



**WEST VIRGINIA**

**Division of Justice and Community Services**

**Project Financial Report**

Final Report

Page \_\_\_\_\_ of \_\_\_\_\_

Report #: \_\_\_\_\_

Subgrantee: _____ Address: _____ Prepared By: _____ Phone #: _____ FAX #: _____	Project #: _____ For Period _____ to _____ Date Prepared: _____ Signature: _____
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CATEGORY	APPROVED BUDGET (If Applicable to Program)		EXPENDED THIS PERIOD (If Applicable to Program)		EXPENDED TO DATE (If Applicable to Program)		UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	Grant Funds	Cash Match	Grant Funds	Cash Match	
Personnel/ Contractual							
Travel/ Training							
Equipment							
Space							
Other							
<b>TOTALS</b>							

**INSTRUCTIONS**

The following instructions should be observed when preparing a Project Financial Report:

**DUE DATES:** Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.

**SUBGRANTEE:** Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

**PREPARED BY:** Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

**FOR PERIOD** \_\_\_\_\_ to \_\_\_\_\_: Enter the month(s) covered by this report.

**FINAL REPORT:** Check this block if this is the last report.

**DATE PREPARED:** Enter the date this report was prepared.

**PROJECT #:** Enter the number assigned by the Division of Justice and Community Services.

**APPROVED BUDGET:** Enter the latest approved project budget.

**EXPENDED THIS PERIOD:** Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded. Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.

**REPORT #:** Assign consecutive numbers as each report is submitted.

**EXPENDED TO DATE:** Enter cumulative expenditures to date based on actual disbursements and not rounded.

**UNPAID OBLIGATIONS:** DJCS use only. Enter all obligations that have been incurred during this reporting period that have not been paid.

Submit original report to:

Sara Miller  
 Division of Justice and Community Services  
 1204 Kanawha Boulevard, East  
 Charleston, West Virginia 25301

**QUESTIONS:** Phone 558-8814; extension 53336  
 Or Email: Sara.E.Miller@wv.gov  
 Between 8:00 a.m. and 5:00 p.m.

<b>VICTIMS OF CRIME ASSISTANCE PROGRAM</b>	<b>FINANCIAL RECAP PAGE</b>
<b>GRANTEE:</b>	<b>PROJECT #</b>
<b>PREPARED BY:</b>	<b>MONTH:</b>

**PERSONNEL/CONTRACTUAL CALCULATION**

NAME \_\_\_\_\_

Total Salary/Wages \$ \_\_\_\_\_  
 Total Fringe Benefits \$ \_\_\_\_\_  
 ( %) FICA \$ \_\_\_\_\_  
 ( %) W/C \$ \_\_\_\_\_  
 ( %) U/C \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

HLTH INSURANCE \$ \_\_\_\_\_  
 LIFE INSURANCE \$ \_\_\_\_\_  
 RETIREMENT \$ \_\_\_\_\_  
 OTHER \$ \_\_\_\_\_

NAME \_\_\_\_\_

Total Salary/Wages \$ \_\_\_\_\_  
 Total Fringe Benefits \$ \_\_\_\_\_  
 ( %) FICA \$ \_\_\_\_\_  
 ( %) W/C \$ \_\_\_\_\_  
 ( %) U/C \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

HLTH INSURANCE \$ \_\_\_\_\_  
 LIFE INSURANCE \$ \_\_\_\_\_  
 RETIREMENT \$ \_\_\_\_\_  
 OTHER \$ \_\_\_\_\_

NAME \_\_\_\_\_

Total Salary/Wages \$ \_\_\_\_\_  
 Total Fringe Benefits \$ \_\_\_\_\_  
 ( %) FICA \$ \_\_\_\_\_  
 ( %) W/C \$ \_\_\_\_\_  
 ( %) U/C \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

HLTH INSURANCE \$ \_\_\_\_\_  
 LIFE INSURANCE \$ \_\_\_\_\_  
 RETIREMENT \$ \_\_\_\_\_  
 OTHER \$ \_\_\_\_\_

**TOTAL PERSONNEL/CONTRACTUAL CHARGED TO VOCA THIS MONTH \$ \_\_\_\_\_**

**TRAVEL/TRAINING CALCULATION**

Name(s)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL TRAVEL/TRAINING CHARGED TO VOCA THIS MONTH \$ \_\_\_\_\_**

**CATEGORY SPACE CALCULATION**

Explanation/Purchases	Amount
_____	\$ _____
_____	\$ _____

**TOTAL SPACE CHARGED TO VOCA THIS MONTH \$ \_\_\_\_\_**

**CATEGORY "OTHER" CALCULATION**

Explanation/Purchases	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL "OTHER" CHARGED TO VOCA THIS MONTH \$ \_\_\_\_\_**

<b>TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT THIS MONTH</b> (Should match the total amount requested on front reimbursement page)	\$ _____
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**VICTIMS OF CRIME ACT (VOCA)  
VICTIM ASSISTANCE GRANT PROGRAM  
MONTHLY STATISTICAL REPORT**

REPORT TIMEFRAME

THE VICTIM ASSISTANCE AGENCY RECEIVING FUNDS UNDER THE VICTIMS OF CRIME ACT (VOCA) IS REQUIRED TO SUBMIT A STATISTICAL REPORT FORM FOR EACH MONTH DURING THE GRANT PERIOD. THE STATISTICAL REPORT PROVIDES INFORMATION ON THE EFFECT THE VOCA FUNDS HAD ON SERVICES TO CRIME VICTIMS IN THE STATE. THIS REPORT SHOULD BE SUBMITTED (with the corresponding monthly Progress Report) TO THE STATE VOCA ADMINISTRATOR BY THE 20<sup>TH</sup> OF EACH MONTH AT THE DIVISION OF JUSTICE AND COMMUNITY SERVICES, 1204 KANAWHA BOULEVARD, EAST, CHARLESTON, WEST VIRGINIA, 25301

**SECTION I  
PROJECT INFORMATION**

INDICATE REPORTING PERIOD: \_\_\_\_\_

A. PROJECT NUMBER: \_\_\_\_\_

B. GRANTEE NAME: \_\_\_\_\_

STREET/P.O. BOX: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

C. CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**SECTION II  
VICTIM STATISTICS**

A. INDICATE THE NUMBER OF VICTIMS SERVED BY TYPE OF VICTIMIZATION:

NOTE: Indicate the number of victims served by VOCA funds during the grant period. Each victim should be counted only once (i.e., a victim of a series of spousal abuse assaults should be counted more than once only as a result of separate and unrelated crimes).

NO. OF VICTIMS SERVED		NO. OF VICTIMS SERVED	
	1. CHILD PHYSICAL ABUSE		7. ADULTS MOLESTED AS CHILDREN
	2. CHILD SEXUAL ABUSE		8. SURVIVORS OF HOMICIDE VICTIMS
	3. DUI/DWI CRASHES		9. ROBBERY
	4. DOMESTIC VIOLENCE		10. ASSAULT
	5. ADULT SEXUAL ASSAULT		11. STALKING
	6. ELDER ABUSE		12. OTHER ( <i>Specify</i> )
	TOTAL		

**SECTION III  
SERVICES STATISTICS**

B. INDICATE THE NUMBER OF VICTIMS WHO RECEIVED THE FOLLOWING SERVICES  
(See instructions for service definitions)

NO. OF VICTIMS SERVED		NO. OF VICTIMS SERVED	
	1. CRISIS COUNSELING		8. EMERGENCY FINANCIAL ASSISTANCE
	2. FOLLOWUP		9. EMERGENCY LEGAL ADVOCACY
	3. THERAPY		10. ASSISTANCE IN FILING COMPENSATION CLAIMS
	4. GROUP TREATMENT		11. PERSONAL ADVOCACY
	5. SHELTER/SAFEHOUSE		12. TELEPHONE CONTACT INFORMATION/REFERRAL
	6. INFORMATION/REFERRAL (IN PERSON)		13. TRANSPORTATION
	7. C J SUPPORT/ADVOCACY		14. OTHER ( <i>Specify</i> )
	TOTAL		

**VICTIMS OF CRIME ACT  
VICTIM ASSISTANCE GRANT PROGRAM  
MONTHLY STATISTICAL REPORT  
INSTRUCTION – DEFINITIONS**

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The victim assistance agency receiving funds under the Victims of Crime Act (VOCA) is required to submit a statistical report each month of the grant period. This monthly statistical report provides information on the effect VOCA funds has on services to crime victims in the state. This report should be submitted by the 20<sup>th</sup> of each month to the Division of Justice and Community Services, 1204 Kanawha Boulevard East, Charleston, West Virginia, 25301-2901.

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**IMPORTANT NOTE REGARDING VICTIMS SERVICES:** A VOCA project refers to activities and services supported by VOCA funds plus required match. Except where otherwise indicated, the information in the monthly statistical report must be based solely on the VOCA funded projects, not on all other services and activities provided by the victim services agency.

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### **SECTION I. PROJECT INFORMATION**

Complete all items in this section

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### **SECTION II. VICTIMS STATISTICS**

Indicate the number of victims served by type of victimization. For Item 11, you may submit an additional sheet of paper to identify and record the number of victims served.

### **SECTION III. SERVICES STATISTICS**

Provide the number of victims receiving each type of service.  
Note: Review the description on each service prior to completing this question.

1. **Counseling** refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of a crime, immediately after a crime, or be provided on an on-going basis.
2. **Follow-up** refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on victims progress, etc.
3. **Therapy** refers to intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of a crime. This includes the evaluation of mental health needs, as well as the actual deliver of psychotherapy.
4. **Group Treatment/Support** refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.

5. **Shelter/Safe House** refers to offering short and long-term housing and related support services to victims and families following victimization.
6. **Information/Referral (In-Person)** refers to in-person contacts with victims during which time, services, and available support are identified.
7. **Criminal Justice Support/Advocacy** refers to support, assistance, and advocacy provided to victims at any state of the criminal justice process, to include post-sentencing services and support.
8. **Emergency Financial Assistance** refers to cash outlays for transportation, food, clothing, emergency housing, etc.
9. **Emergency Legal Advocacy** refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions but does not include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil suite, etc.
10. **Assistance in Filing Compensation Claims** includes making the victim aware of the availability of the crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It also may include follow-up contact with the victim compensation agency on behalf of the victim.
11. **Personal Advocacy** refers to assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workers compensation, unemployment benefits, welfare, etc.; accompanying the victim to the hospital; etc.
12. **Telephone Contact** refers to contacts with victims during which time services and available support are identified. This does not include calls during which counseling is the primary function of the telephone call.
13. **Transportation** refers to transporting a victim from a crime scene, to court, or any other situation deemed necessary and is directly related to their victimization.
14. **Other** refers to other VOCA allowable services and activities not listed.

**SPECIAL NOTE:** Please be advised subgrantees are discouraged from reporting numbers in the "other" category. Please review all categories and report numbers in the category which BEST describes the type of victimization or services provided.

**WEST VIRGINIA  
DIVISION OF JUSTICE AND  
COMMUNITY SERVICES**

**Victim of Crime Act Grant Program  
Monthly Progress Report**

<b>Grantee:</b>	<b>Project Number:</b>
<b>Address:</b>  _____	<b>Report Period:</b>
	<b>Prepared By:</b>
	<b>Telephone Number:</b>

**PART 1: Status of Goals and Objectives.** *(List each Goal and Objective and report on the status of the goals and objectives for your grant as of the end of the current reporting month, as they are **identified in your approved grant proposal** or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting month have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges, and provide any additional explanation you feel is necessary for WVDJCS to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting month, you must provide an explanation.) Add more goals and objectives as needed.*

<b>Goal 1:</b>	
<b>Objective 1:</b>	
<b>Status:</b>	MTD: __ YTD: __
<b>Objective 2:</b>	
<b>Status:</b>	MTD: __ YTD: __
<b>Objective 3:</b>	
<b>Status:</b>	MTD: __ YTD: __
<b>Goal 2:</b>	
<b>Objective 1:</b>	
<b>Status:</b>	MTD: __ YTD: __
<b>Objective 2:</b>	
<b>Status:</b>	MTD: __ YTD: __
<b>Objective 3:</b>	
<b>Status:</b>	MTD: __ YTD: __
<b>Goal 3:</b>	
<b>Objective 1:</b>	
<b>Status:</b>	MTD: __ YTD: __
<b>Objective 2:</b>	
<b>Status:</b>	MTD: __ YTD: __
<b>Objective 3:</b>	
<b>Status:</b>	MTD: __ YTD: __
<b>Goal 4:</b>	
<b>Objective 1:</b>	

Status:		MTD: __ YTD: __
Objective 2:		
Status:		MTD: __ YTD: __
Objective 3:		
Status:		MTD: __ YTD: __

\*Grantee is to supply both the **MTD** (Month to Date Total) and **YTD** (Year to Date Total) for each objective.

**Please complete the following questions** *(if left blank, the document will be returned to the grantee and will delay the reimbursement process):*

**Was there volunteers utilized for the VOCA Project this month?**

*\*Grantee is required to utilize at least 1 volunteer during the grant cycle and must provide notification about use or planned use of a volunteer by **January's** report.*

- Yes.** If yes, please attach a copy of the Volunteer Log or DJCS Volunteer Timesheet.
- No.** If no, please **indicate which month** a volunteer will be utilized: \_\_\_\_\_

**Has the VOCA funded advocate(s) met the 8 hour Minimum Training Requirement:**

*\*Each VOCA funded advocate is required to attend 8 hours of DJCS pre-approved training per grant cycle and must provide notification about pre-approved trainings attended or provided a date for planned trainings by **January's** report.*

- Yes.** If yes, list the pre-approved training and date of completion for each VOCA funded advocate.

Date	Training	Advocate

- NO.** If no, please list upcoming trainings the advocate(s) will be attending and include a formal request for pre-approval. If requesting reimbursement with travel/training funds, the letter is to include a breakdown of the costs.

Upcoming Training: \_\_\_\_\_ Date: \_\_\_\_\_

**Did the VOCA funded advocate(s) attend a training this month?:**

- Yes.** If yes, attach a copy of the certificate of attendance from the DJCS pre-approved training (if no, grantee is to list upcoming training and dates above).

**Was there a Board Meeting/County Commission Meeting this month?**

- Yes.** Please indicate the date of the meeting here: \_\_\_\_\_

(Please be sure to attach a copy of the corresponding meeting minutes with this report. Note: All Board Meeting Minutes must be submitted).

- NO.** Please indicate the **date of your next BOARD/COUNTY COMMISSION scheduled meeting** here: \_\_\_\_\_

**Due by the 20th day of each month. Delinquent project reports will result in a delay in the processing of requests for reimbursement. Attach additional sheets as necessary.**

**WEST VIRGINIA  
DIVISION OF JUSTICE AND  
COMMUNITY SERVICES**

**Victim of Crime Act Grant  
Program  
Civil Rights Information Report**

Agency Name:

Reporting Month:

Sub-grantees are required by OVC to collect and maintain Civil Rights information, where such information is voluntarily furnished by those receiving service, on race, sex, national origin, age and disability. Each victim should be **counted only once** (i.e., a victim of a series of spousal abuse assaults should be counted more than once only as a result of separate and unrelated crimes).

<b>Race/Ethnicity:</b>	<b>Number of Victims/Survivors</b>
White	
Black or African American	
American Indian and Alaska Native	
Asian	
Asian Indian	
Chinese	
Filipino	
Japanese	
Korean	
Vietnamese	
Other Asian	
Native Hawaiian	
Guamanian or Chamorro	
Samoan	
Other Pacific Islander	
Hispanic or Latino	
Mexican	
Puerto Rican	
Cuban	
Other	

<b>Gender</b>	<b>Number of Victims/Survivors</b>
Female	
Male	
Unknown	

<b>Other Demographics</b>	<b>Number of Victims/Survivors</b>
People with Disabilities	
People with Limited English Proficiency	

**WEST VIRGINIA  
DIVISION OF JUSTICE AND  
COMMUNITY SERVICES**

**Victim of Crime Act Grant  
Program  
Civil Rights Information Report**

<b>Age</b>	<b>Number of Victims/Survivors</b>
0-5 years old	
5-9 years old	
10-14 years old	
15-18 years old	
18-24 years old	
25-29 years old	
30-34 years old	
35-39 years old	
40-44 years old	
45-49 years old	
50-54 years old	
55-69 years old	
70-74 years old	
75-79 years old	
80-84 years old	
85 and older	

<b>National Origin</b>	<b>Number of Victims/Survivors</b>
American	
American Indian and Alaska Native	
Asian	
Asian Indian	
Chinese	
Filipino	
Japanese	
Korean	
Vietnamese	
Other Asian	
Native Hawaiian	
Guamanian or Chamorro	
Samoan	
Other Pacific Islander	
Hispanic or Latino	
Mexican	
Puerto Rican	
Cuban	
Other	

<b>West Virginia Division of Justice &amp; Community Services</b>	<b>Overtime and Salary Timesheet</b>
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Employee:		Agency:	
Month/Year:		Grant Number:	

Date	Reg. Hours	OT Hours	Program 1 <b>VOCA</b>	Program 2	Program 3
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>TOTAL</b>					

The undersigned certifies that the above named employee was paid for the above listed salary or overtime

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Supervisor





## VOCA Match Certification

**\*Grant Period: July 1, 20\_\_ to June 30, 20\_\_**

**Name:**

**Agency:**

**Grant Number:**

### Certification:

**I certify that all submitted materials, donations, office space/rent, etc. for the purpose of “Match” for the VOCA funded project are used directly for the victims who are provided services rendered by the agency. For example, any donations received by this agency are for the VOCA funded project as direct services to crime victims, not for the overall administration of the grant.**

**I also certify that all matching funds come from state, county and/or local sources and are not federal funds.**

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**Signature (Project Director or Fiscal Officer)**

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**Date**

## VOCA Salary and Benefits

**\*Grant Period:**

**Name:**

**Agency:**

**Salary Funded by VOCA: \$**

**FICA: (%): \$**

**W/C: (%): \$**

**U/C: (%): \$**

**Retirement: (%): \$**

**Insurance: \$**

**TOTAL: \$**

**Salary Funded by (Other):**

**FICA: (%): \$**

**W/C: (%): \$**

**U/C: (%): \$**

**Retirement: (%): \$**

**Insurance: \$**

**Certification:**

I certify that all information presented is correct and true to the best of my knowledge. The "Other Salary" funded is used as direct services for victims and is to be used as "Match".

\_\_\_\_\_  
**Signature (Project Director or Fiscal Officer)**

\_\_\_\_\_  
**Date**

**\* Please note: This form needs to reflect total salary for the entire grant period for both VOCA-funded and Other-funded. This form only needs to be submitted one time.**

<b>West Virginia Division of Justice &amp; Community Services</b>	<b>Volunteer Timesheet</b>
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Volunteer:		Agency:	
Month/Year:		Grant Number:	

Description of Volunteer Activities.		
Date	Vol. Hours	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
<b>TOTAL</b>		

The undersigned certifies that the above named volunteer was NOT paid for the above listed time and that the time was utilized to provide services to Victims of Crime.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Supervisor

Volunteer In-Kind Match Rate (if Applicable)      \$ \_\_\_\_\_ /hr.



# GRANT COMPUTER & OFFICE EQUIPMENT LISTING FORM

## INSTRUCTIONS

The following instructions should be observed when preparing computer & office equipment listing form:

### DUE DATES:

**Monthly**, within twenty (20) days after the end of the month in which equipment was used by the Sub-grantee. Must be submitted with the corresponding grant financial report. This reporting form is to be used for reimbursement and/or matching funds purposes for Copier, Fax Machine and/or Postage.

### SUBGRANTEE:

Enter the name of the Agency or Unit of Local Government that is designated as the grant recipient.

### PREPARED BY:

Type the name, address, phone and fax number of the person preparing this report, and sign.

### PROJECT #:

Enter the number assigned by the Division of Justice and Community Services.

### PROJECT TITLE:

Enter the same title of the project that was used in the grant application.

### FOR PERIOD FROM/THROUGH:

Enter the period of time covered by this report.

### REPORT #:

Assign consecutive numbers as each report is submitted.

### DATE PREPARED:

Enter the date this report was prepared.

### DESCRIPTION OF EQUIPMENT:

Enter a concise but complete description of each piece of equipment used.

### TOTAL COST:

Enter the total amount of funds charged or used for match for the corresponding month.

### LOCATION:

Enter the exact location of the equipment.



# GRANT COMPUTER & OFFICE EQUIPMENT LISTING FORM

## INSTRUCTIONS

The following instructions should be observed when preparing computer & office equipment listing form:

**DUE DATES:**

Monthly, within twenty (20) days after the end of the month in which equipment was purchased. Must be submitted with the corresponding grant financial report.

**SUBGRANTEE:**

Enter the name of the Agency or Unit of Local Government that is designated as the grant recipient.

**PREPARED BY:**

Type the name, address, phone and fax number of the person preparing this report, and sign.

**PROJECT #:**

Enter the number assigned by the Division of Justice and Community Services.

**PROJECT TITLE:**

Enter the same title of the project that was used in the grant application.

**FOR PERIOD FROM/THROUGH:**

Enter the period of time covered by this report.

**REPORT #:**

Assign consecutive numbers as each report is submitted.

**DATE PREPARED:**

Enter the date this report was prepared.

**DESCRIPTION OF EQUIPMENT:**

Enter a concise but complete description of each piece of equipment purchased in whole or in part with grant funds.

**FROM WHOM PURCHASED:**

Enter the name of the vendor the equipment was purchased from.

**TOTAL COST:**

Enter the total funds used to purchase the equipment including federal and subgrantee funds.

**DATE PURCHASED:**

Enter the date the equipment was ordered.

**SERIAL NUMBER:**

Enter the serial number of the manufacturer. If none is available, enter the model number.

**CONDITION:**

Enter either new or used depending on status at time of order.

**LOCATION:**

Enter the exact location of the equipment.

**ADDITIONAL INFORMATION (COMPUTER PURCHASES ONLY)**

1. Please describe how the computer equipment enhances services to crime victims.
2. How has the computer equipment been integrated into and/or enhance your current system?
3. What was the cost of installation?
4. What was the cost of training staff to use the computer equipment?
5. What was or will be the on-going operational costs, such as maintenance agreements, supplies, etc.? How will these additional costs be supported?



*Division of*  
***Justice &***  
***Community***  
*Services*

# Subgrantee Reference Handbook

## **Preface**

The intent of this document is to serve as a reference tool for the Division of Justice and Community Services (DJCS) subgrantees. Enclosed are standard policies and/or procedures utilized by DJCS. While most areas discussed in this reference book apply to all of the grant programs administered by the Division, there may be a few exceptions. This document is NOT meant to replace contact with the program specialist.

## **Request For Proposal (RFP) Process**

Grant programs that have an open solicitation release an annual Request for Proposal (RFP). In most cases the RFP is a paper brochure with information for the grant program, eligible applicants, allowable expenses and a deadline for the application as well as instruction on how to access an application kit. In addition to the paper RFP, the application kit is also posted on the WV DJCS website on the Current Funding Opportunities page. <http://www.djcs.wv.gov/>

## **Grant Program Committees and Grant Review**

Most grant programs administered by the Division are required to or the Division chooses to utilize a grant oversight committee. The level of oversight and name of each committee varies from one program to another with the common thread being that grant applications are reviewed by these committees and funding recommendations are made to the Governor's Office for final review and award. For more information on a specific oversight committee, please see the administrative manual for the respective program.

Once the application deadline has passed a grant review is held where each application is reviewed by the oversight committee along with Division staff.

## **Division of Justice & Community Services (DJCS) Terms**

- Program Specialist-DJCS employee that administers the subgrant.
- Accountant-DJCS employee that is the second tier of the reimbursement process and requests payment from the Auditor's office.
- Request for Proposal (RFP)-Announcement of available grant funds for a particular program. This may be in paper or e-mail format as well as listed on the DJCS website.
- Open Solicitation-The allowance for agencies, that were not subgrantees the previous funding year, to make application for grant funds.
- Closed Solicitation-Not allowing agencies that were not subgrantees the previous year to apply for funding.
- Application Kit-The application that is required to apply for grant funds.
- Match-Local funds or in-kind goods/services that are used to enhance subgrantee funds. The percentage of match is based upon the grant program and will be announced in the Request for Proposal and grant application instructions. Federal funds may not be matched with Federal funds.
- Grant Oversight Committee-Group of individuals tasked with reviewing the subgrant applications at grant review.
- Grant Review-The meeting at which the subgrantee applications are discussed and reviewed. The subgrantee may be required to attend or be available via telephone to answer questions related to the applications. Appropriate notice will be given to applicants.
- Grant Contract-The document that affects the "relationship" between DJCS and the subgrantee. This document is signed by the Director of DJCS and the subgrant Authorized Official.
- Project Number-Unique number assigned by DJCS that is specific to the subgrant. This number can be found on the contract. This number will be on each report submitted to DJCS.
- Deobligation-The act of "removing" grant funds from a subgrantee either for non-compliance of the contract/special conditions or unexpended funds at the end of the grant period.

- Grant Adjustment Notice (GAN)-A DJCS document that is completed at the request of a subgrantee when anything from the original grant application changes such as a budget adjustment, expenditure approval, grant period extension, change in grant officials, etc.
- Change Orders-A DJCS document that is completed in conjunction with certain Grant Adjustment Notices. Subgrantees never see a Change Order.
- Monthly Reports-Financial and Progress Reports related to the subgrant that are due the 20<sup>th</sup> day of the following month to DJCS.
- Subgrantee-Applicant agency that has been awarded grant funds by DJCS.
- Administrative Manual-Program guidelines that are specific to each grant program.
- State Fiscal Year-July 1 through June 30
- Federal Fiscal Year-October 1 through September 30

## **Applications**

As the applications are received, page one of the application will be date stamped by DJCS. Late, faxed, e-mailed or post marked applications will not be accepted. The Program Specialist will review the application for completeness and accuracy.

All three grant officers (Project Director, Fiscal Officer and Authorized Official) are different individuals.

The Authorized Official (AO) must be the agency head responsible for the grantee agency and authorized to enter into contract for the grant in question. The Authorized Official should be the agency director, board director, mayor or county commissioner, whichever is applicable.

The Project Director (PD) should be the individual responsible for the administration of the grant program. This is the first point of contact for general questions or problems regarding the grant in question.

The Fiscal Officer (FO) should be the individual responsible for the financial administration of the grant program. This is the point of contact for issues regarding grant expenditures and documentation for the grant in question.

- a. The application checklist should be followed very closely to avoid incomplete applications.
- b. Beginning July 1, 2012, budget narratives are required to be very specific. Each grant funded position must be designated as full-time, part-time, or overtime. Each position is required to have benefit rates associated with each position if benefits are being requested to be paid by grant funds. Please refer to the detailed example budget narrative that was included in each grant application packet.
- c. Written correspondence, fax or e-mail will be sent to the Project Director regarding any missing, incorrect, and/or unclear documentation.
  - i. An additional 5 to 10 working days will be given to applicants to correct or complete the submitted application.
  - ii. The written correspondence sent to the PD, will give a due date. This due date will be strictly enforced.
  - iii. If an applicant has expressed difficulty meeting the deadline, the Specialist has the discretion to give an extension to the due date if the applicant is in contact with the specialist.
  - iv. However, if the required documentation is not returned, then the application must be reported to the subcommittee as being "incomplete".

## Start of New Grant Cycle

### Grant Award Process

If funded, the Authorized Official will receive an award letter from the Office of the Governor. This may be done during an awards ceremony where the subgrantee will be invited to accept the award letter in person or simply mailed. The awards ceremony time and location may vary from year to year and is subject to the discretion of the Office of the Governor.

Shortly following the release of the Governor's award letter a grant contract and related documents will be sent to the Authorized Official named on the grant with the Project Director being copied on that correspondence. The contract and other documents must be signed by the Authorized Official with the original document returned to the Division to be affected. Once all documents are finalized the Program Specialist will send a copy of the approved grant. This correspondence will include the grant application, approved budget and signed contract and other related documents. At a minimum, the project director and fiscal officer should each maintain a copy of the approved grant.

1. Any subgrantee that has not completed/returned all application and contract requirements within 30 days of the start of the grant, will be contacted in writing and be given a strict deadline (5 working days) to have them complete. After the deadline, the Program Specialist has the discretion to deobligate funds after a discussion with the immediate supervisor and the deputy director.
2. Any subgrantee that is not in full operation within 60 days of the start of the grant period must notify DJCS in writing of the following:
  - A valid explanation of the delay in implementation
  - A detailed plan of action to address the delay
  - A date the project is planned to begin
3. Any subgrantee that is not in full operation within 90 days of the start of the grant period must submit a **second** written notification DJCS. At that time, following a discussion with the Immediate Supervisor and the Deputy Director, the Program Specialist has the discretion to deobligate all funds and close the grant.
  - A valid explanation as to why the plan of action failed and the implementation deadline was not met must be submitted.

## **Monthly Reports**

### **Due to DJCS by 20<sup>th</sup> of the following month**

Grant programs are required to submit several program reports (monthly, quarterly, semi-annual and annual reporting depending upon the grant program) throughout the grant period. For information on a specific grant program's reporting requirements please reference the respective administrative manual and/or program guidelines.

All subgrantees are required to submit monthly reports by the 20<sup>th</sup> day of the following month of activity. Each should be submitted monthly regardless of the level of activity.

#### **General Guidelines:**

- All Monthly Reports will be processed by specialists within **5-7 working days** of date (received) stamped and by the accounting staff within **10 working days**. PLEASE NOTE, due to circumstances beyond the control of the Division this timeframe cannot always be met.
- The Financial and Project Reports should be submitted in one package.
- Reports not received in a timely manner:
  1. Program Specialists will contact the Project Director via e-mail or fax to make them aware that the report is past due. Outstanding reports(s) are to be submitted by a due date of no more than 5 working days.
  2. If reports have not been submitted after the revised due date, a letter will be sent to the Authorized Official (c: Project Director) referring to Special Conditions and Assurances (reporting requirements) of applicable grant. The letter will indicate funds may be deobligated and the grant file closed. A copy of the letter will be placed in the grant file.
  3. If no response – funds **may** be deobligated and grant file closed after a discussion with the Immediate Supervisor and Deputy Director.
- Incomplete reports:
  1. The subgrantee (contact listed on the Project Financial Report or the Monthly Progress Report, whichever is appropriate) will be notified immediately by written correspondence (via email or fax) with a due date of no more than 5 working days.
  2. If no response is received within 5 working days of first written notification, a "Final Notice" informing subgrantee Authorized Official (c: Project Director) they have 3 additional working days to rectify problem and then DJCS will (i.e. mark off or deobligate).
  3. If documentation is not received by the final due date, then the missing information will be marked off of the Request for Reimbursement. If the missing documentation is a Progress Report or Statistical Report, then the

Program Specialist cannot process the report and has the option to deobligate funds after a discussion with the Immediate Supervisor and Deputy Director.

### Monthly Progress Reports:

- Reports must have all required contact information completed.
- Report must list a brief summary of activities as they relate to the goals, status of objectives and any other relevant activities of the applicable grant.
- A monthly Statistical Report must also be sent with Progress Report if applicable.
- Copies of all Board Meeting Minutes (including county commission, Board of Directors, etc.) must also be sent with monthly progress report if applicable, unless the progress report indicates there was not a meeting for the reporting month.
- **The monthly progress report is required to process financial requests.**

### Financial Reports:

- To process a financial report, the corresponding progress report must be on file.
- **Financial Requests must follow the approved budget** unless a Grant Adjustment Notice (GAN) has been requested and approved.
- Steps to process:

1. **Request for Reimbursement** page must be signed by either the Authorized Official or Fiscal Officer as listed on Page 1 of the Grant Application or any changes made through adjustments. This must be an original signature; ***NO COPIES OR STAMPED SIGNATURES WILL BE ACCEPTED.***

- Subgrantee information must be the same as on the processed grant. Please note that the address on the Request for Reimbursement must match the address on the approved grant application. All reimbursement checks will be mailed to this address.
- Project number – the number DJCS has assigned
- FEIN # - can be found on the Budget Pages in the application
- Period the report covers – typically should only be for one month timeframe
- Total amount requested – will verify total at the end.
- DJCS will not process Request for Reimbursements that are less than \$100. If a request is sent in totaling less than \$100, the request will be held until the following month.

2. **Project Financial Report**

- Top section should be completed by subgrantee. The contact person listed on this page must be the person who actually completed the financial report.

- Approved Budget Columns – should match the approved grant budget. Budget amounts can only be adjusted through a written or e-mailed request and a written grant adjustment completed by DJCS.
- Expended This Period Column – Total amount the subgrantee is seeking for reimbursement this reporting period.
- Expended to Date Columns – running total calculated by the grantee as to what has been expended during the grant cycle.

### 3. Recap Page (REQUIRED)

- Shows in detail what is being requested for reimbursement.
- Subgrantee is not required to use the standard DJCS Recap page, however the subgrantee Recap page must be similar and must contain all information encompassed in DJCS page.

### 4. If payroll / contractual expenses are requested:

- All expenses must match approved budget.
- Effective July 1, 2012, ALL subgrantees must utilize the standard DJCS timesheet.
- A timesheet must be submitted for each grant funded employee and signed by the employee and their supervisor each month. Original signatures are not necessary. A timesheet will be submitted with the **ENTIRE** month's hours.
- Proof of payment must be attached for timeframe the subgrantee is requesting payment – proof of payment includes either copies of the check stubs or a copy of the payroll register. If actual checks are attached to the check stubs, they must have ALL appropriate signatures. If a payroll register is submitted, at minimum, these must include the employee's name, check date, check number, and benefits taken out (if applicable).
- The information on the Recap Page must match the pay stubs.
- **EXAMPLE** of what is required by a subgrantee: **Month of July:** Timesheet with all hours worked by the grant funded employee in the month of July (1-31). This particular subgrantee gets paid every other Friday so they will attach paystubs for July 1, 15, & 29. The Recap Sheet will request payment for the period July 1<sup>st</sup> through July 29<sup>th</sup> as this is the period the paystubs cover. **Month of August:** Submit again the entire month of July timesheet (note 29 days were previously requested) and the entire month of August (1-31). The subgrantee will also submit paystubs for August 12<sup>th</sup> and 26<sup>th</sup>. The August 12<sup>th</sup> paystub will cover July 30-August 12 period, and the August 26<sup>th</sup> paystub will cover August 13-August 26. The Recap Sheet will request payment from July 30<sup>th</sup> through August 26<sup>th</sup>. **NOTE:** It is still acceptable to request the entire month of reimbursement as opposed to the above scenario.

- Please note that effective January 1, 2011, FICA will be reimbursed at the employee's portion. This change is a result of the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010. If the subgrantee wishes to have the employer portion reimbursed that subgrantee must provide, along with the recap sheet, timesheet and pay stubs, a ledger (QuickBooks, etc.) indicating the employer portion. If the ledger only indicates a lump sum paid by the agency then the subgrantee must breakdown each employees share on that ledger. DJCS **will not** accept a ledger that has the amount as a lump sum.
- Effective July 1, 2012, DJCS would recommend that Workers Compensation and Unemployment be requested monthly, however no less then quarterly, based on the percentage set in the approved budget.
- Effective July 1, 2012, proof of Health Insurance premiums paid for each requested employee must be provided.

**5. If Travel / Training expenses are requested:**

- Must match approved budget.
- A travel voucher/expense sheet must be submitted. Employee signature and supervisor signature is required.
- Proof of payment must be attached - typically a copy of the check showing payment. If charges were placed on an agency/business credit card, a copy of the credit card bill and a copy of the check showing the card was paid. If the expense was charged on a personal credit card, the credit card statement is NOT needed. This is the actual statement mailed to the card holder. Proof of payment is required, this may be a copy of the check "cut" to the individual from the grantee agency.
- Meal Allowances – must follow State guidelines and comply with Federal Per Diem rates. Receipts are not required.
- Federal Regulations regarding allowable food for training has changed. ANY food expenditure for ANY training must be pre-approved through the Feds. State programs are exempt.
- Lodging, car rental, fuel receipts, must have receipt/voucher and proof of payment and must be consistent with State travel guidelines.
- To be reimbursed for attendance at training events – the training must be pre-approved in the budget or through a written grant adjustment.
- Use of agency debit cards require a bank statement for payment.
- If the subgrantee is a State agency and utilizes a purchasing card (P-Card) the subgrantee should contact the Specialist/Accountant for instructions on reimbursement.

**6. If Other/Equipment/Supplies are requested:**

- Must match approved budget.
  - Receipts showing items purchased must be submitted – copies are acceptable. Purchase orders or packing slips are not acceptable.
  - If charges were placed on an agency/business credit card, a copy of the credit card bill and a copy of the check showing the card was paid. If the expense was charged on a personal credit card, the credit card statement is NOT needed. This is the actual statement mailed to the card holder. Proof of payment is required, this may be a copy of the check “cut” to the individual from the grantee agency.
  - Proof of payment must be attached – usually a copy of the check showing payment.
  - If a computer, office equipment, vehicle, etc. is purchased by the grant, then an Equipment Listing Form must be attached.
  - Use of agency debit cards require a bank statement for payment.
  - If the subgrantee is a State agency and utilizes a purchasing card (P-Card) the subgrantee should contact the Specialist/Accountant for instructions on reimbursement.
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- If something is requested for reimbursement that is not approved in the original budget or in a written grant adjustment, then the requested item(s) and amount(s) will be marked off. Accountants will check with the Program Specialist prior to marking off any requested expense. Subgrantee will be contacted as to why this expense was not allowable.
  - Totals from **Recap page** must match the amount listed in the Expended This Period Column of the **Project Financial Report**. If different, appropriate corrections will be made and the subgrantee will be notified.
  - Total from **Project Financial Report** (Expended This Period Column) should match amount listed on **Request for Reimbursement** form. Important note – the Request for Reimbursement Form total only includes funds being requested through the grant. Match calculations are not included on this form. Match should be monitored and noted on the Project Financial Report.
  - If match is applicable to the program, match will be monitored on a monthly basis, but no less than on a quarterly basis. If a subgrantee is not up-to-date with their match, a letter will be sent to the Project Director (c: Fiscal Officer) and inform them that no future Request for Reimbursements will be processed until the match is current.
  - If any changes are made to the totals on the **Project Financial Report** once processed by the Accountants, a corrected form will be faxed or e-mailed to the subgrantee for their records.
  - Match documentation must be submitted in the same manner as reimbursable expenses. Match must be documented on the Monthly Project Financial Report Form and must have proper backup documentation. Match may differ based upon the grant program. For Federal programs that do not allow food to be

- purchased with grant funds, the subgrantee MAY utilize these expenses as match.
- DJCS does not use QuickBooks so all calculations are done on a calculator. It is standard DJCS practice that the accounting staff will check the requested amount. If there is a difference of only a few pennies, and it is NOT an addition issue that has already been identified, the accountant will always carry out the decimal point at least three places.
  - Grant funds (if allowable under individual grant Federal guidelines) and depending upon availability of funds within the subgrant, may be used to pay an annual leave balance to a subgrant funded employee when employment is terminated during the subgrant period. Reimbursement is proportionate based upon the time funded under the grant. If the employee has 240 hours of annual leave, however only 150 hours were accrued during the time the employee was employed by the grant, then that is the grant can reimburse 150 hours.
  - Grant funds do not pay bonuses or increment payments.
  - Supplanting-To deliberately reduce state or local funds because of the existence of federal funds. In order to prevent supplanting the subgrantee will have to backfill. Backfill is simply the process of hiring an additional individual to prevent replacing the local or state funds with federal funds. Example 1: Applicant requests funding for a "new" position that has NO local or state funds budgeted for that "type" of position. Victim Advocate in Prosecutor's Office=NOT SUPPLANTING Example 2: Applicant requests funding for a new position that it does have local or state funds already budgeted for that "type" of position. City of County requesting funds for another officer=MUST BACKFILL Subgrantee will be notified at the time of application whether or not the requested position will need to be backfilled if the grant is funded.
  - Specific, NOT ALL, grant programs administered by DJCS allow only units of government to apply for these funds. Due to this regulation, private and/or non-profit organizations wishing to implement a project utilizing these funds must develop a relationship with a unit of local or state government. This unit of government would then apply on behalf of the private and/or non-profit organization, who would actually implement the project. Please note that the unit of government does not have to use funds from their budget, but can accept the private and/or non-profit organization's invoices and checks as backup documentation. This documentation must be submitted by the unit of government (subgrantee). Reimbursement will be made back to the unit of government (subgrantee).
  - All subgrants will be monitored for grant compliance. No changes will be approved/disapproved by the monitor.
  - Any corporation, association, or other organization in West Virginia that is not a local government which received funds from the WV Division of Justice and Community Services in the amount of \$15,000 or more shall file an audit of the disbursement of funds with the WV Legislative Auditor's Office. This audit shall be filed within two years of the disbursement of funds by the Division to the entity and shall be made by an independent, certified public accountant at the cost of the entity and show that the funds were spent for the purposes intended. An

entity failing to file a required audit within the two-year time period is barred from subsequently receiving funds from the State until the entity has filed the audit and is otherwise in compliance with Chapter 12, Article 4, Section 14 of the West Virginia Code, as amended.

## **Grant Adjustments and Change Orders**

Grant Adjustments are completed after submission of a written request, e-mail, or fax by the Grant Project Director (or the Program Director or Fiscal Officer after consultation with Grant Project Director). The adjustment request must be clear, detailed, and must be allowable under all State, Federal and DJCS funding guidelines.

All adjustments (financial or programmatic) to the initial approved grant application MUST have the Program Specialist's written approval prior to any modifications by subgrantee or the submission of the monthly reports by subgrantee.

1. A written response must be generated within 5 working days of receipt of the written request.
2. If the requested change is not allowable under grant conditions, then a written response letter must be sent to the Project Director detailing the reason for the denial of the grant adjustment request.
3. In the event a request may be allowable, but the Program Specialist has not received appropriate proof of justification or proper documentation, the subgrantee must be sent written notification of documentation needed to process the request. This notification must be sent within the 5 working days of receiving the request and must be attached to the initial request.

## **Grant Closing Procedures**

1. When the final (typically June) financial reports are submitted, the Program Specialist must review the reports carefully to make sure the match requirement is up to date if applicable. If match has not been submitted, then notice must be sent immediately giving the subgrantee a 3-5 working day deadline to submit the match. **If match is not submitted at that time then the June request will be used as match instead of reimbursed.**
2. Most of the June reports will be marked as Final Report (top of the Project Financial Report Forms). If not marked, the program specialist must call the subgrantee to confirm they will not have a supplemental request. If the program specialist approves a supplemental request the program specialist must mark the Request for Reimbursement as "supplemental". A supplemental request does not require an extension.