

WELCOME TO GEMS GCC WORKSHOP 2021

PREVENT, PROTECT, PREPARE

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY



GEMS TRAINING 101

PREVENT, PROTECT, PREPARE

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

GEMS TRAINING CONTENTS

- GEMS My Profile Overview
- Organization Roles
- Reimbursement Requests
- Budget Adjustments
- Non-Budgetary Adjustments
- Reporting





GEMS OVERVIEW

PREVENT, PROTECT, PREPARE

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

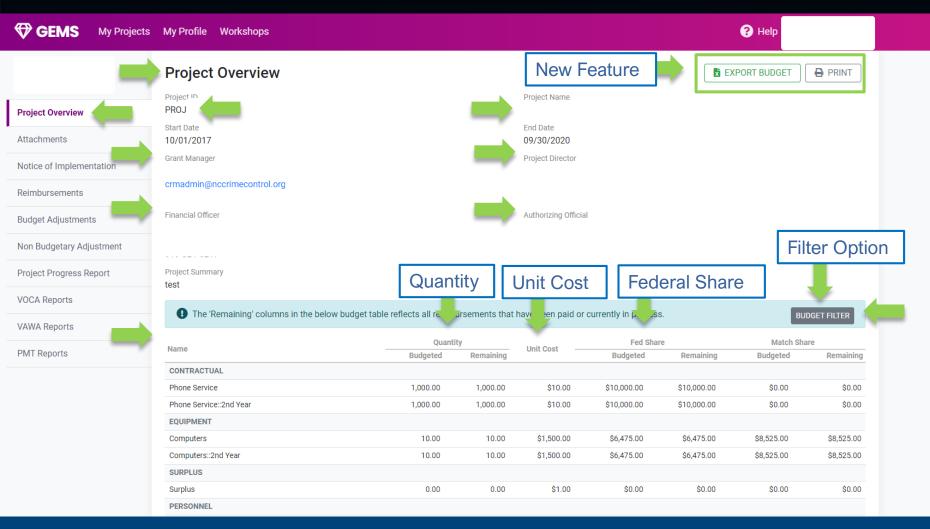
PRESENTED BY: Allyson Teem

MY PROFILE OVERVIEW

GEMS My Project:	My Profile Vs			C Help
My Profile	My Profile			
Request Organization Roles	Any information that is grayed of	out (read-only) is managed by your NCID account. Pl	lease visit the NCID website to u	update this information.
Request Project Access	Organization *			
My Organization	Select Existing Organization		✓ Or	+ ORGANIZATION
Approve/Deny Requests	Salutation		Name Andrea Russo	
Deactivate Roles	Job Title		Andrea Musso	
Assign Officials				
Indirect Costs	Phone		Email	
L			andrea.russo@ncdps.gov	
	Street Address 1		Street Address 2 (optional)	
	City	State		Zip
	SAVE MY PROFILE			

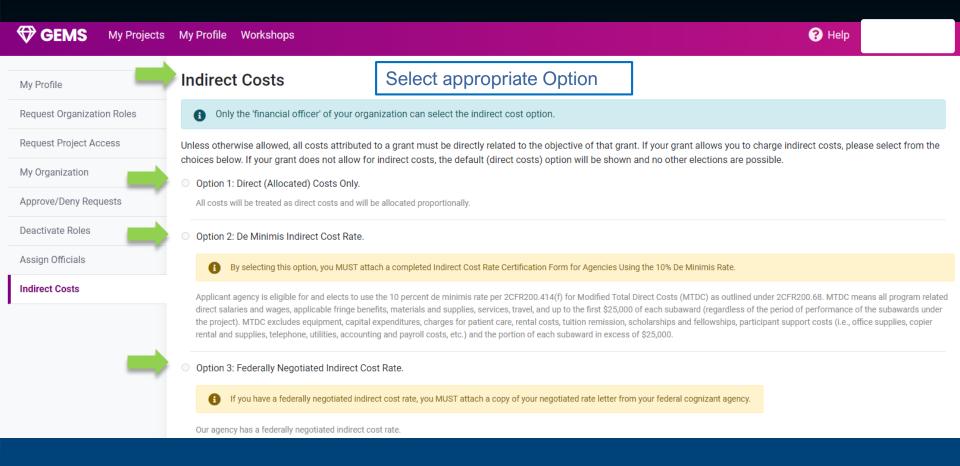


PROJECT OVERVIEW



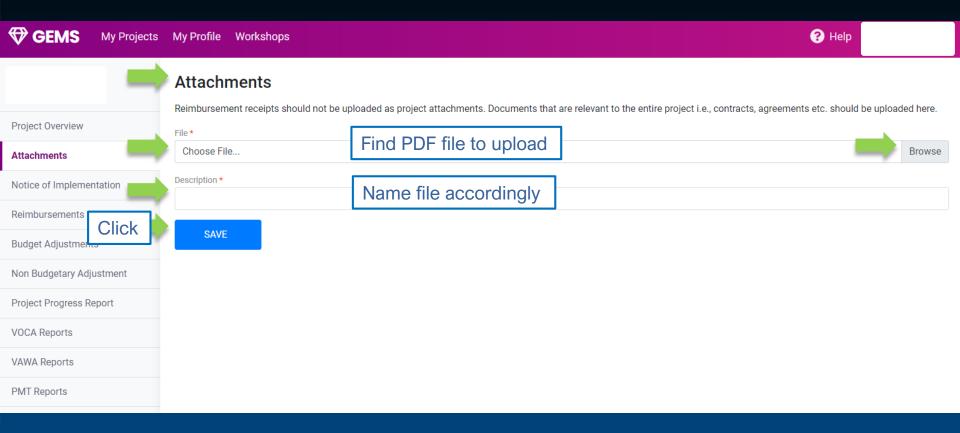


MY PROFILE – INDIRECT COSTS





ATTACHMENTS





NOTICE OF IMPLEMENTATION

GEMS My Projects	My Profile Workshops			😮 Help
	Notice of Implementation			
Project Overview	Status Reviewed by GCC		Submitted On 09/05/2018	
Attachments	Choose activities that represent implementation measures *	Select all boxes the	at apply	
Notice of Implementation	 Advertising for Positions Securing Bids 	Acceptance of Referrals Hiring of Project Personnel		
Reimbursements	Purchase of Equipment	Other	Description	
Budget Adjustments	Describe the implementation measures (Max 3900 characters)	;)		
Non Budgetary Adjustment	We are in the middle of logistical strategies to start t *Reviewing Contracts.	he project.		
Project Progress Report	Enter description of next s	steps for project to p	roceed/begin	
VOCA Reports				
VAWA Reports				
PMT Reports				li.



MY PROFILE – MY ORGANIZATION/SAMS UPDATE

request Organization Roles request Project Access y Organization porove/Deny Requests seactivate Roles ssign Officials	y Profile	My Organization	
lequest Project Access Ay Organization pprove/Deny Requests teactivate Roles ssign Officials Indirect Costs Street Address 1* City* City* City* State* State	equest Organization Roles	Legal Organization Name * Enter organization Name	
upprove/Deny Requests teactivate Roles ssign Officials mm/dd/yyyy Select "NEW" Date Street Address 1* City* City* City* City* State* State* <td< td=""><td>lequest Project Access</td><td></td><td>Dun & Bradstreet Number (DUNS) *</td></td<>	lequest Project Access		Dun & Bradstreet Number (DUNS) *
State Government SAM Expiration Date* Mirect Costs Street Address 1* City* City* State* State* Business Phone* Image: Control of the con	Ay Organization	9 digit number	9 digit number
Assign Officials Mirect Costs SAM Expiration Date* mm/dd/yyyy Street Address 1* City* City* State* Business Phone* Business Phone* SAM Expiration Date Proof Choose PDF Only Street Address 2 City* County* County* City* City* County* City* City* City* City* City* City* City* City* City* City* City* City* City* City* City* City* City* City* City* City* Ci	Approve/Deny Requests	Business Type *	Fiscal Year End Date *
Assign Officials mm/dd/yyyy Select "NEW" Date Street Address 1* Choose File No file chosen Choose PDF Only Street Address 2 City* County* State* State* Business Phone* Business Phone *	Deactivate Roles		
Indirect Costs Street Address 1* City* City* State* Zip Code* Zip+4 Business Phone* Business Phone *	Assign Officials	mm/dd/unau 🗎	Choose File No file chosen Choose PDF Only
State* Zip Code* Business Phone* Business Fax	Indirect Costs		Street Address 2
zip+4 Business Phone * Business Fax		City*	County *
Business Phone * Business Fax		State *	Zip Code *
		×	zip+4
Email		Business Phone *	Business Fax
		Email	





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QUESTIONS? If you have questions, ask them in the chat box.



Organization Roles

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TRAINING CONTENTS

MY PROFILE

- Organization Roles
- Project Access
- SAM



NEED TO KNOW

- Always notify Grant Administrator via email of any key role staff changes.
- Your NCID is for you only to access GEMS and must not be shared.



ORGANIZATION ROLES

**(All persons needing GEMS access must obtain an NCID through <u>https://ncid.nc.gov</u>):

• Authorizing Official (AO).

- Signatory to grant award.
- Chief point of oversight for project.

Financial Officer (FO).

- Provides financial oversight to project
- Agency financial policies and procedures
- Federal financial policies and procedures

Project Director (PD).

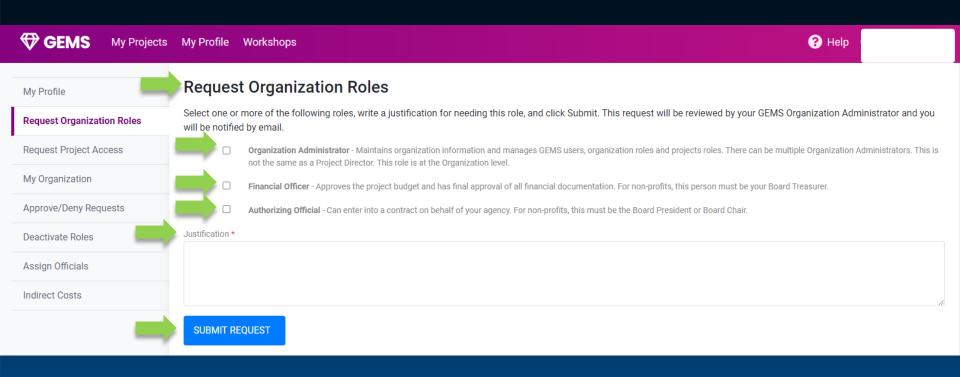
- Signatory to grant award.
- Responsible for execution of project.
- Primary point of contact with GCC.

Organization Administrator.

- Submits all SAM updates to GEMS.
- Approves all requests for organization roles (AO, FD, PD)
- Assigns AO, FO and PD to open projects.
- Approves/Denies requests for project access
- Deactivates access/roles, if needed.

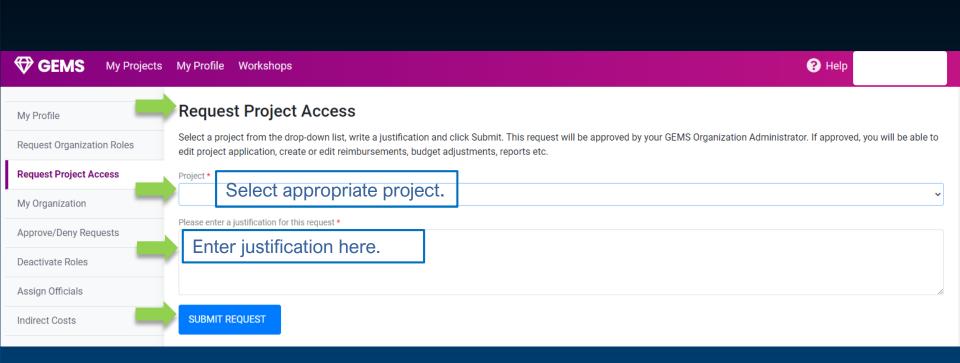


MY PROFILE – REQUEST ORGANIZATION ROLES





MY PROFILE – REQUEST PROJECT ACCESS



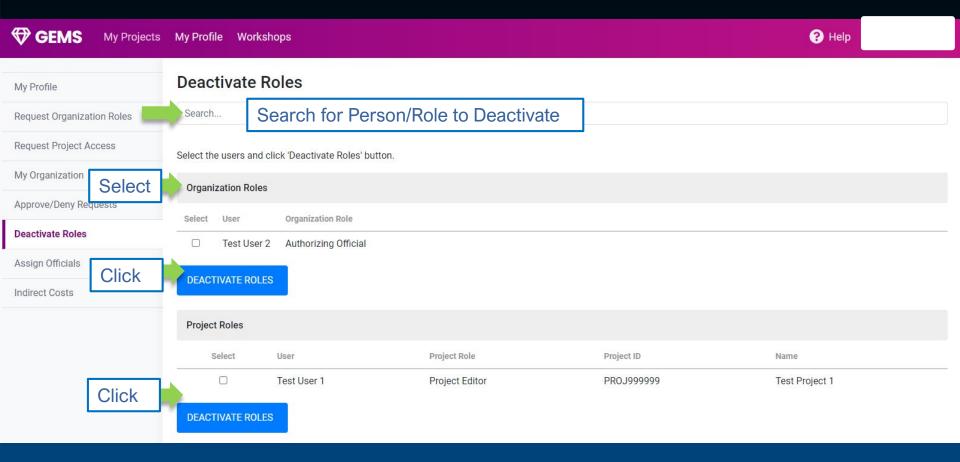


MY ORGANIZATION – APPROVE/DENY ROLE REQUESTS

GEMS My Projects	My Profile Workshops					😯 Help
My Profile	Approve/Deny Requ	iests				
Request Organization Roles	Search					
	Select the users you want to appro	ove or deny and click 'Appr	rove/Deny Request(s)' button.			
My Organiza Select	Approve Deny User	Organization Role Justi	fication			
Approve/Deny Requests	Test User 1	Financial Officer Test				
Deactivate R Select	Approve Deny	User	Project Role	Project ID	Project Name	Justification
Assign Officials	0 0	Test User 1	Project Editor	PROJ999999	Test Project 1	Test
Indirect Costs Click	APPROVE/DENY REQUEST(S)					
	Previous Requests					
	Organization Role		Request	or	Status	
	Authorizing Official		Test Us	er 2	Approved	
	Project Role	Project ID	Name		Requestor	Status
	Project Editor	PR0J111111	Test Projec	t 2	Test User 2	Approved

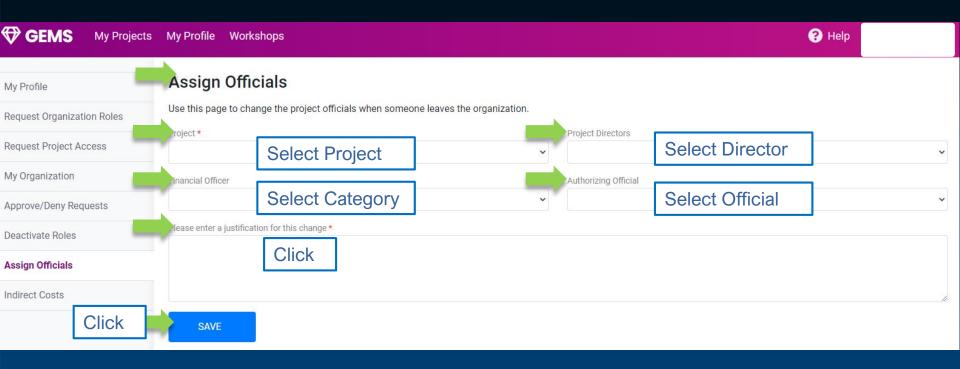


MY PROFILE – DEACTIVATE ROLES





MY PROFILE – ASSIGN OFFICIALS







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QUESTIONS? If you have questions, ask them in the chat box.



REIMBURSEMENT REQUESTS

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NEED TO KNOW:

- All reimbursements must be submitted monthly from the 1st to the last day of the month.
- Reimbursements are submitted based on actuals not budgeted.
- Submit reimbursements in the month the expense was incurred. (Wait until paid and cleared to submit)
- Make sure to select yes for final reimbursement
- NEW! Last request is due <u>60 days</u> after end of period of performance.



BYRNE JAG & CESF ONLY:

Reimbursements Rules for specific grants:

- Period Start/End Dates since equipment grants typically are not submitting monthly reimbursements, the subrecipient should enter the period of time the purchases occurred (from quote gathering to payment). It's ok if the period is longer or shorter than one month.
- Importance of Photos photos are very important for equipment grants – best practice is to photograph equipment as it arrives. Be sure to include photos of serial numbers or asset tags for larger purchase and all firearms.



REIMBURSEMENT REQUESTS

GEMS My Project	s My Profile	9 н
	Reimbursements	
oject Overview	Notice of implementation has not been reviewed by GCC.	
tachments	No reimbursements have been created.	
otice of Implementation		
eimbursements		
udget Adjustments		
on Budgetary Adjustment		
OCA Reports		



CREATE REIMBURSEMENT

GEMS My Projects	My Profile	C Help
	Period Start * Period End *	
Project Overview	7/1/2019 7/31/2019	× Enter time period by month
Attachments	SAVE CANCEL	
Notice of Implementation		
Reimbursements	Click	
Budget Adjustments		
Non Budgetary Adjustment		
Project Progress Report		
PMT Reports		



Governor's Crime Commission

REIMBURSEMENT FUNCTIONS

GEMS My Projects	My Profile			😮 Help
	Reimbursement Request Transaction ID Transaction ID	Edit reimbursement Dates	Status New	
Project Overview Attachments	So.00 Total requested \$0.00	sement Requested	Match Contribution \$0.00	Add Document
Notice of Implementation	Documentation			+ DOCUMENT
Reimbursements Budget Adjustments	Please upload all relevant documentation that support the costs and ex management, please scan multiple receipts and timesheets into a sing	-		t. For easier document
Non Budgetary Adjustment	Doc # Name			
Project Progress Report				
PMT Reports				



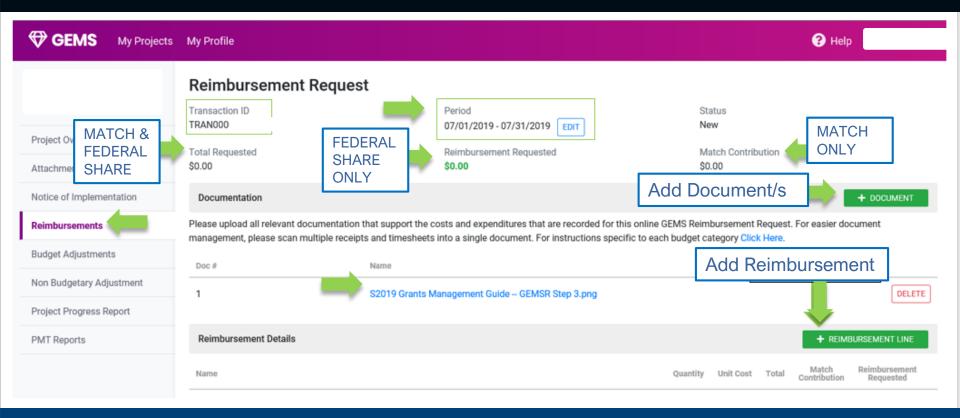
UPLOAD REIMBURSEMENT FILE

GEMS My Projects	My Profile		C Help
PROJO	Reimbursement Request		
an a	Transaction ID	Period 07/01/2019 - 07/31/2019 Epr	Status New
Project Overview Attachments	Total Requested \$0.00	Reimbursement Requested Upload docume	
Notice of Implementation	Documentation	docume	+ DOCUMENT
Reimbursements	Please upload all relevant documentation that support the management, please scan multiple receipts and timeshee		EMS Reimbursement Request. For easier document budget category Click Here.
Budget Adjustments	Doc # Add Document		×
Non Budgetary Adjustment			
Project Progress Report	Choose file	Browse	UPLOAD
PMT Reports			

LABEL DOCUMENT AS PERSONNEL, SUPPLIES, ETC. LABEL PAGE NUMBERS. ENTER PAGE NUMBERS INTO DOC # BOX AFTER UPLOAD.



ADD REIMBURSEMENT LINE ITEM





North Carolina Department of Public Safety

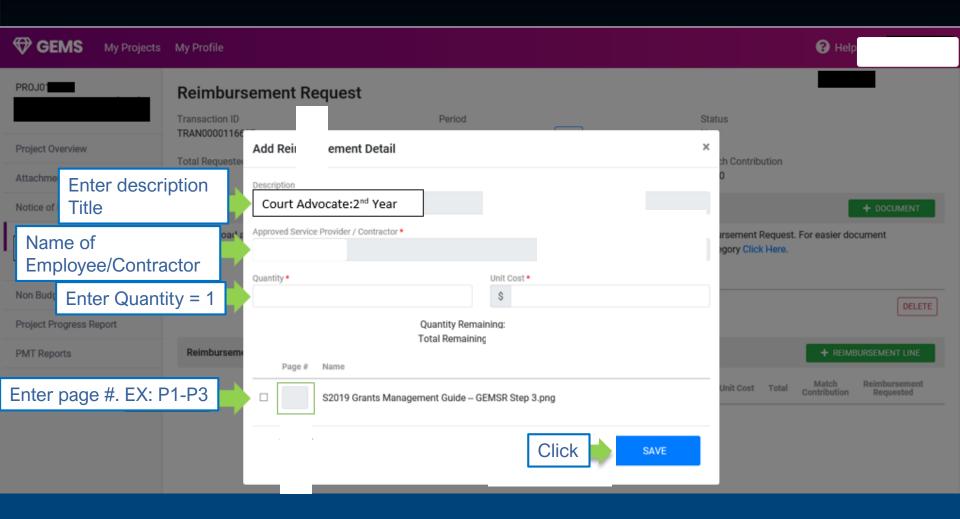
Governor's Crime Commission

DROP DOWN AND SELECT LINE ITEM

GEMS My Projects	My Profile		C Help
PROJ0 ¹	Reimbursement Request		
	Transaction ID TRAN0000	Period 07/01/2019 - 07/31/2019 EDIT	Status New
Attachments	Total Requested \$0.00	Reimbursement Requested \$0.00	Match Contribution \$0.00
Notice of Implementation	Documentation		+ DOCUMENT
Reimbursements	Please upload a Select the budget line you want to	reimburse against	× irsement Request. For easier document igory Click Here.
Select cost cat	Cost Category ALL V		
	Name	Quantity Remaining Unit Cost Total Remaining	DELETE
Select line	es for SELECT Court Advocate 2:2"	^{hd} Year	
reimburse	ement Court Advocate:2 nd	Year	+ REIMBURSEMENT LINE
	Name		Unit Cost Total Match Reimbursement Contribution Requested



FOLLOW INSTRUCTIONS BELOW





SUBMIT TO FINANCIAL OFFICER

GEMS My Projects	My Profile					😯 Неір
	Reimbur					
	Transaction ID TRAN000	DIT BUD	GET LI	NE		5
Project Overview	Total Requester	Edit Budget Line	Enter Cash Match for ca	ch ovponcoc	×	Contribution
Attachments	\$1.00					
Notice of Implementation	SUBMIT TO F	n Description *	Enter In-kind Match for	donations		
Reimbursements		Quantity • 480	Cost Per Item *	Budget Total \$23,040.00	5)	
Budget Adjustments	Documentatio	Cash Match *	In-Kind Match *	Federal Share 0		+ DOCUMENT
Non Budgetary Adjustment	Please upload a management, p	\$ 0.00	\$ 0.00 Quantity Spent: 154.50	\$23,040.00	10	sement Request. For easier document ory Click Here.
Project Progress Report	Doc #		Match Spent: \$0.00 Fed Share Spent: \$6,620.00		R	
PMT Reports	1 Click	SAVE CANCEL				DELETE
	Reimburseme					+ REIMBURSEMENT LINE
	Name	North Carolina Department of	Public Safety Governor	's Crime Commission		⁴⁵ Total Match Reimbursement Contribution Requested
	Court Advocate:2nd	' Year			1 \$1.0	0 \$1.00 \$0.00 \$1.00 DELETE





BUDGET ADJUSTMENTS

PREVENT, PROTECT, PREPARE

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PRESENTED BY: Matt Stuart

NEED TO KNOW

- Always notify your Grant Administrator of any budget changes in a detailed email prior to submitting an adjustment.
- Always notify Grant Administrator via email of any key role staff changes.
- Always ask you Grant Administrator when in question of allowability.



NEED TO KNOW

- HOW TO SWITCH FROM YEAR 1 TO YEAR 2
 - 1) Create new adjustment
 - 2) Freeze/delete remaining lines in year 1 to move them to surplus.
 - 3) Submit and wait for approval
 - 4) Grant Administrator Approves/Waits for secondary Approval from team lead.
 - 5) Grant Administrator switches you to year 2 in the system
 - 6) Create a new BADJ if need to allocate surplus to year 2 budget.



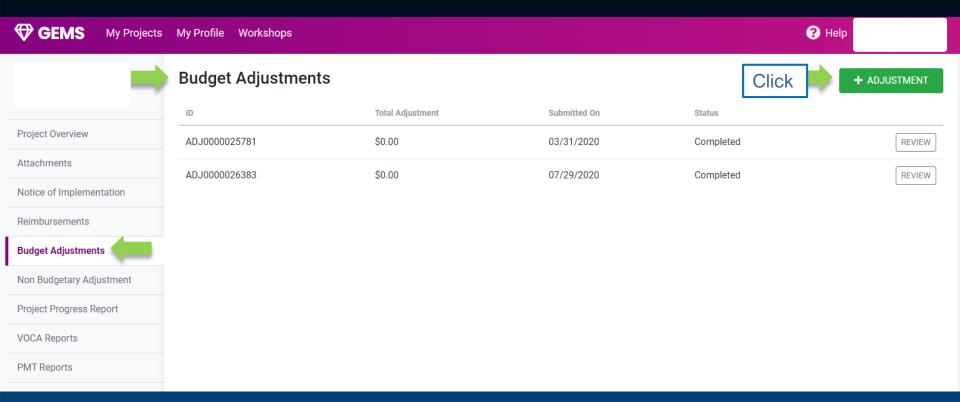
BYRNE JAG & CESF ONLY:

Budget Adjustment Rules for specific grants: EQUIPMENT ONLY:

- When adding new budget line items for equipment, it is preferable to give general names in the budget.
- An example is to list "Radios" as the budget line name, instead of "Kenwood Radio Model XTS." The more specific you are, the greater of a chance you'll have to submit another budget adjustment if that model is not available, or if needs or prices change.

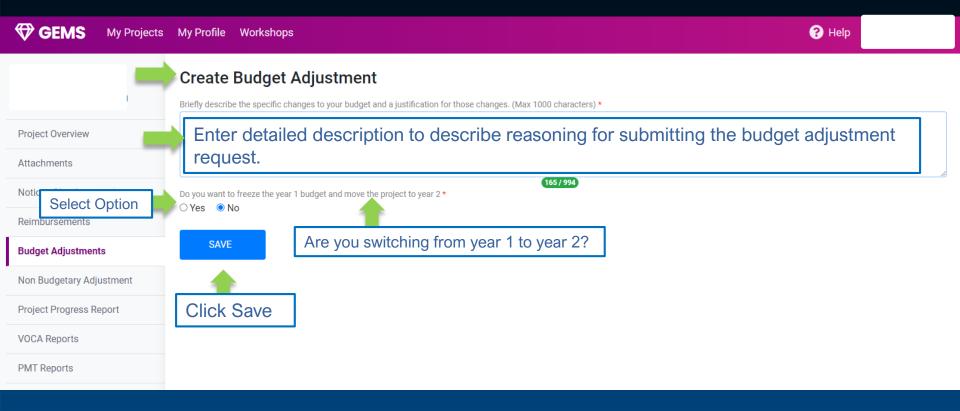


BUDGET ADJUSTMENTS



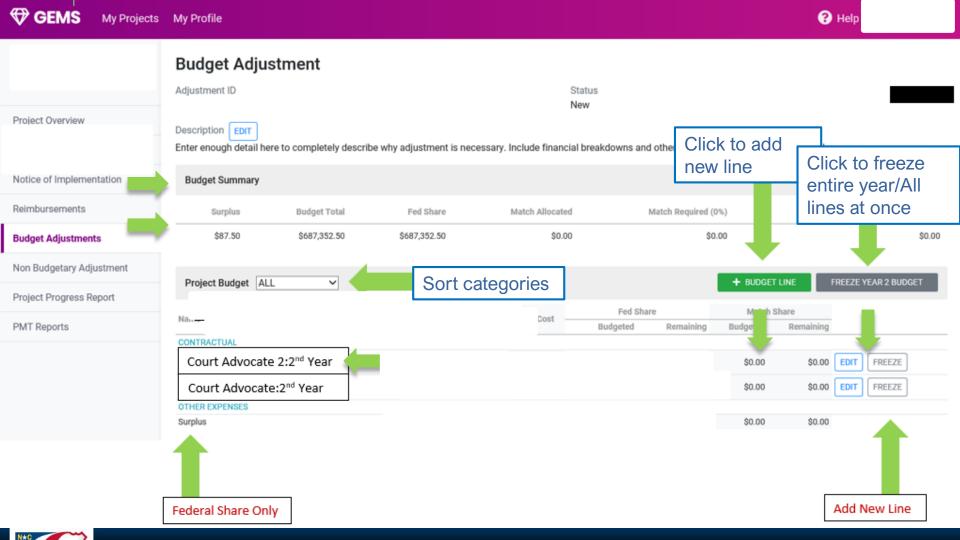


CREATING A BUDGET ADJUSTMENT





BUDGET ADJUSTMENT FUNCTIONS





ADD A BUDGET LINE ITEM

1	Add Budget Line	×
	Cost Category *	
n	Select appropriate category	~
s	CONTRACTUAL	
	EQUIPMENT	
ĺ	INDIRECT COST	
- 1	PERSONNEL	
,	SUPPLIES	
	TRAVEL	
Click	SAVE CANCEL	

North Carolina Department of Public Safety

ADD BUDGET LINE – CATEGORY SELECTIONS

)	Status	
81	Add Budget Line	×
EL		
di	Cost Category *	
M	PERSONNEL	~
nn		
	Personnel Type *	
	Select personnel type	~
DO	Salaries	
	Overtime	
a	Fringe Benefits:FICA (7.65%)	
g	Fringe Benefits:Retirement	
	Fringe Benefits:Hospitalization	
	Fringe Benefits:Workers Comp	
	Fringe Benefits:Unemployment	
	Fringe Benefits:Dental	
	Fringe Benefits:Other	

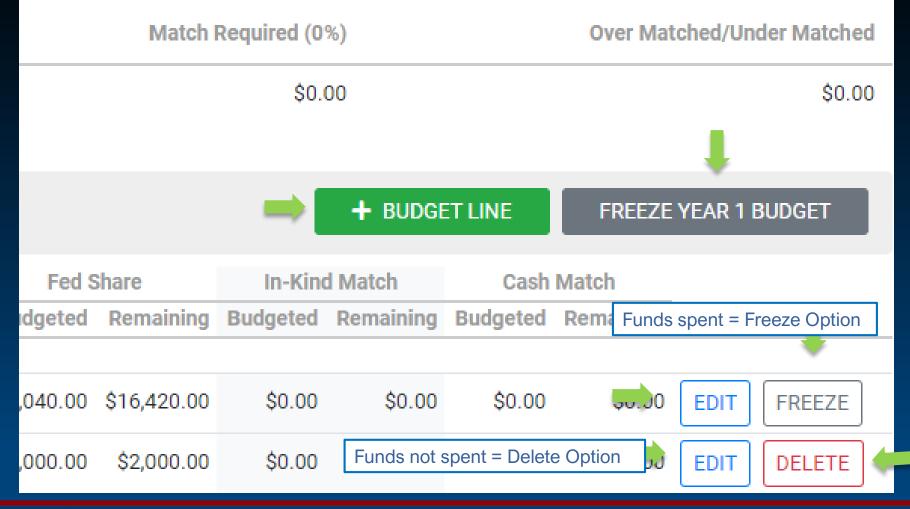


ADD BUDGET LINE ITEM - SALARY

	Add Budget Line				×		
	Cost Category *						
	PERSONNEL Personnel Type *				`		
	Salaries				~		
Enter Position Title	Description *						
Quantity in months	Quantity *	Cost Per Item *		Budget Total 🜖 \$0.00			
	Cash Match (0%)	In-Kind Match		Federal Share 🕄 \$	6 - 1		
Enter name/s	Employee Name(s) *						
Select position type	Position Type *	~	Job Type *		Se	lect job type	
	Professional Licensure		% Time Spent On F	Project *		ccurate perce worked on pro	-
· · · · · · · · · · · · · · · · · · ·	Enter detailed jo personnel positi		obtaining	to			

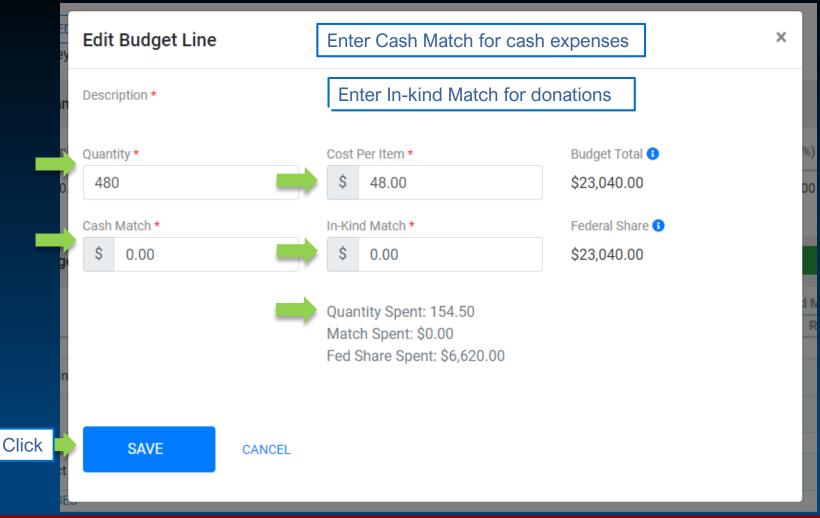


FREEZE/EDIT OPTIONS





EDIT BUDGET LINE





REQUESTING ADDITIONAL FEDERAL SHARE

GEMS Help My Projects My Profile **Budget Adjustment** Requesting Additional Federal You are requesting additional federal funds in the amount of \$412.50 0 Share Requires Project Overview Prior Approval! Adjustment ID Status ADJ0000 New Attachments Description EDIT Notice of Implementation Enter enough detail here to completely describe why adjustment is necessary. Include financial breakdowns and other supporting information, as needed. Reimbursements SUBMIT TO FINANCIAL OFFICER When Ready to submit Budget Adjustments Budget Summary Non Budgetary Adjustment Surplus **Budget Total** Fed Share Match Allocated Match Required (0%) Over Matched/Under Matched Project Progress Report Before Adjustment \$0.00 \$0.00 \$0.00 PMT Reports After Adjustment \$0.00 \$0.00 \$0.00 UNDO ALL CHANGES + BUDGET LINE Project Budget ALL \sim Quantity Fed Share Match Share Name Unit Cost Budgeted Remaining Budgeted Remaining Budgeted Remaining CONTRACTUAL FREEZE \$0.00 \$0.00 EDIT Court Advocate RV2: 2nd year FREEZE \$0.00 \$0.00 EDIT Court Advocate: 2nd vear OTHER EXPENSES Surplus \$0.00 \$0.00 0.00 0.00 \$1.00 \$0.00 \$0.00 \$0.00 \$0.00 Printer::2nd Year DELETE 1.00 1.00 \$500.00 \$500.00 \$500.00 \$0.00 \$0.00 EDIT





NORTH CAROLINA

DEPARTMENT OF PUBLIC SAFETY

QUESTIONS? If you have questions, ask them in the chat box.



NON- BUDGETARY ADJUSTMENTS

PRESENTED BY: Thomas Cook

NEED TO KNOW

- Non-Budgetary Adjustments are submitted to make non-financial changes to a federal award.
- Non-Budgetary Adjustments are frequently, but not exclusively, personnel adjustments and grant period extensions.



BYRNE JAG & CESF ONLY:

Non-Budgetary Adjustment Rules for specific grants:

- Grant Period Extensions may be needed for equipment grants when items are on backorder, or have not arrived by the project end date. Work with your Grant Admin to determine if additional time is needed.
- Project Changes Scope changes for equipment grants should be discussed with your Grant Admin to make sure the change still meets the funding priority and is allowable under the federal award.

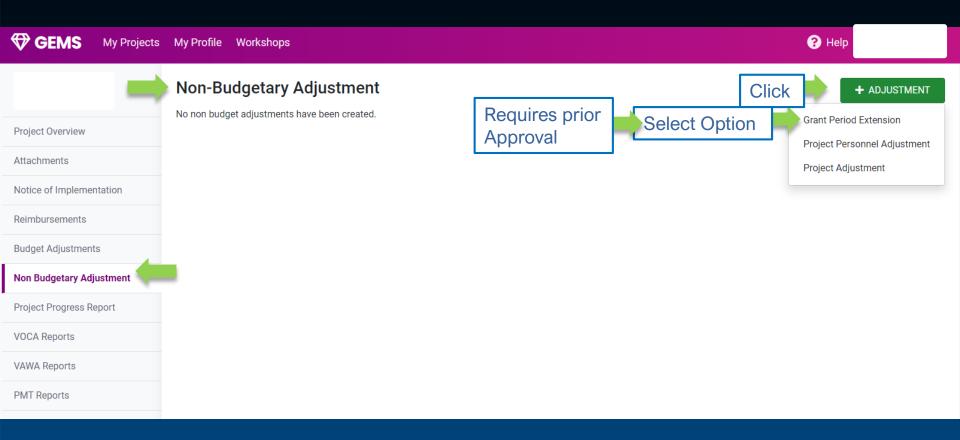


NON – BUDGETARY ADJUSTMENT

GEMS My Projects	My Profile			• н
	Non-Budgetary Adjustment	NBA	Create Adjustment	+ ADJUSTMENT
	Request Name	Request Status	Submitted On	
Project Overview	Project Personnel Adjustment	Approved	02/12/2018	REVIEW
Attachments	Project Personnel Adjustment	Approved	04/09/2019	REVIEW
Notice of Implementation				
Reimbursements				
Budget Adjustments				
Non Budgetary Adjustment				
Project Progress Report				
PMT Reports				

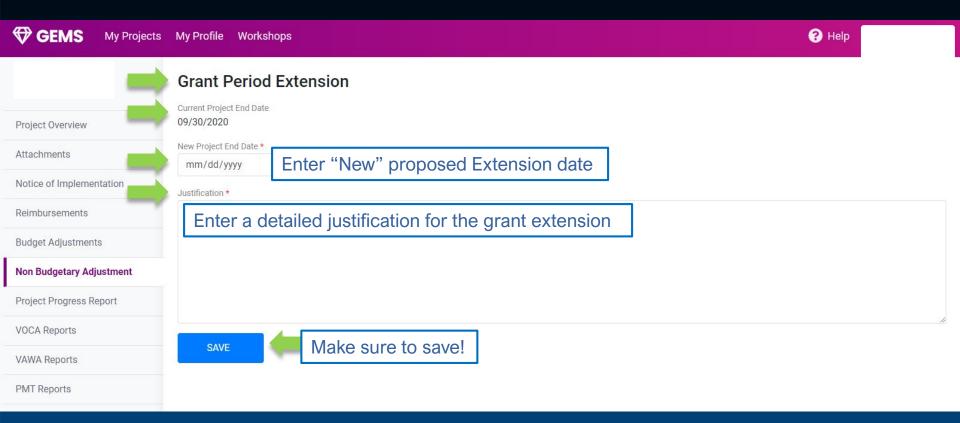


NON – BUDGETARY ADJUSTMENT



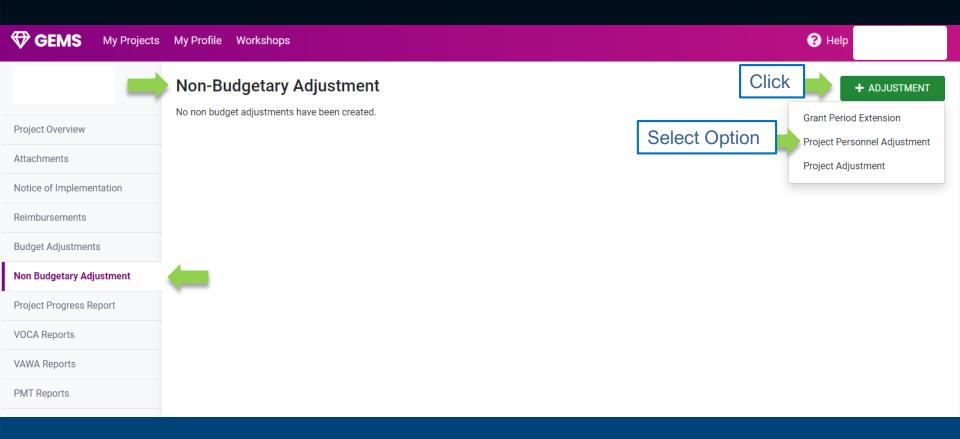


GRANT PERIOD EXTENSION





NON-BUDGETARY ADJUSTMENT





PERSONNEL ADJUSTMENT

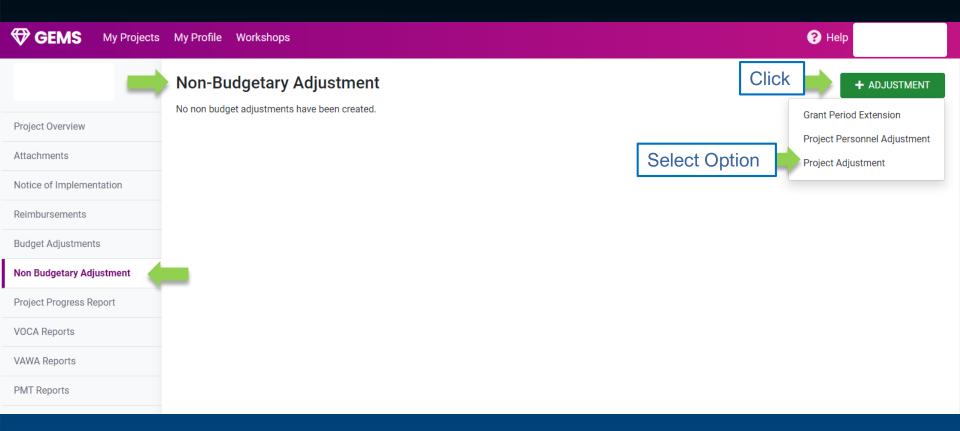
GEMS My Projects	😯 Help					
	Personnel Adjus	tment				+ JOB INFORMATION
Decised Oversideur	Budget Type	Description	Budget Year	Budget Amount	Employee/Contractor	
Project Overview Attachments	CONTRACTUAL	Phone Service	Year 1	\$10,000.00	Click	EDIT
Notice of Implementation	PERSONNEL	Programmer	Year 1	\$57,600.00	john doe	EDIT
Reimbursements						
Budget Adjustments						
Non Budgetary Adjustment						
Project Progress Report	-					
VOCA Reports						
VAWA Reports						
PMT Reports						



PERSONNEL ADJUSTMENT – EDIT JOB INFORMATION

	Add/Edit Job Information		×
_	Budget Line Salaries:Programmer		
Enter Position title	Job Title * Programmer	Employee/Contractor Name * Emily Bright replacing John Doe	Enter Employee/s name/s
Select Position Type	Position Type * Personnel Professional Licensure	Job Type * Full Time Full Time Part Time	Select Appropriate option
Detailed job functions	Job Duties (Max 2,000 Characters) * Describe all job duties and functions of positon.		
Add Fringe Information	Fringe Benefits (Max 500 Characters) 🚯		
Click	SAVE CANCEL		





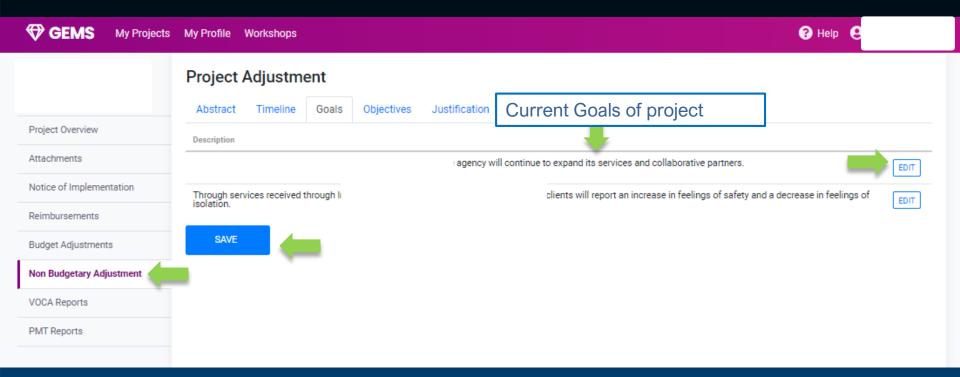


	Project Adjustment
	Abstract Timeline Goals Objectives Justification
Project Overview	Current Abstract
Attachments	Current abotract of project
Notice of Implementation	Current abstract of project
Reimbursements	
Budget Adjustments	
Non Budgetary Adjustment	New Abstract (Max 1,500 characters)
VOCA Reports	New proposed abstract of project
PMT Reports	
	SAVE



	Project Adjustment				
	Abstract Timeline Goals Objectives Justification				
Project Overview	Current Timeline				
Attachments	Current Timeline information				
Notice of Implementation					
Reimbursements					
Budget Adjustments					
Non Budgetary Adjustment					
VOCA Reports					
PMT Reports	New proposed Timeline of project				
4					
	SAVE				







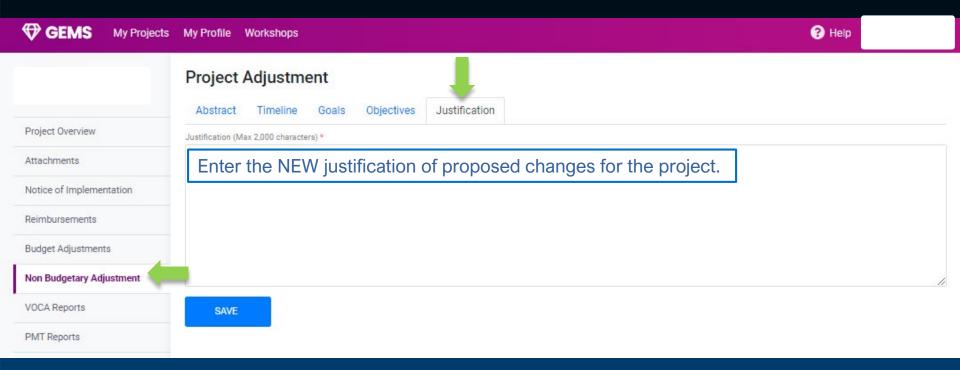
Governor's Crime Commission

GEMS My Projects	My Profile Workshops	? Help
	Project Adjustment Abstract Timeline Goals Objectives Justification]
Project Overview	Description	
Attachments	m of 4 collaborative partner meetings per year.	EDIT
Notice of Implementation	access to and utilization of comprehensive services for victims of domestic and	sexual violence.
Reimbursements	program initiative will report an increase in safety following comprehensive crisis	and support services.
Budget Adjustments	of isolation perceived following their participation in services or the VOICES group	
Non Budgetary Adjustment		
VOCA Reports	SAVE	
PMT Reports		



North Carolina Department of Public Safety

Governor's Crime Commission







NORTH CAROLINA

DEPARTMENT OF PUBLIC SAFETY

QUESTIONS? If you have questions, ask them in the chat box.



PRESENTED BY: Thomas Cook

PREVENT, PROTECT, PREPARE

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REPORTING

- PMT
- Initial Subaward Report(VOCA ONLY)
 - VOCA Victims of Crime
 - CESF Coronavirus Emergency Supplemental Funding
 - BYRNE JAG
 - JUVENILE JUSTICE
- VAWA STOP Violence Against Women
- PROJECT PROGRESS REPORT



REPORTING SCHEDULE

ACROYNMS	Due Dates	Report Names
NOGI	October - Grant Opening	Notice of Grant Implementation
ISAR/SAR	October - Grant Opening	Initial Sub-Grant Award Report
BJA PMT	Quarterly - October/January/April/July	Bureau of Justice Assistance PMT
PMT	Quarterly - October/January/April/July	Performance Measurement Tool Reports
PPR	Annually - October	Project Progress Report
STOP	Annually - October	VAWA Annual Progress Report
ВА	60 days prior to grant expiration	Budget Adjustments
NBA	Before grant expires	Non-Budgetary Adjustments



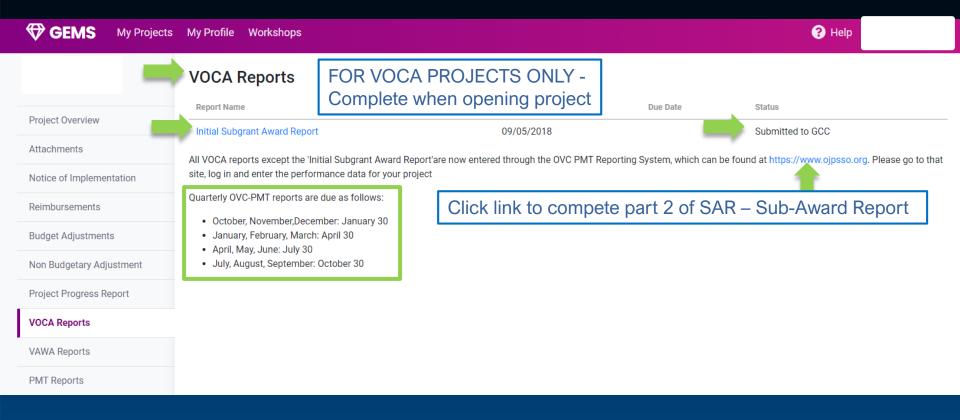
North Carolina Governor's Crime Commission⁶⁵

NEED TO KNOW

- If your reports are late your agency will be put on hold.
- Submit your reports in a timely manner
- If you have any issues submitting your reports, contact your Grant Administrator



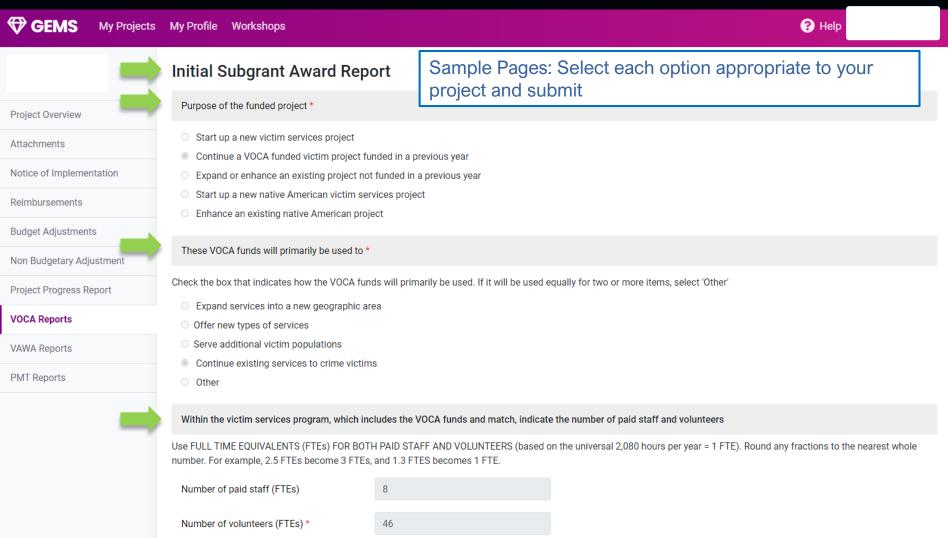
VOCA REPORTING – INITIAL SUBAWARD REPORT





Governor's Crime Commission

INITIAL SUBAWARD REPORT FORM 1





INITIAL SUBAWARD REPORT FORM 2

GEMS	My Projects	My Profile Workshops	Sample Pages: Select each op project and submit	otion appropriate to your 19 Help	
	-	Select the type of Impleme			
				~	
		Report the total budget av	ailable to the victim services program for the grant award pe	riod (Total must be greater than or equal to \$38,640.00)	
			cy budget, unless it is all devoted to direct victim services. FE FHER are any non-governmental funds like United Way, fundra	EDERAL, STATE and LOCAL refer to government funds. FEDERAL are any funds other than aisers, individual donors, etc.	n
		Federal	\$	(Excluding this project)	
		State	\$		
		Local	\$		
		Other	\$		
		Check the box(es) that ide \$144,900.00).	ntify the types of victims the VOCA funded project will serve	and indicate the dollar amount devoted to each type (Total must be equal to	
		Child Abuse			
		DUI/DWI Crashes		\$	
		Domestic Violence			
		Adult Sexual Assault			
		Elder Abuse			
		Adults Molested as Chi	ildren		
		Survivors of Homicide	Victims		
		Robberv			

North Carolina Department of Public Safety

DPS

INITIAL SUBAWARD REPORT FORM 3

rojects	My Pr	ofile Workshops		? Help
)ther Violent Crimes	Sample Pages: Select each option appropriate to your	
			project and submit	
	Che	ck the box(es) that ide	entify the types of services that will be provided by the VOCA funded project, as described below \star	
		required forms, gathe	NG COMPENSATION CLAIMS includes making victims aware of the availability of crime victim compensation, assisting ering needed documentation, etc. It may also include follow-up contact with the victim compensation agency on behalf HIS; AND THEREFORE CHECK THIS BOX. *	
			refers to in-person crisis intervention, emotional support, guidance and counseling provided by advocates, counselors t the crime scene, immediately after a crime or be provided on an on-going basis.	mental health professionals, or
		FOLLOW-UP CONTAC	CT refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional suppo rogress, etc.	rt, provide empathetic listening,
			ntensive professional psychological and/or psychiatric treatment for individuals, couples, and family members to provid irence of crime. thsi includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.	de emotional support in crisis
		GROUP TREATMENT	refers to coordination and provision of supportive group activities and includes self-help, peer, social support, etc.	
		CRISIS HOTLINE COU referral, etc.	JNSELING typically refers to the operation of a 24/7 telephone service, which provides counseling, guidance, emotiona	I support, information and
		SHELTER/SAFE HOU	SE refers to offering short and long term housing and related support services to victims and families following a victir	nization.
		INFORMATION & REF	FERRAL refers to in-person contacts with victims during which time services and available support are identified.	
		CRIMINIAL JUSTICE sentencing services a	SUPPORT/ADVOCACY refers to support, assistance, and advocacy provided to victims at any stage of the criminal just and support.	ice process, to include post-
		EMERGENCY FINAN	CIAL ASSISTANCE refers to cash outlays for transportation, food, clothing, emergency housing and support.	

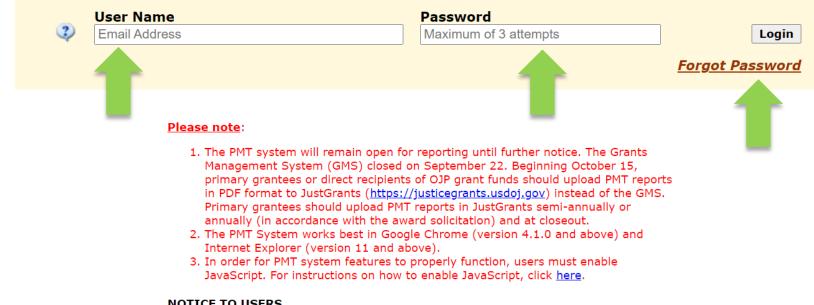


INITIAL SUBAWARD REPORT

ojpsso.ojp.gov



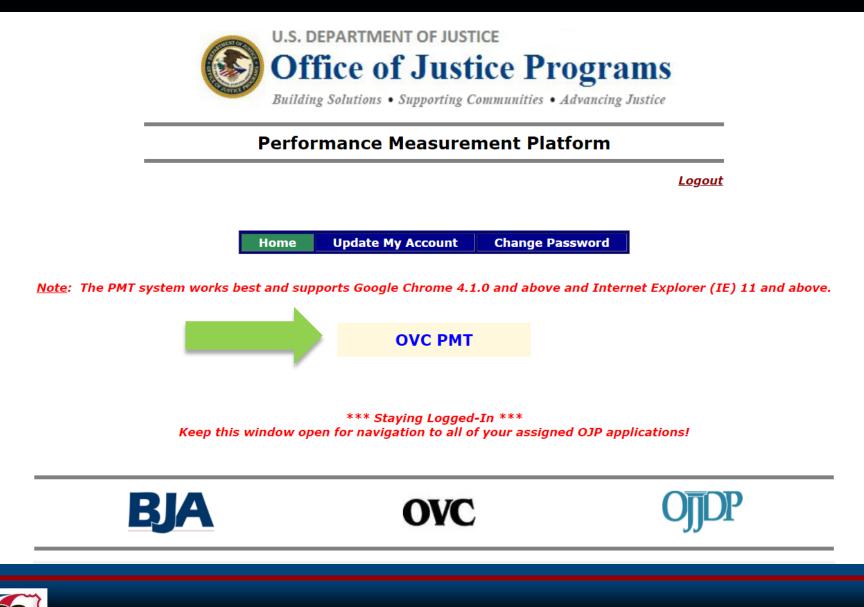
Performance Measurement Platform



NOTICE TO USERS



INITIAL SUBAWARD REPORT



North Carolina Department of Public Safety

OFFICE OF JUSTICE PROGRAMS								
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								JUSTIC
OVC PMT Home	Administration	Profile	SAR	Enter Data	Reports	Need Help?	Logout	
If any updates a	e needed <u>, please</u>	contact Jus	Add New	/ Subgrantee				
GENERAL INFO		Subgrantee List						
Logal Namo	North Carolin		SAR Data	a Export				



OVC	PMT Home	Administration	Profile	SAR	Enter Data	Reports	Need Help?	Logout				
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SU	BGRANTEE L	IST										-
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PI	ROJ								1	1	0	
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North Carolina Department of Public Safety

Please be aware that your session will time out 30 minutes after you stop saving data. To avoid losing or having to reenter data, click the 'save' button before leaving the system unattended or when you're finished entering data.

SUBAWARDS							-
SubAward Number	Subaward Amount 🝦	Project Dates	Federal Award	SARS	÷	Remove	÷
14058		10/01/2020 - 09/30/2022	-	Complete Review			
	G	o Back Add Subawa	rd Update				



North Carolina Department of Public Safety

Close Window Print

Office for Victims of Crime Victim Assistance Formula Grants Program SUBGRANT AWARD REPORT (SAR)

FEDERAL AWARD NUMBER: (EDIT)

AWARD NUMBER	\$\$\$ FROM THIS AWARD			
		0	0	0

1. SUBGRANTEE AGENCY NAME:

A. Agency Name : PROJ0⁺

B. Agency Address :

C. City :

D. State : NC

E. Zip Code :

2. SUBGRANTEE AGENCY POINT OF CONTACT :

A. POC Name : 1

B. Phone Number

C. E-mail :

3. SUBGRANTEE ORGANIZATION TYPE :



F. Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services: 4,418.00

Overall Comments(Optional):

	*This SAR o	lata has been completed by	on 2021-02-23 18:48:32.57. I.		
Ad	dd Comments for Revision				
	You have 500	characters left. (Max	imum characters: 500)		
		Approve	Close Window		
				Hide/SI	how Comments History
Comments History	Comments	Action	By Whom		Date
	No comments	Mark SAR as Completed			02/23/2021



North Carolina Department of Public Safety

VOCA REPORTING

GEMS My Projects My Profile Workshops

Help

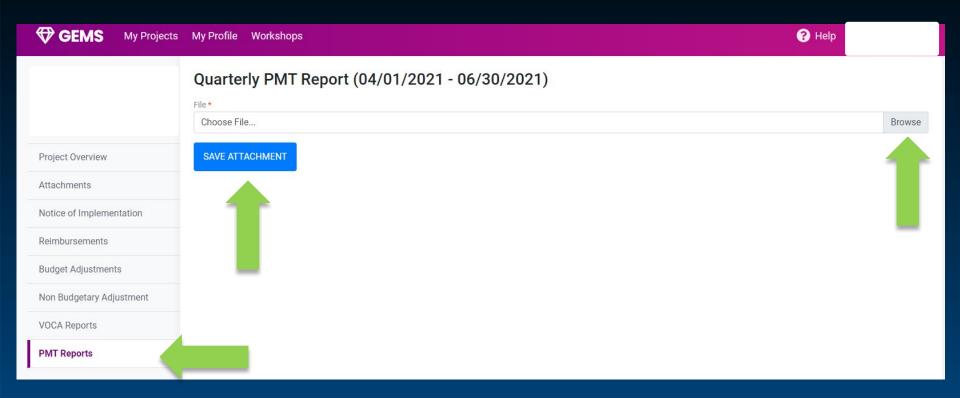
PMT Reports

	Report Name	Report Year	Submitted On	Status
Project Overview	Quarterly PMT Report (10/01/2020 - 12/31/2020)	2021	04/15/2021	Reviewed by GCC
Attachments	Quarterly PMT Report (01/01/2021 - 03/31/2021)	2021	04/27/2021	Reviewed by GCC
Notice of Implementation	Quarterly PMT Report (04/01/2021 - 06/30/2021)	2021	07/20/2021	Reviewed by GCC
	Quarterly PMT Report (07/01/2021 - 09/30/2021)	2022		
Reimbursements	Quarterly PMT Report (10/01/2021 - 12/31/2021)	2022		
Budget Adjustments	Quarterly PMT Report (01/01/2022 - 03/31/2022)	2022		
Non Budgetary Adjustment	Quarterly PMT Report (04/01/2022 - 06/30/2022)	2022		
VOCA Reports	Quarterly PMT Report (07/01/2022 - 09/30/2022)	2023		



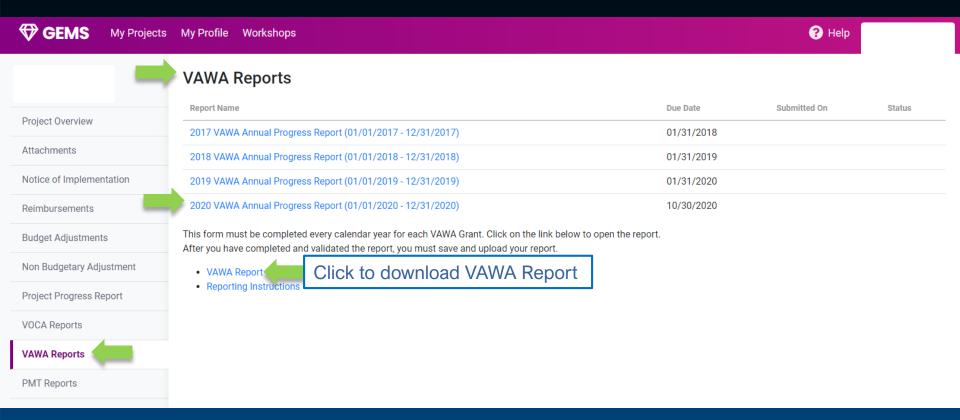
PMT Reports

SUBMITTING PMIT REPORT





VAWA REPORTS





VAWA REPORT INSTRUCTIONS

		ABOUT US	CONTACT US	🗘 Help 🖂 Ne	ewsletter Q Search 🔒 Print
AGAINST	MEASURING EFFECTIVENESS INITIATIVE	Grant Programs	Webinars	Reports	Tools & Resources

Tools & Resources > STOP Formula Grant Program > NEW 2019 STOP Formula Subgrantee Reporting Form Instructions

NEW 2019 STOP Formula Subgrantee Reporting Form Instructions

View program-specific reporting form instructions for more in-depth guidance on how to report grant-funded activities on the progress report.

VIEW INSTRUCTIONS

Please visit the STOP Subgrantee Progress Reporting Form page for instructions on how to download and submit the reporting form.



North Carolina Department of Public Safety

VAWA REPORT PDF DOWNLOAD

Sample VAWA REPORT

OMB Clearance # Expiration Date:

Make sure to Validate

report in Adobe Prior to

Submission into GEMs

U.S. Department of Justice Office on Violence Against Women ANNUAL PROGRESS REPORT FOR

STOP Violence Against Women Formula Grant Program

Brief Instructions: This form must be completed for each STOP Violence Against Women Formula Grant Program (STOP Program) subgrant received. The grant administrator or coordinator must ensure that the form is completed. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators and coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All subgrantees should read each section to determine which questions they must answer, based on the activities supported under this subgrant during the current reporting period. Following are some guidelines regarding which sections of the form must be completed by STOP Program subgrantees:

- All grantees must complete sections B and F and subsections A1 and C3.
- In sections D, E, and subsections A2, C1, C2, and C4-C8, subgrantees must answer an initial question about whether they supported certain activities during the current reporting period. If the response is yes, then the subgrantee must complete that section or subsection. If the response is no, the rest of that section or subsection is skipped.

For example,

- If you are a victim services agency providing education and victim services with staff funded under this grant, you would complete A1, A2, B, C2, C3, D, and F (and answer 'no' in C1, C4-C8, and E1-E5).
- If you are a law enforcement agency receiving funds to pay for staff who provide training to other law enforcement, you would complete A1, A2, B, C1, C3, and F (and answer 'no' in C2, C4-C8, D, and E1-E5).

If you are required to provide a match for your STOP Program subgrant, report on activities supported with this match. The activities of volunteers or interns should be reported if they were coordinated or supervised by STOP Program-funded staff or if STOP Program funds substantially supported their activities.

For further information on filling out this form, refer to the separate instructions, which contain detailed definitions and examples illustrating how questions should be answered.

	SECTION	Page Number
Section A:	General Information	1
A1:	Grant Information	1
A2:	Staff Information	3
Section B:	Purpose Areas	4
Section C:	Function Areas	6
C1:	Training	6
C2:	Education	10
C3:	Coordinated Community Response	12
C4:	Policies and Legislation	14

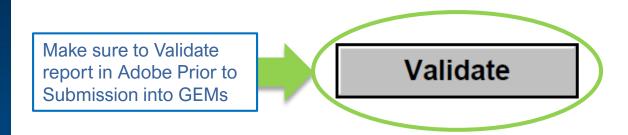


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VAWA REPORT PDF DOWNLOAD

Sample VAWA REPORT

STOP Program Annual Progress Report • 59 • Office on Violence Against Women



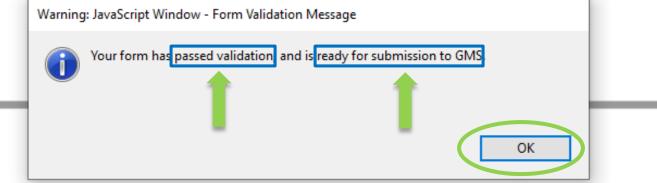


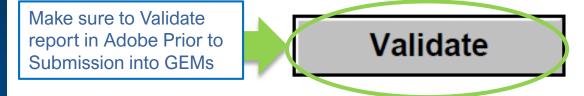
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Sample VAWA REPORT

STOP Program Annual Progress Report • 59 • Office on Violence Against Women

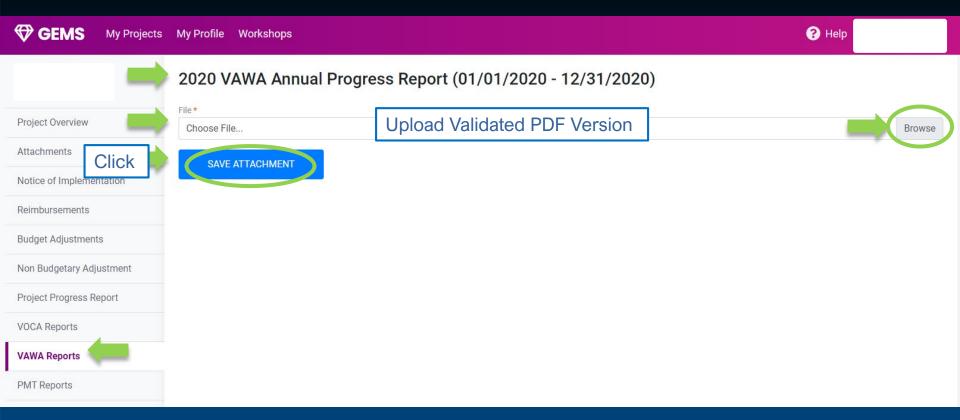






North Carolina Department of Public Safety

UPLOAD VAWA REPORT





PROJECT PROGRESS REPORT

GEMS My Projects	My Profile Workshops		? Help	
	Project Progress Reports			
Droject Currenteur	Report Name	Due Date	Submitted On	Status
Project Overview	Project Progress Report (10/01/2017 - 09/30/2018)			Pending
Attachments	Project Progress Report (10/01/2018 - 09/30/2019)			Pending
Notice of Implementation	Project Progress Report (10/01/2019 - 09/30/2020)			Pending
Reimbursements				
Budget Adjustments				
Non Budgetary Adjustment				
Project Progress Report				
VOCA Reports				
VAWA Reports				
PMT Reports				



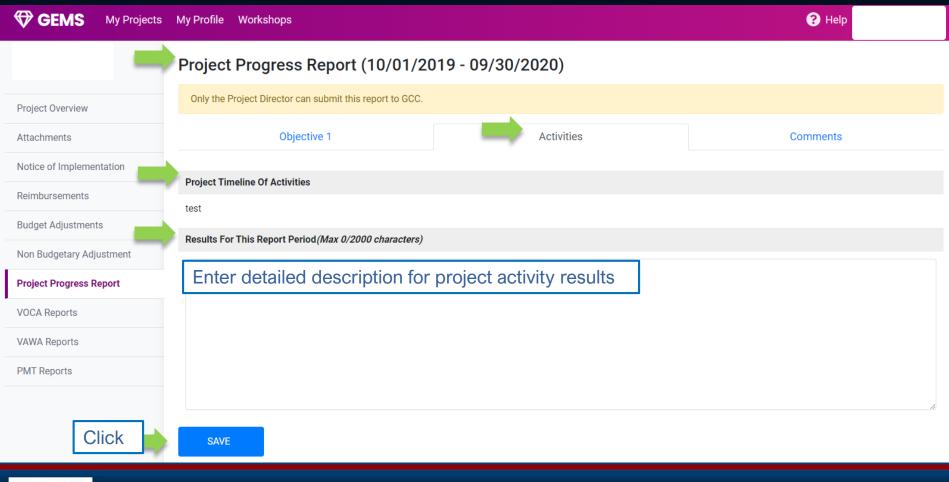
PROJECT PROGRESS REPORT – OBJECTIVE

GEMS My Projects	My Profile Workshops	P Help
	Project Progress Report (10/01/2019 - 09/30/2020)	
Project Overview	Only the Project Director can submit this report to GCC.	
Attachments	Objective 1 Activities	Comments
Notice of Implementation	Project Objective	
Reimbursements	sdgh	
Budget Adjustments	Performance Measure	
Non Budgetary Adjustment	sdh	
Project Progress Report	Evaluation Method	
VOCA Reports	sdh	
VAWA Reports	Results For This Report Period (Max 0/2000 characters)	
PMT Reports	Enter detailed description for project results	
Click	SAVE	
NEC		

North Carolina Department of Public Safety

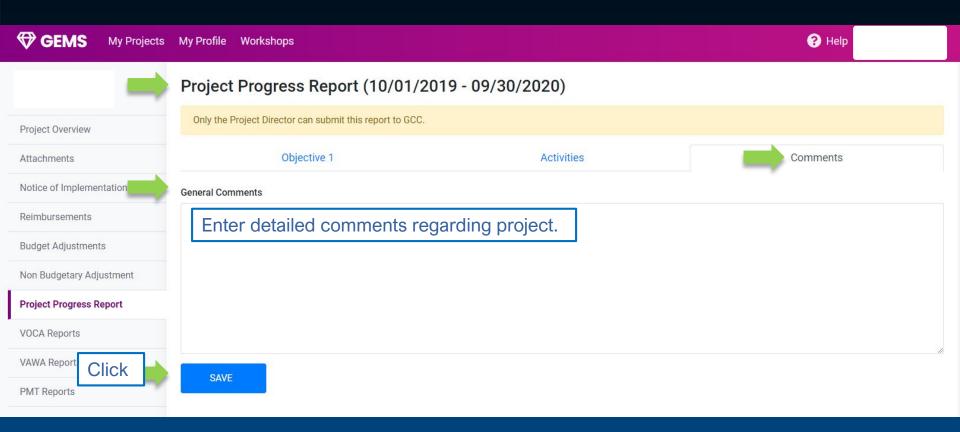
DP3

PROJECT PROGRESS REPORT - ACTIVITIES



DPS No

PROJECT PROGRESS REPORT - COMMENTS







ncdps.gov Governor's Crime Commission Resources > FAQ

THANK YOU FOR ATTENDING THE 2021 GOVERNOR'S CRIME COMMISSION ANNUAL GRANT WORKSHOPS

GCC Point of Contact email: GCC_Grants_Management@ncdps.gov