

- Prior approvals may be required
- Itineraries and a brief description of travels and activities (i.e. plane tickets, van rentals etc.)
- Gas Receipts
- Hotel invoice and proof of payment
- Proof of mileage
    - Mileage tracker
    - print out from google maps

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Equipment, vendors, capital Construction

- Copy of Contract/ agreement with description/ statement of work
- itemized Invoice
- Proof of payment

SUPPORTING DOCUMENTATION

There are different types of supporting documents to include with your Quarterly Report and RFR depending on the nature of the expense you have.

Expense Category	Supporting Documentation
Personnel	Personnel list, time and effort summary If contractor - invoice(s) with hours worked and pay
Fringe Benefits	Payroll documentation with fringe and time (if available)
Travel	Any prior approvals required Receipts Itineraries
Supplies	Invoice and receipt showing the description of the item purchased and received.
Vendors	Copy of contract/agreement with description/statement of work Itemized invoice (with cost per hour & hours worked, if applicable)
Other	Receipts/proof of payment (if applicable) Written justification of charges Payroll records with redacted Personally Identifiable Information (PII) and approved corresponding timesheets (if M&A or applicable for other activities) Invoices of other activities requested in the RFR

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Taxes

Please ensure all taxes are deducted from receipts and invoices before submitting them as supporting documentation, as taxes are not eligible expenses through state funding.

Submission of Reports

All reports will be submitted to one of the following emails.

If you have both grants, please send each report to the grant specific email.

SSD Reports

cdps_oss_ssd@state.co.us

or

SAFER Reports

cdps_oss_safer@state.co.us

Please include the following format in the subject line

24Q_SSDentityname or 24Q_SAFERentityname

EXAMPLE: 24Q1SSDOSS

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Grant Change Request

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Grant Change Request Form

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Department of Public Safety

Grant Change Request Form

SUB-RECIPIENT:	AWARD PERFORMANCE PE
GRANT PROGRAM	TOTAL AWARD AMOUNT:
GRANT NUMBER:	UNSPENT BALANCE:
CHANGE REQUEST	DATE OF REQUEST:
PREPARED BY:	PHONE NUMBER:

A **revised budget** is required for budget change requests. Please complete the Revised Budget tab in this worksheet.

Select

Brief request description:

Detail the reason(s) for the request(s):

All other Terms and Conditions of the original Grant Award, with any approved amendment(s) thereto, remain in

Signature #1 - Printed Name	and	Title	Signature #2 - Printed Name	and	Title

Signature #1		Signature #2		Date

*** This Section: For the Office of School Safety Use ONLY ***

FORM 1 (Amendment) is: ☐ Required   ☐ Not Required

Grant Change Request Form | Revised Budget | ⊕

Accessibility Investigate

Line Item Number	Expenditure Description	Orignal Budget		Change in Budget		Revised Budget	
Personnel		$	-	$	-	$	-
Fringe Benefits		$	-	$	-	$	-
Travel		$	-	$	-	$	-
Supplies		$	-	$	-	$	-
Vendors		$	-	$	-	$	-
Other		$	-	$	-	$	-
TOTAL:		$	-	$	-	$	-

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Grantee Risk Assessments

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Grant Unit Risk Assessments

Risk Assessments allow the awardee to make informed decisions when funding applicants by evaluating the likelihood of risk and their potential impact on the grant objectives and goals. Risk assessments are completed periodically with them most commonly being completed during pre and post award.

- Pre-Award Risk Assessment
- Post-Award Risk Assessment

Overall Risk Assessment

Using the following three Risk Analysis Sections for assistance, the Agency will prepare a Risk Assessment Narrative for the State Controller or Delegate and answer the three section's questions below:

I. Financial Impact

1. **Dollar Amount:** $
2. **Explain any significant financial impact beyond the dollar amount:**
   None

II. Agreement Document

3. **Explain any special provision modifications:** None

4. **Explain any changes to the general provisions:** None

5. **Is the statement of work clear enough so that the State can monitor performance, identify non-performance, and take appropriate action for non-performance?** Yes ▾   **Explain:** The Statement of Work (SOW) is sufficient with an adequate focus on work requirements, and is clear, understandable and internally consistent.

III. Nature of Project

6. **Is project / agreement complexity an issue?** No ▾

   Explain: n/a

7. **Explain impact if for IT / Software or new technology:**
   n/a
8. **Explain impact if for new contractor with no proven history of performance:**
   n/a
9. **Explain impact if for a new project and/or lack of experience with type of project:**
   n/a
10. **Does work involve hazardous substances or activities?** No ▾

    Explain impact and insurance issues:
    n/a
11. **Discuss any Federal privacy requirements and issues:**
    None
12. **Explain impact if for a lease with build-out / construction:**
    n/a

Risk Assessment Questions

1. **What are the risks?**

Financial Considerations:	Minimal ▾
Agreement / Project Complexity:	Minimal ▾
Vendor capability / Experience:	Average ▾
Program experience:	Broad ▾
Agreement Document:	Helpful ▾

2. **How does the agreement or the agency address those risks?**

   Through a sufficient agreement in conjunction with capable and experienced program staff and vendor.

3. **Conclusion:**   High Risk   Low Risk

   Explain why: The vendor demonstrates adequate focus on work requirements contributing to internal consistency and with a sufficient agreement SOW.

Subrecipient Monitoring Risk Assessment Tool

Subrecipient Name:　　　　　　　　　　　　Grant Number:

| No. of Attributes	Risk Factor	Risk Score	Weight	Weighted Score
1	New Subrecipient	Yes (2) No (0)		
2	Award Amount	$50,000 or more (2) $25,000 (1) $10,000 (0)		
3	Organization's experience managing federal funds	<3 years (2) 3-6 years (1) > 6 years (0)		
4	Significant changes in key personnel or accounting systems in the last year	Yes (2) No (0)		
5	Subrecipient capacity to provide strong financial and project management	No (2) Yes (0)		
6	Adequate time and effort reporting and financial management systems	No (2) Yes (0)		
7	Financial Reports	Untimely Submissions (2) Untimely/Frequent Reminders (1) On-time Submission (0)		
8	Progress Reports	Untimely Submissions (2) Untimely/Frequent Reminders (1) On-time Submission (0)		
9	Financial audit (non-compliance issues?)	Adverse, Disclaimer, Going Concern (2) Qualified (1) Unqualified (0)		
10	Cash flow problems	Yes (2) No (0)		
11	Grant training or written policies	No (2) Yes (0)		
	Composite Risk Score:			

Grant Closeout

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Grant Close Out

Project completion= All grant related invoices are paid and all physical implementation of the project has concluded

1. Complete the "Final" tab of the Quarterly Progress Reporting Form.

2.) Contact us to schedule a close out meeting.

3.) Asset management up to 3 years

4.) Keep us update of product malfunction and transitions via email

5.) If there are remaining funds, please complete the budget change request if needed. If the remaining funds cannot be utilized, please notify the grant unit via the specific grant email to schedule a meeting. Once we have met, we can determine if the funds need to be returned.

6.) The return of funds process is in your agreement.

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Have you scheduled your check in meeting?

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These meetings are an essential opportunity for us to discuss your project's progress, any challenges you may be encountering, your current budget status, and any areas where you might need additional support.

Questions

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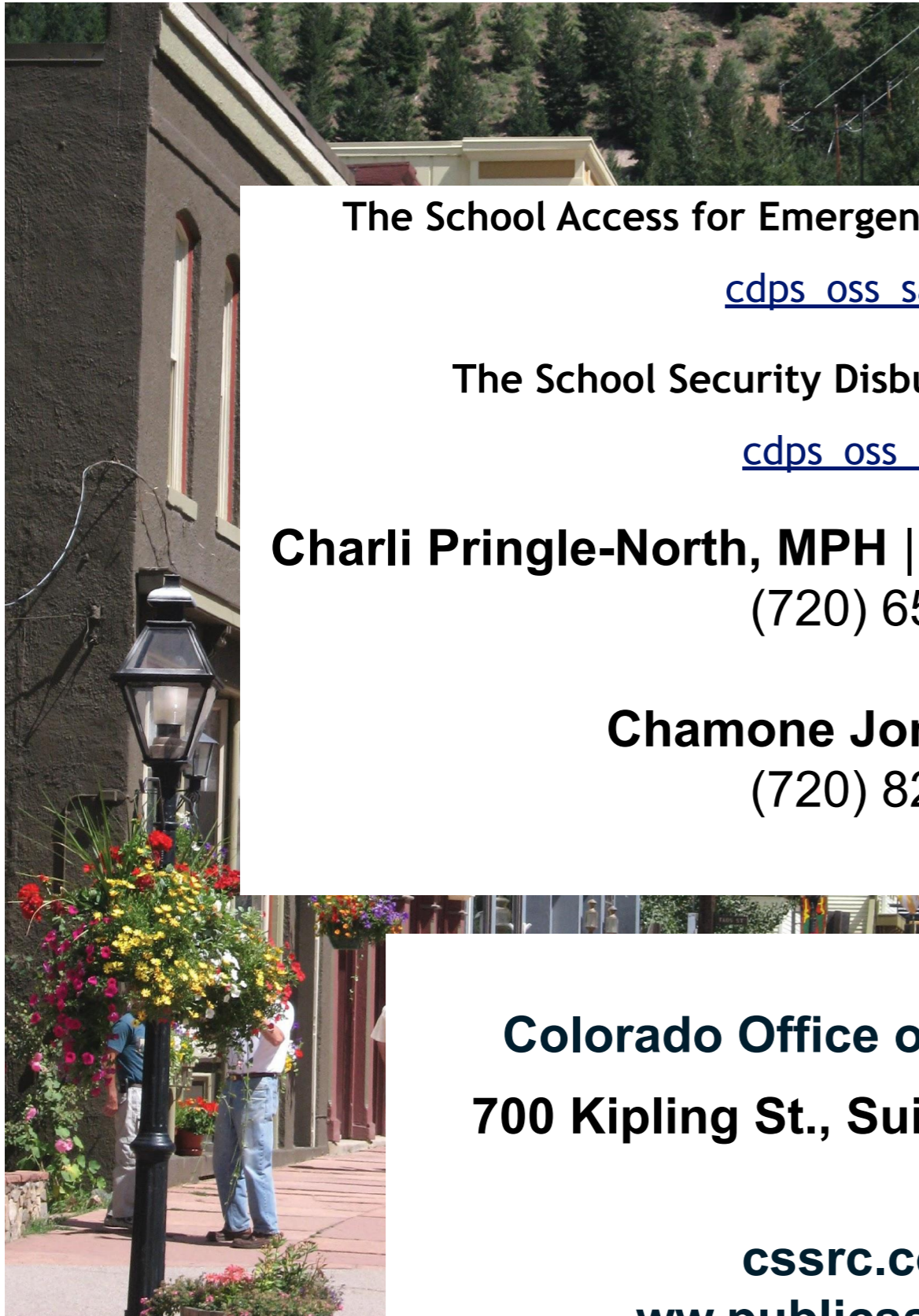
The School Access for Emergency Response Grant Program (SAFER):

cdps_oss_safer@state.co.us

The School Security Disbursement Grant Program (SSD):

cdps_oss_ssd@state.co.us

Charli Pringle-North, MPH | Grants and Agreements Manager
(720) 656-5864 Cell

Chamone Jones | Grant Analyst
(720) 822-2955 Cell

Colorado Office of School Safety (OSS)

700 Kipling St., Suite 1000, Lakewood, CO 80215

cssrc.colorado.gov
ww.publicsafety.colorado.gov

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Thank you!

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