



NORTH CAROLINA
DEPARTMENT OF PUBLIC SAFETY
PREVENT. PROTECT. PREPARE

Governor's Crime Commission

2021 Grant Award Workshop



Grants Management and Documentation

Grants Administrators

- Carolyn Locklear
 - Tanya Ogburn
 - Desrine Yon
 - Valarie Hunter
 - Burley Spinks
 - Allyson Teem
 - Keith Bugner
 - Jacqueline Ray
 - Samuel Conyers
 - Alisha Wood
 - Roxana Zelada-Lewis
 - Arienne Cheek
 - **Matt Stuart**
 - **Brenda Washington**
 - **Thomas Cook**
 - **Vernita Waldren**
 - **LaShanya Richardson**
 - Kevin Farrell- Business Analyst
- ▶ Your friend and go to for questions.
 - ▶ Technical assistance on policy and procedures.
 - ▶ Review and process reimbursements and budget modifications.
 - ▶ Provides site visits and can help on local policies.

How Do I Get Reimbursed?

Step 1

- ▶ Reference the budget line items that were approved on the grant for which you are requesting reimbursement.

Step 2

- ▶ Complete the reimbursement for those approved line items for expenditures made during the (monthly) reporting period.

How Do I Get Reimbursed?

Step 3

- ▶ Include the GCC required “Summary Pages” for each expense category and all documentation supporting the expenditures on the reimbursement.

Step 4

- ▶ Submit your reimbursement through GEMS to GCC.

Checklist for Reimbursements

▶ **Required Cover Sheets for Expenditures:**

- ▶ Personnel – Coversheet A
- ▶ Supplies – Coversheet B
- ▶ Contractual – Coversheet C
- ▶ Travel -Coversheet D
- ▶ Equipment – Coversheet E

Orientation of Scanned Documents Uploaded in GEMS -Portrait

- ▶ Specific Coversheet AND supporting documentation that reflect page numbers (to ensure all documentation uploaded are complete – this will avoid delays of the processing of your reimbursement)
 - *First Example:* Personnel Coversheet on the top and the timesheets, payroll register, proof of payment for fringe benefits will be under one packet
 - *Second Example:* Supplies Coversheet on the top, and the vendor invoice, copy of proof of payment (receipts, credit card statements, allocation policy, procurement requests, etc.)

Checklist for Reimbursements

- ▶ Supporting documentation should reflect page numbers – this is to ensure all documentation uploaded in GEMS are complete. This will avoid any delays of processing your reimbursement or having the reimbursement sent back for modifications if there are missing pages.
 - *First Example:* Personnel Coversheet will be labeled A-1. The timesheet following this coversheet will be labeled A-2, the payroll register following this timesheet will be labeled A-3, etc.
 - Please ensure that all uploaded documents are scanned upright for uniformity.
- ▶ Each coversheet and related supporting documentation are scanned and uploaded separately from other coversheet and documentation.
- ▶ You will have separate files uploaded in GEMS for each kind of expenditure (Personnel Coversheet and supporting documentation will be one .pdf upload, Supplies Coversheet and supporting documentation will be another .pdf upload) Use below Nomenclature for uploads.

PERSONNEL-October-2021 – (AGENCY NAME & PROJECT: PROJ00000)

EQUIPMENT- November 2021 – (AGENCY NAME & PROJECT: PROJ00000)

Reimbursement

- ▶ Reimbursements are to be submitted monthly, by the last day of the month, for actual expenses made during the previous month
- ▶ If submitted on time, it is the Grants Management Team's goal to have the first touch of the reimbursement within 10 days of submitting. This means the reimbursement will be approved, require modifications, or be denied.
- ▶ If these are submitted after the last day of the month the grant managers will have 30 days to provide the first touch
- ▶ Per DPS Fiscal, payments are not processed on the last week of the month
- ▶ Final reimbursement is due 60 days after the end of the period of performance

Changes made to the Guidelines

- ▶ 90 days prior to Period of Performance ending final budget adjustments are due.
- ▶ Year one unspent funds will be reverted as will unspent year 2 funds.

Supporting Documentation

Personnel and Employee Benefits

Payroll Documentation

- ▶ Pay stubs are required, we only accept official documents
- ▶ The pay stub must show:
 - Name of the employee
 - Gross wages earned
 - Total hours worked during the period
 - Hourly rate of pay
 - Pay period begin and end dates
 - Pay date
- ▶ All deductions for taxes/benefits/etc.

Pay Stub Example

██████████ July 15, 2016 1725

Emp Id	9	Loc	100	Period Begin	06/26/16	Net Pay	906.22
Status	A	Hire Date	04/03/15	Period End	07/09/16	Dir Dep	906.22
				Check Type	Reg		

Earnings Summary

Total Gross Pay	Hours	Rate	Current Amt	Ytd Amt
Benefits	0.00		0.00	3,510.00
Regular	75.00	16.00	1,200.00	22,800.00
	75.00		1,200.00	26,310.00

Taxes	Status	Taxable	Current Amt	Ytd Amt
Federal Income Tax	S-0	1,200.00	149.18	3,410.78
OASDI		1,200.00	74.40	1,631.22
Medicare		1,200.00	17.40	381.50
Indiana SITW	S-0	1,200.00	39.60	868.23
Tippecanoe, IN (Res)		1,200.00	13.20	289.41
			293.78	6,581.14

Other Deductions from Pay	Current Amt	Ytd Amt
Benefits	0.00	2,815.65
	0.00	2,815.65

Direct Deposits

Bank	Account	Current Amt
First Financial Bank Terr Ends with ██████████		906.22
		906.22

Payment Summary for Voucher 1725

Total Gross Pay	1,200.00
Federal Taxes	-240.98
State and Local Taxes	-52.80
Other Deductions	0.00
Net Pay	906.22
Direct Deposits	-906.22
Net Check	0.00

Additional Information

Time Off Balances Dollars As Of Date



Time & Activity Sheets

Time & Activity Sheets can be a...

One Funding Source Timesheet, a Multiple Funding Source Timesheet or a combination of both depending on personnel requirements for the Project.

- ▶ They must include all information as required on the form below for each employee.
- ▶ The Time & Activity Sheets are GCC required documents in order to receive reimbursement requests.

Most importantly, they must be Signed by the Employee and an Approving Official.



NORTH CAROLINA
GOVERNOR'S CRIME COMMISSION
ONE FUNDING SOURCE TIMESHEET
(Single Source/In-Kind or Cash Match)

Employee/ Volunteer Name:		Position Job Title			
Pay Period:					
Date	FS1 WORK HOURS	FS1 ACTIVITY CODE(S)	HOURS WORKED	LEAVE	TOTAL
1			0.00		0.00
2			0.00		0.00
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00
6			0.00		0.00
7			0.00		0.00
8			0.00		0.00
9			0.00		0.00
10			0.00		0.00
11			0.00		0.00
12			0.00		0.00
13			0.00		0.00
14			0.00		0.00
15			0.00		0.00
16			0.00		0.00
17			0.00		0.00
18			0.00		0.00
19			0.00		0.00
20			0.00		0.00
21			0.00		0.00
22			0.00		0.00
23			0.00		0.00
24			0.00		0.00
25			0.00		0.00
26			0.00		0.00
27			0.00		0.00
28			0.00		0.00
29			0.00		0.00
30			0.00		0.00
31			0.00		0.00
HOURS WORKED	0.00		0.00	0.00	0.00
ALLOCATED LEAVE	0.00				
TOTAL BY FS	0.00				

Note: Signatures must be original. Typed copied/pasted or other facsimilies are not acceptable.

Employee Signature: _____ Supervisor Signature: _____
Date: _____ Date: _____

Funding Sources: Project Number, Source Name, Grant Name (PROJ012345, GCC, Somewhere Co Direct Services)	
FS1:	Governors Crime Commission - PROJ
Activity Codes	A
	B
	C
	D





NORTH CAROLINA
GOVERNOR'S CRIME COMMISSION
MULTIPLE FUNDING SOURCE
TIME & ACTIVITY SHEET

Employee Name:						Position Job Title					
Pay Period:											
Date	FS1 WORK HOURS	FS1 ACTIVITY CODE(S)	FS2 WORK HOURS	FS1 ACTIVITY CODE(S)	FS3 WORK HOURS	FS3 ACTIVITY CODE(S)	FS4 WORK HOURS	FS4 ACTIVITY CODE(S)	HOURS WORKED	LEAVE	TOTAL
1									0.00		0.00
2									0.00		0.00
3									0.00		0.00
4									0.00		0.00
5									0.00		0.00
6									0.00		0.00
7									0.00		0.00
8									0.00		0.00
9									0.00		0.00
10									0.00		0.00
11									0.00		0.00
12									0.00		0.00
13									0.00		0.00
14									0.00		0.00
15									0.00		0.00
16									0.00		0.00
17									0.00		0.00
18									0.00		0.00
19									0.00		0.00
20									0.00		0.00
21									0.00		0.00
22									0.00		0.00
23									0.00		0.00
24									0.00		0.00
25									0.00		0.00
26									0.00		0.00
27									0.00		0.00
28									0.00		0.00
29									0.00		0.00
30									0.00		0.00
31									0.00		0.00
HOURS WORKED	0.00		0.00		0.00		0.00		0.00	0.00	0.00
ALLOCATED LEAVE											
TOTAL BY FS	0.00		0.00		0.00		0.00				
Effort Percent											

Note: Signatures must be original. Typed copied/pasted or other facsimilies are not acceptable.

Employee Signature: _____ Supervisor Signature: _____
Date: _____ Date: _____

Funding Sources: Project Number, Source Name, Grant Name (PROJ012345, GCC, Somewhere Co Direct Services)	
FS1:	
FS2:	
FS3:	
FS4:	

Activity Codes	A		E	
	B		F	
	C		G	
	D		H	



Notification of Employee Separation

How: Email your GCC Grant Administrator

When: Within 10 working days of employee's departure date

Why: GCC is required to ensure that:

- ▶ Only authorized grant funded employees are approved for reimbursements
- ▶ Services are being provided

What: Employee's name, position title, end date, salary, and benefits

Notification of New Hires

How: Email your GCC Grant Administrator

When: Within 10 working days of the new hire's start date

Why: GCC is required to ensure that only authorized grant funded employees are approved for reimbursement

What: New hire's name, position title, start date, salary, and benefits

Supporting Documentation

Equipment

Supporting Documentation

- ▶ Receipts, invoices, or any other documentation supporting the purchase
- ▶ Copies of three bids from vendors if any piece of equipment is \$10,000 or more or sole source provider form detailing justification
- ▶ Equipment purchased with grant funds and a value of \$5,000 or more require property tags
- ▶ Sub-recipient must maintain a “Property Control Record and Equipment Certification Form” (GCC-200) for **ALL** equipment purchased through grant funds (2 CFR Part 200.313)

Please keep this updated for site reviews and auditors.



Sole Source Provider Request Form

All sole source procurements exceeding \$250,000.00 must receive prior approval from the DOJ Office of Justice Programs, supporting documentation must be submitted with form (contract and/or invoice).

Project Name: _____

Project Number: _____

Implementing Agency: _____

Authorizing Agency: _____

Project Director: _____

E-mail Address: _____

Phone number: _____

Proposed amount of purchase: _____

This form is submitted as a formal request to use the services of the following contractor as a Sole Source Provider.

Contractor/Vendor Name: _____

Reason for request:

- Service provider is continuing services already engaged from previous year(s)
- Advertising & research revealed that there no other service providers in the area (Attach details of the effort made in advertising and research)
- Other (explain below and attach additional documentation)

Submitted by: _____ Date: _____

GCC official use only	
<input type="checkbox"/> Approved	Reason for denial:
<input type="checkbox"/> Denied	
Date:	Signature:



Equipment Must Have A Property Tag





Property Control Record and Equipment Certification

Provide an inventory of all assets designated as equipment, and any item capable of reassignment purchased with federal funds during the life of the grant. All weapons (lethal or not) must be listed with Serial Numbers regardless of unit cost.

Authorizing Agency: _____

Implementing Agency: _____

Project Name: _____

Project Number: _____

Project Director: _____

E-mail Address: _____

Equipment Information	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	

I, the undersigned certify that the equipment approved in the above referenced grant was purchased and installed in compliance with grant regulations and guidelines. The completed Property Control Record and equipment photos have been uploaded to GEMS along with applicable supporting documentation.

Print Name

Signature

Date

For more than 3 items, please complete additional forms.
Please collate and number multiple forms as follows. For example, if you have three forms.
Number the forms in this format: Page 1 of 3: Page 2 of 3: Page 3 of 3 and so forth.

PAGE _____ of _____



Project Name:

Project Number:

Equipment Information	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	



PROJECT NAME: _____

PROJECT ID NUMBER: _____

REPORTING PERIOD: From _____ To _____

EQUIPMENT							
Doc Id #	Item Purchased	Vendor Name	Quantity	Cost per Item	Total Cost	Federal Share	Match Share
Total Cost					\$ 0.00	\$ 0.00	\$ 0.00

Instructions:

- Document number:** Assign an identification number or letter to each invoice, bill, receipt, proof of payment and to any back up documentation related to the cost reimbursement requested
- Item purchased:** Enter type of expenditure, e.g., computers, scanner, radio, lease items such as vehicles or copiers
- Quantity:** Enter number purchased of each item
- Cost of item:** Enter cost of each item
- Total cost:** Enter total expense amount (quantity x cost per item = total cost), do not include sales tax.
- Federal share:** Enter amount of to be paid by the grant
- Match share:** Enter amount of to be paid by the grantee agency (if applicable)

For this request to be approved, back up documentation must be included with this coversheet: invoices, credit card statement, bank statement, issued or cleared check showing proof of payment. A **Property Control Record and Equipment Certification** form for all equipment, regardless of cost, must be completed and submitted to Grant Administrator. Failure to comply with these instructions may result in the delayed or denial of this request.

Supporting Documentation

Consultants/Contractors

Consultants/Contractors

- ▶ Please NOTE: Starting October 1, 2021, if your budget includes any Contractual lines, your project **CANNOT** be opened until the Pre-Contract Request Form and the unexecuted contract are approved by your Grant Administrator.
- ▶ If contract for an individual contractor/consultant, a resume must be provided.



PRE-CONTRACT REQUEST FORM

Please complete and submit this form to your Grant Manager at GCC.

REQUEST DATE

PROJECT ID/PROJECT NAME

CONTRACTOR/AGENCY/COMPANY

CONTRACTEE/INDIVIDUAL

HOURLY RATE

RATE PER DAY NOT TO EXCEED

FEDERAL SHARE TO BE REIMBURSED

MATCH SHARE TO BE ALLOCATED

GRANT PERIOD DATES

SERVICE/SCOPE OF WORK:

PROJECT DIRECTOR SIGNATURE/PRINT

Date

GOVERNOR'S CRIME COMMISSION USE ONLY

Approved or Not Approved

AMOUNT APPROVED

GRANT MANAGER SIGNATURE

Date



Consultants/Contractors

- ▶ When submitting a reimbursement, a GCC Contractual Coversheet must be utilized.
- ▶ Invoices from the consultant/contractor must clearly show the vendor's name, date(s) of services, hours worked, payment amount due for the services, and a list of what service(s) the contractor/consultant performed.
- ▶ If rates are above the capped amount of \$81.25 per hour/not to exceed \$650 per day, a Contract Excess Rate Request Form must be submitted along with the Pre-Contract Request Form for GCC prior approval.

PROJECT NAME: _____

PROJECT ID NUMBER: _____

REPORTING PERIOD: From _____ To _____

CONTRACTUAL						
Doc Id #	Contractor Name and Title	Hours of Service	Rate	Total Cost	Federal Share	Match Share
Total Cost				\$ 0.00	\$ 0.00	\$ 0.00

Instructions:

- Document number:** Assign an identification number or letter to each invoice, bill, receipt, proof of payment and to any back up documentation related to the cost reimbursement requested
- Contractor name and title:** Enter the name and title of the contracted service provider as listed in the approved grant budget
- Hours per service:** Enter the number of service hours provided; must include a copy of the invoice that outlines services rendered as part of supporting documentation for the costs
- Rate:** Enter the cost per service hour, day, or session as listed in the approved grant budget
- Total cost:** Enter requested amount for reimbursement (hours of service x rate = total cost)
- Federal share:** Enter amount of to be paid by the grant
- Match share:** Enter amount of to be paid by the grantee agency (if applicable)

For this request to be approved, back up documentation must be included with this coversheet: invoices, credit card statement, bank statement, issued or cleared check showing proof of payment.

All contracts must be pre-approved by GCC/Grant Administrator prior to the execution of any work or services. Any changes to contracted services must be pre-approved by GCC/Grant Administrator prior to the execution of any work or services. Failure to comply with these instructions may result in the delayed or denial of this request.

CONTRACT EXCESS RATE REQUEST FORM

Please complete and submit this form to your Grant Manager at GCC.

The subrecipient will need to provide for each request:

- A. Proof they received the rate for similar services
 - 1. Contract (should the rate change during grant a new contract will be needed)
 - 2. Redacted cancelled invoice or paystub
- B. The only one who can provide the necessary services
 - 1. Proof of the level of expertise and experience necessary for the project
 - a. Resume
 - b. Ability to provide certification or accreditation

REQUEST DATE _____ PROJECT ID/PROJECT NAME _____

CONTRACTOR/AGENCY/COMPANY _____ CONTRACTEE/INDIVIDUAL _____

SERVICE/SCOPE OF WORK _____

REQUESTED HOURLY RATE _____ RATE PER DAY NOT TO EXCEED _____

FEDERAL SHARE TO BE REIMBURSED _____ MATCH SHARE TO BE ALLOCATED _____

GRANT PERIOD DATES _____

ABOVE MAXIMUM RATE JUSTIFICATION:

PROJECT DIRECTOR SIGNATURE/PRINT _____ Date _____

GOVERNOR'S CRIME COMMISSION USE ONLY

Approved or Not Approved _____ AMOUNT APPROVED _____

GRANT MANAGER SIGNATURE _____ Date _____

Consultants/Contractors

Examples of Consultants/Contractors:

- ▶ Counselors
- ▶ Lawyers
- ▶ Software/hardware computer engineers
- ▶ Therapists
- ▶ Grounds maintenance staff

Improper Examples of Consultants/Contractors

- ▶ Volunteers
- ▶ Board Members
- ▶ Employees

Supporting Documentation

Travel/Training

(Employees/Volunteers only)

Receipts

- ▶ Conference registration
- ▶ Conference agenda
- ▶ Hotel, Airline, Taxi, Rental car receipts
- ▶ Meals & Mileage– based on agency’s travel policy, if the agency does not have a policy then State per diem rates
- ▶ Employee mileage reimbursement forms/logs
- ▶ Out of State Travel requires Prior Approval even though it may be approved in the budget. (A budget modification does not provide prior approval)



PRIOR APPROVAL REQUEST FOR OUT-OF-STATE TRAVEL

This request should include the costs for all attendees funded by the grant to attend the conference. Request should conform with Federal and State regulations, and the organization's travel policy. Use of federal funds is allowable ONLY for permanent employees and volunteers (VOCA), funded by the grant.

Project Name: _____

Project Number: _____

Conference Name: _____

Conference Dates: _____

Place of Conference: _____

Briefly explain purpose of the conference, reason for attending, and how it relates to your grant. Provide supporting documentation (agenda, brochure, etc.)

Attendees:

Employee Name	Title

Budgeted costs:

Registration fees total: _____

Lodging total cost: _____

Subsistence total cost: _____

Transportation total cost: _____

Other fees directly related: _____

Note: A detailed breakdown of all costs per employee must be provided separately, reimbursement request must be submitted after travel is completed.

Submitted by: _____ Date: _____

GCC official use only	
<input type="checkbox"/> Approved	Reason for denial: _____
<input type="checkbox"/> Denied	_____
Date: _____	Signature: _____



PROJECT NAME: _____

PROJECT ID NUMBER: _____

REPORTING PERIOD: From _____ To _____

TRAVEL							
Doc Id #	Attendee Name/Title	Lodging Cost	Airfare/Transport Cost	Meals Cost	Total Cost	Federal Share	Match Share
Total Cost					\$ 0.00	\$ 0.00	\$ 0.00

Instructions:

- Document number:** Assign an identification number or letter to each document related to the cost reimbursement requested e.g., hotel bill, credit card statement, bank statement, issued or cleared check showing proof of payment, etc. and associated with the travel expense
- Attendee name/title:** Enter employee attending conference, training, or other travel
- Cost of per item:** Enter lodging, airfare, mileage, subsistence costs per each employee (state per diem rate for in-state travel, federal per diem rate for out-of-state travel)
- Total cost:** Enter total costs per each employee
- Federal share:** Enter amount of to be paid by the grant
- Match share:** Enter amount of to be paid by the grantee agency (if applicable)

For this request to be approved, back up documentation must be included with this coversheet: Mileage/travel log for each employee, dates of travel, destination, and mileage. All reimbursement requests for travel, lodging and subsistence must be listed on a form that is signed by both the employee and supervisor. Lodging, luggage, and transportation receipts must be included as supporting documentation. Failure to comply with these instructions may result in the delayed or denial of this request. For Per Diem costs visit www.osbm.nc.gov or www.gsa.gov

Supporting Documentation

Supplies and Operating Expenses

Supplies and Operating Expenses

- ▶ Receipts, receipts, receipts
- ▶ Vendor Invoices (utility bills, invoices, proof of payment)
- ▶ Rent receipts (or copy of lease and proof of payment)
- ▶ Receipts/invoices must show the vendor name, date of service/purchase, amount due, and list what services were performed or what was purchased

Receipts

There are 3 methods to divide up expenses from receipts between different grants.

1. Make separate purchases for each grant and get separate receipts, one for each grant.



(317) 745 - 3144
 MANAGER MARCI ANDERSON
 1894 RIDGE AVENUE
 DANVILLE, IN 46122

ST# 06476	OP# 000995	TE# 09	TR# 02660	
ANTIFREEZE	079749686563			12.86 X
EDGE 1Q 5W30	007919126248			7.97 X
EDGE 1Q 5W30	007919126248			7.97 X
EDGE 1Q 5W30	007919126248			7.97 X
SV 2N1 OCN28	004589306369			2.94 X
48Z CHK BRTH	007874206684	F		2.18 0
WAX	087799103701			3.47 X
CASCADE PACS	003700098206			9.93 X
BB 1 ROLL	003700092976			0.97 X
COUPON 37000	053700016200	A		0.50-0
BB SPT 50 TW	007965601332H			12.47 X
3 VIDALIA	003338360152	F		2.84 N
CARROT	068113112237	F		3.97 N
CARROT	068113112237	F		3.97 N
CKIESNKSZ	003400007061	F		4.25 0
DASANI	004900003165	F		3.98 N
QN 12 DOUBLE	004200096862			6.38 X
TIDE LIQUID	003700008886			11.94 X
LIME BULK	000000004048KI			0.26 N
CILANTRO	000000004889KF			0.58 N
TOMATILLO	000000004801KI			
2.09 lb @	1 lb /1.68			3.51 N
WILD TURKEY	072105981750			16.72 T
IM 3L SPR	008304633413	F		1.26 N
CAULIFLOWER	0605806000030	I		2.26 N
BANANAS	000000004011KI			
2.83 lb @	1 lb /0.52			1.47 N
JALAPENOS	000000004693KI			
0.34 lb @	1 lb /0.98			0.33 N
VISINE	007430000803			3.24 X
TOMATO ROMA	000000004087KI			
1.57 lb @	1 lb /0.98			1.54 N
SERRANO	000000004709KI			
0.04 lb @	1 lb /2.48			0.10 N
POBLANO	000000004705KI			
0.88 lb @	1 lb /2.48			2.18 N
	SUBTOTAL			139.00
	TAX 1 7.000 %			7.34
	TOTAL			146.34
	DEBIT TEND			146.34
	DEBIT CASH BACK			100.00
	TOTAL DEBIT PURCHASE			246.34
	CHANGE DUE			100.00

06/10/17 16:08:53

ITEMS SOLD 29
 TC# 4641 1455 6426 5919 7855 1



Low Prices You Can Trust. Every Day.
 06/10/17 16:09:00

Store receipts on your phone. Walmart P
 ay.



Receipts


2. Make a combined purchase and attach documentation explaining what items were purchased for each grant. Submit copies of the documentation with all grant reimbursement claims.

Grant #xyz1

Edge 1Q5W30	12.86
Edge 1Q5W30	7.97
Edge 1Q5W30	7.97

Grant # xyz2


All the rest of the items purchased

Walmart 
 Save money. Live better.


(317) 745 - 3144
 MANAGER MARCI ANDERSON
 1894 RIDGE AVENUE
 DANVILLE, IN 46122

ST# 06476 OP# 000995 TE# 09 TR# 02660
 ANTIFREEZE 079749686563 12.86 X
 EDGE 1Q 5W30 007919126248 7.97 X
 EDGE 1Q 5W30 007919126248 7.97 X
 SV 2N1 OCN28 004689306369 2.94 X
 48Z CHK BRTH 007874206684 F 2.18 O
 MAX 087799103701 3.47 X
 CASCADE PACS 003700098206 9.93 X
 BB 1 ROLL 003700092976 0.97 X
 COUPON 3700 053700016200 A 0.50 O
 BB SPT 50 TW 007965601332H 12.47 X
 3 VIDALIA 003338360152 F 2.84 N
 CARROT 068113112237 F 3.97 N
 CARROT 068113112237 F 3.97 N
 CKIESNKSZ 003400007061 F 3.25 O
 DASANI 004900003166 F 3.98 N
 QN 12 DOUBLE 004200096862 6.38 X
 TIDE LIQUID 003700008886 11.94 X
 LIME BULK 000000004048KI 0.26 N
 CILANTRO 000000004889KF 0.58 N
 TOMATILLO 000000004801KI 2.09 lb @ 1 lb /1.68 3.51 N
 WILD TURKEY 072105981750 16.72 T
 IM 3L SPR 008304633413 F 1.26 N
 CAULIFLOWER 060580600030 I 2.26 N
 BANANAS 000000004011KI 2.83 lb @ 1 lb /0.52 1.47 N
 JALAPENOS 000000004693KI 0.34 lb @ 1 lb /0.98 0.33 N
 VISINE 007430000803 3.24 X
 TOMATO ROMA 000000004087KI 1.57 lb @ 1 lb /0.98 1.54 N
 SERRANO 000000004709KI 0.04 lb @ 1 lb /2.48 0.10 N
 POBLANO 000000004705KI 0.88 lb @ 1 lb /2.48 2.18 N
 TAX 1 7.00 139.00
 SUBTOTAL 146.34
 DEBIT TEND 146.34
 DEBIT CASH BACK 100.00
 TOTAL DEBIT PURCHASE 246.34
 CHANGE DUE 100.00

06/10/17 16:08:53
 # ITEMS SOLD 25
 TC# 4641 1455 5426 5919 7855 1



Low Prices You Can Trust Every Day.
 06/10/17 16:09:00
 Store receipts on your phone. Walmart Pay.



Receipts

3. Make a combined purchase and make a copy of the receipt for each grant highlighting the receipt showing which items were charged to that particular grant. Submit copies of the documentation with all grant reimbursement claims.

Yellow	Grant # xyz3	\$39.34
Blue	Grant # xyz4	\$81.38
Green	Grant # xyz5	\$25.62

Vendor Invoice

MUST PROVIDE PROOF OF PAYMENT WITH THE INVOICE

Indiana Door & Hardware Specialties, Inc.
 Indiana Door & Hardware Specialties Inc.

Invoice

Date	Invoice #
4/13/2016	

Bill To

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project	
	Net 30		4/13/2016				
Quantity	Item Code	Description	Price Each	Amount			
1	Closer body	Sargent heavy duty closer body	238.00	238.00			
	Labor/ Service call	Labor	45.00	45.00			
		TAX EXEMPT SALES	0.00%	0.00			
ENTERED 4/22/16							
Excludes installation, sales tax, anything not listed above.						Total	\$283.00

Forms of Proof of Payment

The accepted proof of payment are as follows:

- ▶ **Cleared check/cancelled check** – Check the endorsement side of the check, cleared checks are available as scanned images from the online bank account.
- ▶ **Credit card or Bank statement** – should contain cardholder address, summary of account information (payment due, balance, etc.) and all other details relevant to the particular transaction for which reimbursement is requested.

Forms of Proof of Payment

- ▶ Bank statement showing expense
- ▶ Cleared/cancelled check
- ▶ Invoice showing balance paid
- ▶ Receipts showing the expense was paid.

Receipts

- ▶ A receipt is any document that contains the following five IRS-required elements:
 1. Name of vendor (*person or company you paid*)
 2. Transaction date (*when you paid*)
 3. Detailed description of goods or services purchased (*what you bought*)
 4. Amount paid
 5. Form of payment (*how you paid – cash, check, or last four digits of credit card*)

Proof of Payment Example

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

BRANCH BANKING AND TRUST COMPANY 9802
68-112/531

4/7/2015

PAY TO THE ORDER OF [REDACTED] \$**2,604.13

Two Thousand Six Hundred Four and 13/100***** DOLLARS

VOID AFTER 90 DAYS

MEMO
Pay Period: 03/01/2015 - 03/31/2015

9802

	SSN	Status (Fed/State)	Allowances/Extra
	***-7395	Married/Head of Household	Fed-2/0/NC-2/0
		Pay Period: 03/01/2015 - 03/31/2015	Pay Date: 04/07/2015

Earnings and Hours	Hours	Rate	Current	YTD Amount
Salary	158:30		3,125.20	9,375.90
Straight Time			0.00	531.89
	158:30		3,125.20	9,907.79

Taxes	Current	YTD Amount
Medicare Employee Addl Tax	0.00	
Federal Withholding	-184.00	-552.00
Social Security Employee	-193.75	-614.28
Medicare Employee	-45.31	-143.65
NC - Withholding	-98.00	-294.00
	-521.07	-1,603.94

Adjustments to Net Pay	Current	YTD Amount
Payroll Advance	0.00	-500.00
Net Pay	2,604.13	7,803.85

Non-taxable Company Items	Current	YTD Amount
Worker's Comp - Field Rate	2.79	23.48

Powered by Intuit Payroll

Proof of Payment Example



Direct Deposit Advice

Check Date
February 14, 2020

Voucher Number
115

DIRECT DEPOSIT VOUCHER

Direct Deposits	Type	Account	Amount
Bank Of America, N.A.	C	[REDACTED]	1,103.97
Total Direct Deposits			1,103.97

is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

Earnings Statement

Fed Taxable Income	1,403.53	Check Date	February 14, 2020	Voucher Number	115
Fed Filing Status	S-0	Period Beginning	February 1, 2020	Net Pay	1,103.97
State Filing Status	S-0	Period Ending	February 16, 2020		

Earnings	Rate	Hours	Amount	YTD
Miles Reim				0.00
Regular	18.75	80.00	1,500.00	4,500.00
Gross Earnings		80.00	1,500.00	4,500.00
Taxes			Amount	YTD
FITW			141.19	424.85
MED			20.35	61.06
NC			51.00	154.00
SS			87.02	261.06
Taxes			299.56	900.97

Deductions	Amount	YTD	
Dental Ins	9.92	29.76	
Medical Ins	83.81	251.43	
Mileage		-10.67	
Vision	2.74	8.22	
Deductions	96.47	278.74	
Direct Deposits	Type	Account	Amount
Bank Of America, N.A.	C	***8128	1,103.97
Total Direct Deposits			1,103.97

Time Off	Available	Plan Year To Use	Used
Families	73.85		0.00

Proof of Payment Example

4/14/2015

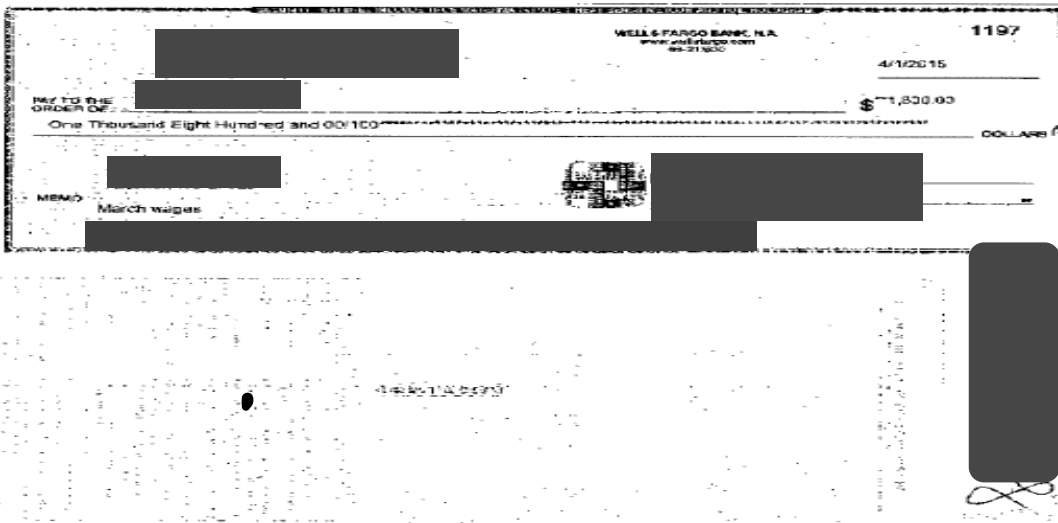
Wells Fargo View Check Copy



Wells Fargo Business Online®

View Check Copy

Check Number	Date Posted	Check Amount	Account Number
1197	04/01/15	\$1,800.00	PTS-GCC Grant XXXXXX9965



Equal Housing Lender

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PROJECT NAME: _____

PROJECT ID NUMBER: _____

REPORTING PERIOD: From _____ To _____

SUPPLIES							
Doc Id #	Item Purchased/Type	Vendor Name	Quantity	Cost per Item	Total Cost	Federal Share	Match Share
Total Cost					\$ 0.00	\$ 0.00	\$ 0.00

Instructions:

- Document number:** Assign an identification number or letter to each invoice, bill, receipt, proof of payment and to any back up documentation related to the cost reimbursement requested
- Item purchased/type:** Enter type of expenditure, e.g., office supplies, telephone, utilities, rent, etc. as listed on approved budget
- Quantity:** Enter number purchased of each item
- Cost of item:** Enter cost of each item
- Total cost:** Enter total expense amount (quantity x cost per item = total cost), do not include sales tax.
- Federal share:** Enter amount of to be paid by the grant
- Match share:** Enter amount of to be paid by the grantee agency (if applicable)

For this request to be approved, back up documentation must be included with this coversheet: invoices, credit card statement, bank statement, issued or cleared check showing proof of payment. For rent and all contractual services a detailed rental/lease/ service agreement must be uploaded to GEMS. Failure to comply with these instructions may result in the delayed or denial of this request.

Match

Cash Vs. In-Kind

What is Match?

- ▶ Matching or cost sharing means the portion of project costs not paid by the Federal funds. Also known as grantee share.
- ▶ Costs incurred as match for the program's operations have the same restrictions and regulations as costs that will be reimbursed through Federal grant funds. If the cost is not allowable under the federal award, it is not allowable as match.
- ▶ Unless a project's match has been waived, a required match must be met according to Federal guidelines prior to the close of the grant.

What is Match?

Match requirements are typically stated as a percentage of the total project costs for an award.

For example, a 20% match on a \$100,000 project would be \$20,000, where \$80,000 is provided by the Federal Government and \$20,000 is provided by the sub-recipient.

Cash Match

- ▶ Cash match (hard) includes cash spent for project-related costs. An allowable cash match must include costs which are allowable with Federal funds, except acquisition of land, when applicable.
 - Cash match is either the grantee's own funds or general revenue, or cash donations from non-federal third parties or non-federal grants.

Cash Match

Budget Lines that can be utilized as cash match:

- ▶ Salaries/Benefits
 - ▶ Travel
 - ▶ Equipment
 - ▶ Supplies and Operating Expenses
 - ▶ Consultants/Contractors
- **If you do not achieve your stated match goals, you may be required to refund a portion of the Federal funds.**

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In-Kind Match

- ▶ Third party in-kind match (soft) includes, but is not limited to, the valuation of non-cash contributions. “In-kind” may be in the form of services, supplies, real property, and equipment.
 - In-kind donations are non-cash donations of a good or services that can be given a value and is used in achieving your program objectives.

For example, if in-kind match is permitted by the federal award then the value of donated services can be used to comply with the match requirement. Also, third party in-kind contributions may count toward satisfying match requirements, provided the recipient of the contributions expends them as allowable costs.

In-Kind Match

- ▶ Donations of space, equipment, clothing, or items to be utilized to further the grant's goals and objectives.
- ▶ Must use fair market value to determine the allowable value of donated items.
- ▶ Volunteer Hours must be documented and supported by the same methods as any other regular employee.
- ▶ Requires time and attendance records similar to employees to show daily hours worked and the volunteer and an Approving Official must sign the timesheet. The timesheet must also include a short description of the work performed. The volunteer services must be used for the grant.
- ▶ Hourly rate must be reasonable and similar to others performing the same job function.

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2 C.F.R. Subpart D

Match criteria

- ▶ Are verifiable from the sub-recipient's records
- ▶ Are not included as contributions for any other federal grant
- ▶ Are necessary and reasonable for accomplishment of project or program objectives
- ▶ Are allowable costs
- ▶ Are not Federal funds from another grant or award
- ▶ Are approved in the grant budget
- ▶ Conform to the requirements of 2 C.F.R. 200, Subpart D, 200.306

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Match

- ▶ Items / costs utilized for match are subject to the same supporting documentation rules previously reviewed for expenditures made with grant funds.
- ▶ Recipients and sub-recipients must maintain records that clearly show the source, amount and timing of all match contributions.
- ▶ Although matching contributions do not need to be applied at the exact time or in proportion to the obligation of the Federal funds, sub-recipients should pay attention to their Utilization/ Expenditure rate within the grant for both Federal and Match funds.
- ▶ The full matching share must be contributed by the end of the award period.

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Match

- ▶ In-kind match contributions must document:
 - Who is the source?
 - What was donated?
 - How was the value determined?
 - Who verified the information?
- ▶ Year one remaining funds should be moved to surplus to be reverted to GCC.
- ▶ Required match funds will be reduced from federal funds that are moved to surplus

Reporting

Reporting

- ▶ Timely reporting is critical to GCC's continued funding.
- ▶ GCC needs the sub-recipients' report to complete its own reports to the Federal awarding agencies in an accurate and timely fashion.
- ▶ Sanctions will be imposed on sub-recipients who fail to report timely.

Required Reports and Due Dates

Required Reports	Due Dates
Notice of Grant Implementation <i>You must complete this notice before you can submit any reimbursement requests.</i>	Immediately
Initial Sub-grant Award Report	Immediately
Expense Reimbursements <i>Report monthly expenses as they are incurred</i>	Monthly

Federal Required Reports

Required Reports	Due Date
OVC Performance Measurement Tools (PMT) quarterly report <ul style="list-style-type: none"> For the period 10/01/2021 – 12/31/2021 	January 30, 2022
OVC Performance Measurement Tools (PMT) quarterly report <ul style="list-style-type: none"> For the period of 01/01/2022 – 03/31/2022 	April 30, 2022
OVC Performance Measurement Tools (PMT) quarterly report <ul style="list-style-type: none"> For the period of 04/01/2022 – 06/30/2022 	July 30, 2022
OVC Performance Measurement Tools (PMT) quarterly report <ul style="list-style-type: none"> For the period 07/01/2022 – 09/30/2022 	October 30, 2022
Project Progress Report <ul style="list-style-type: none"> For the year of 10/01/2021 – 09/30/2022 	October 31, 2022

Project Progress Reports

Progress Report	Due Date	Grant requiring
Project Progress Report Year 1	October 30, 2022	VOCA, Byrne Jag, JJ
Project Progress Report Year 2	October 30, 2023	VOCA, Byrne Jag, JJ

- Due in GEMS prior to the approval of September expenses.

Juvenile Justice Progress Reports	Due Date
For Period of 10/1/2021-9/30/2022	Due 30 Days after the end of the quarter
Mid Year report	April 15, 2022
Final Report	October 15, 2022

STOP VAWA Progress Report

Period	Due Date
October 2021-December 2021	January 30, 2022
January 2022-September 2022	October 30, 2022

Note: Only required with VAWA Grants and is a federal report, not to be confused with the GCC annual progress reports.

Project Progress Reports

Progress Report	Due Date	Grant requiring
Project Progress Report Year 1	October 30, 2022	VOCA, Byrne Jag, JJ
Project Progress Report Year 2	October 30, 2023	VOCA, Byrne Jag, JJ

- Due in GEMS prior to the approval of September expenses.

Juvenile Justice Progress Reports	Due Date
For Period of 10/1/2021-9/30/2022	Due 30 Days after the end of the quarter
Mid Year report	April 15, 2022
Final Report	October 15, 2022

Audit (Financial) Reporting

- ▶ North Carolina state law (G.S. 143C-6-23) requires every nongovernmental entity that receives State or Federal pass-through grant funds from a state agency to file annual reports on how those grant funds were used. Specific requirements for each funding level are as follows:

Non-Governmental Entities Required Reporting

Reporting Levels	Required Documents
<p><i>Level I (Less than \$25,000)</i> A grantee receiving less than \$25,000 (combined) in State or Federal pass through funds must submit:</p>	<ul style="list-style-type: none">• Certification Form• State Grants Compliance Reporting for Receipts of Less than \$25,000 <p>Level I forms and reporting must be submitted to:</p> <p>DPS_GRANTCOMPLIANCEREPORTS@ncdps.gov.</p>

Non-Governmental Entities Required Reporting

Reporting Levels	Required Documents
<p><i>Level II (\$25,000 - \$499,999)</i> A grantee that receives between \$25,000 - \$499,999 (combined) in State or Federal pass-through funding must submit:</p>	<ul style="list-style-type: none">• Certification Form• State Grants Compliance Reporting for Receipts of \$25,000 or More• Schedule of Receipts and Expenditures• Program Activities and Accomplishments Reports <p>Level II forms and reporting must be submitted to:</p> <p>DPS_GRANTCOMPLIANCEREPORTS@ncdps.gov</p>

Non-Governmental Entities Required Reporting

Reporting Levels	Required Documents
<p>Level III (\$500,000 - \$749,999) A grantee that receives a combined \$500,000 or more in North Carolina State funding or Federal funding passed through a State Agency must submit:</p>	<ul style="list-style-type: none"> • Certification Form • State Grants Compliance Reporting for Receipts of \$25,000 or More • Program Activities and Accomplishments Reports <p>Level III forms and reporting must be submitted to: DPS_GRANTCOMPLIANCEREPORTS@ncdps.gov. Submit within nine months of the grantee's fiscal year end:</p> <p>Submit to DPS Internal Audit AuditGrantsReport@ncdps.gov a single audit prepared and completed in accordance with Generally Accepted Government Auditing Standards.</p>

Non-Governmental Entities Required Reporting

Reporting Levels	Required Documents
<p>Level III (\$750,000+) A grantee that receives a combined \$750,000 or more in funding from all federal funding sources, even those passed through a state agency must submit:</p>	<ul style="list-style-type: none"> • Certification Form • State Grants Compliance Reporting for Receipts of \$25,000 or More • Program Activities and Accomplishments Reports <p>Level III forms and reporting must be submitted to: DPS_GRANTCOMPLIANCEREPORTS@ncdps.gov. Submit within nine months of the grantee's fiscal year end: Submit to DPS Internal Audit (AuditGrantsReport@ncdps.gov)</p> <ol style="list-style-type: none"> 1. a single audit prepared and completed in accordance with Generally Accepted Government Auditing Standards. 2. Post the single audit to the Federal Audit Clearinghouse (https://harvester.census.gov/facweb/). Make copies of the single audit available to the public.

Adjustments

Non-Budgetary Adjustment

- ▶ Grant period extension
- ▶ Personnel changes

Monetary Budget Adjustment

- ▶ Reallocate funds
- ▶ Increase funds

Budget Adjustments

Subrecipients must initiate a budget adjustment if the budget modification proposes to:

- ▶ Change the scope of the project- requires prior approval
- ▶ Add a new category that did not previously exist on the grant
 - Example- adding travel as a budget category that did not previously exist
- ▶ Move grant funds from one category to another
 - Example- move funds from Personnel to Supplies and Operating
- ▶ Increase the amount of any existing line item

Submitting a Budget Adjustment

If the budget adjustment meets any of the criteria on the previous slide, a budget adjustment/modification must be submitted via GEMS in the form of a Monetary Budget Adjustment

Budget Modification Cap- 10% rule

- ▶ Budget modifications are capped at 10% of award funds for total grant awards that are \$250,000 and greater.
- ▶ The desire to re-purpose match requires a monetary budget adjustment but does not count toward the 10%.
- ▶ There is no limit to the number of monetary budget adjustment that can be submitted to GCC.

Budget Modification Cap- 10% rule

Continued

- ▶ Once the sub-recipient has been allowed to move 10% of the total grant award, subsequent budget adjustments will be reviewed on a case-by case basis for approval or denial.
- ▶ If you receive an approval of additional grant funds, you will need to submit a budget modification to increase your budget, then the cap is increased by 10% of the added funds.

Budget Modification/Adjustment Denial

The budget modification/adjustment will be denied IF:

- ▶ Exceeds 10% of the total grant award for those grants \$250,000 and greater
- ▶ Inconsistent with the grant purpose
- ▶ Unallowable
- ▶ Failure to support/further the program
- ▶ Supplanting
- ▶ Not submitted 90 days before the end of the period of performance

Technical Assistance

If you have any questions or concerns do not hesitate to contact your grants administrator. We are here to help!



Questions