

# Delaware Criminal Justice Council

## Training Institute

### *Session II: Post-Award Expectations*



# Helpful Shortcuts

[CLICK HERE](#)

to access your  
Project by #

Main Menu

[User Management](#)

[Funding Announcement](#)

[Project Management](#)

[Work Manager](#)

[CLICK HERE](#)

To access your  
Work Manager list  
of pending Tasks &  
Alerts

Welcome to DCJC Egrants!

*Please select a menu tab or prompt link to continue.*

[CLICK HERE](#)

To access an existing project (Grant Application, Continuation Application, Modification...) or create/update reports such as the Program Report, Fiscal Report, or Inventory Report ([Project Management](#) tab).

[CLICK HERE](#)

To create a new Application (or Concept Paper) in response to a Funding Announcement ([Funding Announcement](#) tab).

[CLICK HERE](#)

To view any Alerts and/or Tasks assigned to you ([Work Manager](#) tab).

[CLICK HERE](#)

To update your profile information (Name, Address, Phone Number...) or to request security in order to maintain or view grants for your organization/county ([User Management](#) tab).

[CLICK HERE](#)

To Subscribe to receive an email when new granting opportunities become available.

[CLICK HERE](#)

To Unsubscribe from Email notifications when granting opportunities become available.

## Announcements

Announcement:

Welcome to the Delaware Criminal Justice Council Egrants portal.

For technical assistance contact the Criminal Justice Council Monday through Friday 9:00 am – 4:00 pm at 302-577-5030.

# Helpful Shortcuts

Click to access the selected project

Enter your project # here (can also use “%”)

Shortcut: Use these links to access in-process Applications (pre-Award) or Active Projects (post-Award)

Search Criteria:

[Main Menu](#) | [User Management](#) | [Funding Announcement](#) | [Project Management](#) | [Work Manager](#) | [Internal Menu](#)

Search [Program Monitoring](#)

## PROJECT MANAGEMENT SEARCH

Grant ID:

Applicant Agency:

Recipient / Allocation Agency:

Funding Announcement:

Keywords:

Quick Searches

[Applications In Process \(1\)](#)

[Awarded Projects - Active \(1\)](#)

Grant ID	Applicant Agency	Title	Receipt Date
1756	Agency Name	Title of Project	08/31/2017

# Helpful Shortcuts

[CLICK HERE](#)

for Quarterly  
Reports

[CLICK HERE](#)

for Fiscal Details (summary of  
budget categories, funding  
source info, Payments)

## PROJECT SUMMARY

[CLICK HERE](#)

To enter/update/view a Program, Fiscal, or Inventory Report for this grant (Monitoring menu item).

[CLICK HERE](#)

To view any Audit Information for this grant (Audit menu item).

[CLICK HERE](#)

To view the current financial information for this grant such as payments and funding sources (Fiscal Details menu item).

[CLICK HERE](#)

To view the reporting requirements for this grant such as when fiscal reports are due (Reporting Requirements menu item).

Select the document link to access the details (i.e. Budget, Main Summary, Contract report...).

Phase	Documents	Start - End Dates	Status
1756 :	Create Subgrant Adjustment		
	<a href="#">Adjustments 1</a>	7/1/2017 - 6/30/2018	Open - Awarded * P
	<a href="#">Application</a>	7/1/2017 - 6/30/2018	Open - Awarded

View Issues/Comments

\* or P =

Most recent Project  
Document's Main  
Summary Page

# The Monitor's Role

- Serve as your primary point of contact
- Answer questions about Egrants
- Review your quarterly reports
- Reimburse quarterly expenses
- Perform the quarterly fiscal and program visits
  - Serve as a sounding board when issues arise
  - Help to develop spending plans (if needed)
  - Document activity and progress in subgrant file

# CJC Monitors

## Grant Monitors

- Hugh Bayard
- Ericka Blythe
- Monica Celli
- Kathleen Kelley
- Jared Morris
- Bridget Poulle
- Nicole Rodgers
- Cary Smythe

For the most up-to-date contact information,  
visit our website:

<https://cjc.delaware.gov/contact/>

# Post-Award Process

1

- Award document with two original, live signatures is received by your monitor at the CJC. A funds commitment is generated. Subgrantee is now eligible to request quarterly reimbursements.

2

- Quarterly reports are collected through Egrants. Your monitor may return reports for correction or clarification.

3

- Fiscal expenses are reimbursed within 10 days. Program information is passed on to the Coordinator for Federal Reporting requirements.

4

- Monitor will contact the fiscal and program contacts to set up a quarterly monitor visit. A pre-visit letter may be sent.

# Quarterly Reports



# Egrants Reporting Requirements

- Fiscal and program reports are due 20 days after the end of the quarter.
  - January 20
  - April 20
  - July 20
  - October 20
- FYI: Some PMTs are due in to the Coordinator each quarter, per the funder's requirements. Due dates of PMTs vary with the funding source.

# Generating your Quarterly Report

- Fiscal Creators are responsible for submitting Fiscal Reports
- Program Creators are responsible for submitting Program Reports
- To begin a new quarterly report:

[CLICK  
HERE](#)

To enter/update/view a Program, Fiscal, or Inventory Report for this grant (Monitoring menu item).

# Quarterly Reporting

View old reports or create a new one with the click of a button

Create Fiscal Report

Create Inventory Report

## MAIN SUMMARY


### Filter Criteria

Phase: [All] ▼


Approval Status: [All] ▼

To access a fiscal or program report, click on the period ending date to open the report.

### Cumulative Fiscal Reports

Phase		Period Ending	Report Type	Status	Last Update Date	Approval Status	Entered By
1756		<a href="#">9/30/2017</a>	Quarterly	Submitted	11/20/2017	Approved	

### Program Reports

Phase		Period Ending	Report Type	Status	Last Update Date	Approval Status	Entered By
1756		<a href="#">9/30/2017</a>	Quarterly	Submitted	11/20/2017	Approved	

### Inventory Reports

Phase	Status	Last Update Date	Approval Status	Entered By
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# Fiscal Report

- Top Section requires reporting by Budget Source (Federal, State, Match)
- Fill in the total amount in the appropriate categories

## SUBGRANTEE CUMULATIVE FISCAL REPORT

This report submitted for the calendar quarter ending: 12/31/2017

Report Period Ending Date: \* 12/31/2017

Report Type: \* ☒ Quarterly ☐ Interim ☐ Final

Submitted Date:

Return Date:

Resubmitted Date:

Report Status: Draft

Approval Status: Pending









Status Updated By: [Ms. Kathleen Kelley](#)

Financial Information	Budget	Cumulative Expenses as of 9/30/2017	Expenses Paid This Period 10/1/2017-12/31/2017	Total Cumulative Expenses	Outstanding Subgrantee Obligations	Total Funds Received To Date	Unexpended Cash $\Sigma$
Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
State	44,000.00	7,710.72	0.00	7,710.72	0.00	7,710.72	0.00
Project Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Interest	0.00	0.00	0.00	0.00	0.00	0.00	0.00
State Match	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cash Match (New Approp.)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
In-Kind Match	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Project Income Match	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total $\Sigma$	44,000.00	7,710.72	0.00	7,710.72	0.00	7,710.72	0.00

# Fiscal Report

- Bottom Section requires reporting by each budget line item; click each category

 Click the Budget Category link to enter "Expenses Paid This Period" and "Outstanding Subgrantee Obligations" detail information.

Budget Categories	Budget	Cumulative Expenses as of 9/30/2017	Expenses Paid This Period 10/1/2017-12/31/2017	Total Cumulative Expenses	Outstanding Subgrantee Obligations
 <a href="#">Personnel</a>	21,696.00	3,681.25	0.00	3,681.25	0.00
 <a href="#">Employee Benefits</a>	1,660.00	0.00	0.00	0.00	0.00
 <a href="#">Travel (Including Training)</a>	2,044.00	210.02	0.00	210.02	0.00
 <a href="#">Equipment</a>	0.00	0.00	0.00	0.00	0.00
 <a href="#">Supplies &amp; Operating Expenses</a>	17,100.00	3,819.45	0.00	3,819.45	0.00
 <a href="#">Consultants</a>	1,500.00	0.00	0.00	0.00	0.00
 <a href="#">Construction</a>	0.00	0.00	0.00	0.00	0.00
 <a href="#">Other</a>	0.00	0.00	0.00	0.00	0.00
<b>Total Σ</b>	<b>44,000.00</b>	<b>7,710.72</b>	<b>0.00</b>	<b>7,710.72</b>	<b>0.00</b>

Leave \$0.00 for "Outstanding Subgrantee Obligations" unless something was purchased in the prior quarter but paid in the current quarter using a credit card or purchase order

Project Income:

Seized \$ 0.00

Forfeited \$

Remarks:

This section is optional

Attachments are also optional. Examples include: receipts, invoices, or a summary of transactions from your accounting system

Add Attachment

Actions	Attachment Name	Description	Budget Category(s)	Date
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View Report

Save as Draft

Save and Continue Editing

Submit

Delete

Cancel

# Fiscal Report: Line Item Reporting

- Do NOT round up or down to the nearest dollar; actual expenses must be reported
- When in doubt, follow the computation in the budget
  - For example, if 684 miles were coded to this program and the agency is reimbursed at:
    - The Federal mileage reimbursement rate (2017 rate= 53.5 cents per mile), the amount reported should be \$365.94 ( $684 * 0.535$ )
    - Their own Agency rate of a flat 44 cents per mile, the amount reported would be: \$300.96 ( $684 * 0.44$ )

## TRAVEL (INCLUDING TRAINING) EXPENDITURE DETAILS

Total Expenses Paid This Period: \$0.00

(Master Budget)

<u>Purpose of Travel</u>	<u>Location</u>	<u>Item</u>	<u>Budget</u>	<u>Expenses Paid This Period</u>	<u>Total Cumulative Expenses</u>	<u>Outstanding Subgrantee Obligations</u>
Transportation of students from school to Center/field trips		Transportation/Travel	2,044.00	0.00	210.02	0.00
			2,044.00	0.00	210.02	0.00

# Fiscal PDF View



## SUBGRANTEE CUMULATIVE FISCAL REPORT

Grant ID: 1062  
 Quarter Ending Date: 9/30/2015  
 Period Ending Date: 9/30/2015  
 Report Type: Quarterly  
 Submitted Date:

Project Start: 4/1/2015  
 Project End: 9/30/2015  
 Report Status: Draft  
 Approval Status: Pending  
 Status Updated By: [REDACTED]

Top section summarizes Federal and Match spending

Financial Information	Budget	Cumulative Expenses as of 6/30/2015	Expenses Paid This Period 7/1/2015-9/30/2015	Outstanding Subgrantee Obligations	Total Cumulative Expenses	Total Funds Received To Date	Unexpended Cash
Federal	18,713.00	9,664.33	9,262.50	0.00	18,926.83	9,664.33	(9,262.50)
State	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Project Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Interest	0.00	0.00	0.00	0.00	0.00	0.00	0.00
State Match	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cash Match (New Approp.)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
In-Kind Match	4,679.00	2,777.91	2,807.78	0.00	5,585.69	0.00	(5,585.69)
Project Income Match	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total:</b>	<b>23,392.00</b>	<b>12,442.24</b>	<b>12,070.28</b>	<b>0.00</b>	<b>24,512.52</b>	<b>9,664.33</b>	<b>(14,848.19)</b>

Bottom Section summarizes Budget Category spending

Budget Categories	Budget	Cumulative Expenses as of 6/30/2015	Expenses Paid This Period 7/1/2015-9/30/2015	Outstanding Subgrantee Obligations	Total Cumulative Expenses	% Over Budget
Personnel	20,006.00	11,755.41	12,070.28	3,819.69	23,825.69	16.33
Employee Benefits	1,270.00	686.83	708.63	125.46	1,395.46	0.54
Travel (Including Training)	1,501.00	0.00	1,723.45	97.20	1,723.45	0.95
Equipment	200.00	0.00	0.00	0.00	0.00	0.00
Supplies & Operating Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Consultants	0.00	0.00	0.00	0.00	0.00	0.00
Construction	0.00	0.00	0.00	0.00	0.00	0.00
Other	415.00	0.00	370.00	0.00	370.00	0.00
<b>Total:</b>	<b>23,392.00</b>	<b>12,442.24</b>	<b>14,872.36</b>	<b>4,042.35</b>	<b>27,314.60</b>	<b>17.82</b>

Project Income:

Seized \$

Forfeited \$

# Fiscal PDF View



Shows itemized  
spending for the  
quarter and  
cumulatively

Grant ID: 1062  
Quarter Ending Date: 9/30/2015  
Period Ending Date: 9/30/2015  
Report Type: Quarterly  
Submitted Date:

Project Start: 4/1/2015  
Project End: 9/30/2015  
Report Status: Draft  
Approval Status: Pending  
Status Updated By:

## PERSONNEL DETAILS

### Police Department (Master Budget)

Position	Name	Budget	Expenses Paid This Period	Outstanding Subgrantee Obligations	Total Cumulative Expenses
Victim Services Coordinator		4,679.00	2,807.78	906.69	5,585.69
Youth Victim Advocate		15,327.00	9,262.50	2,913.00	18,240.00
		20,006.00	12,070.28	3,819.69	23,825.69

## EMPLOYEE BENEFITS DETAILS

### Police Department (Master Budget)

Position	Name	Budget	Expenses Paid This Period	Outstanding Subgrantee Obligations	Total Cumulative Expenses
Youth Victim Advocate		241.00	134.29	23.45	264.45
Youth Victim Advocate		1,029.00	574.34	102.01	1,131.01
		1,270.00	708.63	125.46	1,395.46

## TRAVEL (INCLUDING TRAINING) DETAILS

### Police Department (Master Budget)

Purpose of Travel	Location	Item	Budget	Expenses Paid This Period	Outstanding Subgrantee Obligations	Total Cumulative Expenses
National Conference of Youth Victimization	TBD	Hotel	772.00	706.25	0.00	706.25
National Conference of Youth Victimization	TBD	Baggage	50.00	52.00	2.00	52.00
National Conference of Youth Victimization	TBD	Per Diem	235.00	426.00	0.00	426.00
National Conference on Youth Victimization	TBD	Shuttle fees	40.00	100.00	60.00	100.00
National Conference on Youth Victimization	TBD	Flight	404.00	439.20	35.20	439.20
			1,501.00	1,723.45	97.20	1,723.45

## EQUIPMENT DETAILS

### Police Department (Master Budget)

Item	Budget	Expenses Paid This Period	Outstanding Subgrantee Obligations	Total Cumulative Expenses
Computer monitor	200.00	0.00	0.00	0.00
	200.00	0.00	0.00	0.00

## OTHER DETAILS

### Police Department (Master Budget)

Description	Budget	Expenses Paid This Period	Outstanding Subgrantee Obligations	Total Cumulative Expenses
Registration for National Conference	415.00	370.00	0.00	370.00
	415.00	370.00	0.00	370.00

Remarks:

Attachments:



# Fiscal Report: What your Monitor looks for

- Is fiscal spending on track to meet the end date with a \$0 balance?
  - First quarter spending should be approximately 25% of a 12 month project, second quarter 50%, and third quarter 75%
- Was Match reported correctly?
- Are any categories overspent by 10%?
- Does it look like actual expenses are being reported?

# Reimbursements

- The CJC operates on a reimbursement basis; agencies incur the up-front costs and receive payments on a quarterly basis
- Before any funds can be released:
  - Application must be “Awarded”
  - The signed hardcopy of the Award must be received and entered into the system by the CJC Controller; they generate the funds commitment
  - Quarterly reports must be submitted by the subgrantee and approved by the Monitor
    - Egrants sends a Work Manager Notification email when reports are Approved
- Payments are generated within 10 business days if above criteria are met

# Viewing Payment Status through Fiscal Details

[Project](#) [Monitoring](#) [Audit](#) **Fiscal Details** [Reporting Requirements](#)

Payments details: \$  
amount and date  
processed

Project Title: XXXXXXXXXX Afterschool/Summer Program  
FY2018

Fund Announcement: [FY2018 PBH Afterschool and Summer Programs](#)

## SUMMARY

Source	Source Budget	Expenses Paid This Period 7/1/2017- 9/30/2017	Total Cumulative Expenses	Outstanding Subgrantee Obligations	Funds Received	Unexpended Cash
Federal	0.00	0.00	0.00	0.00	0.00	0.00
State	44,000.00	7,710.72	7,710.72	0.00	0.00	(7,710.72)
Project Income	0.00	0.00	0.00	0.00	0.00	0.00
Interest	0.00	0.00	0.00	0.00	0.00	0.00
State Match	0.00	0.00	0.00	0.00	0.00	0.00
Cash Match (New Approp.)	0.00	0.00	0.00	0.00	0.00	0.00
In-Kind Match	0.00	0.00	0.00	0.00	0.00	0.00
Project Income Match	0.00	0.00	0.00	0.00	0.00	0.00
Totals:	44,000.00	7,710.72	7,710.72	0.00	0.00	(7,710.72)

### Payment(s)

Payment	Payment Date	Payment Amount
3967030	10/30/2017	7,710.72

Total Refunds (Checks Received): \$0.00

Total Net Paid: \$7,710.72

### Funding Split(s)

Source	Fund	Year	Category	Effective Dates	Amount
1	KD	2018	Passthru	7/1/2017 - 6/30/2018	44,000.00

Cancel

Click "Cancel"  
to go back to  
previous page

# Final Fiscal Report

Final Fiscal reports are only necessary if expenses were obligated in the last quarter of the grant and paid after the end date. If no outstanding obligations, mark the last quarterly report as “Final”

## SUBGRANTEE CUMULATIVE FISCAL REPORT

This report submitted for the calendar quarter ending: 12/31/2017

Report Period Ending Date: \* 12/31/2017

Report Type: \* ☐ Quarterly ☐ Interim ☒ Final

Mark “Final” on the Fiscal report

Report Status: Draft  
Approval Status: Pending  
Status Updated By:

Submitted Date:  
Return Date:  
Resubmitted Date:

Financial Information	Budget	Cumulative Expenses as of 9/30/2017	Expenses Paid This Period 10/1/2017-12/31/2017	Total Cumulative Expenses	Outstanding Subgrantee Obligations	Total Funds Received To Date	Unexpended Cash Σ
Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
State	44,000.00	7,710.72	16,584.28	24,295.00	0.00	7,710.72	(16,584.18)
Project Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Interest	0.00	0.00	0.00	0.00	0.00	0.00	0.00
State Match	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cash Match (New Approp.)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
In-Kind Match	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Project Income Match	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Σ	44,000.00	7,710.72	16,584.28	24,295.00	0.00	7,710.72	(16,584.18)

Ensure all funds are spent. This example shows a substantial balance. Programs should know in advance whether there will be a balance; if this happens to you, contact your monitor to talk about options

# Equipment- Inventory Report

- Inventory Report must be completed if Equipment is purchased (otherwise not required)
- Financial Creator create the report the same way as the fiscal report (with click of a button)
- Due before the end of the grant period; can be submitted at the same time as the Final Fiscal report

Button will be enabled if Equipment is listed in the budget detail

All equipment can be entered in one report

**INVENTORY LISTING**

Report Status: Submitted  
Approval Status: Approved  
Status Updated By: [Ms. Nicole Rodgers](#)

Submitted Date: 1/27/2017  
Return Date:  
Resubmitted Date:

Has non-expendable property been purchased through this subgrant or a previous subgrant for this period? Yes

Item No	Quantity	Identification Number	Cost	Present Condition Code
<a href="#">101</a>	1		1,745.00	A
<a href="#">102</a>	1		1,004.00	A
<a href="#">103</a>	1		3,244.40	A

Remarks:

# Equipment- Inventory Report

Enter ID Number  
(serial # or service #),  
if applicable

Item Number: \* 102  
Inventory Quantity: 1  
Description: \* 5 Drawer File Cabinet  
Identification Number:

Enter Unique  
Item Number

Date Acquired: 12/20/2016  
Cost: 1,004.00

Present Condition Code: A - In the same project  
being continued with  
DCJC funds

Present Use and Location:

Anticipated Future Code: A - In the same project  
being continued with  
DCJC funds

Remarks:

Enter the  
location, use  
and condition  
of the property  
and percentage  
of Federal  
funding for the  
property

Choose  
appropriate  
response from  
the drop down  
menu

Save & Return

Save & Add Another

Delete

Cancel

# Equipment Guidelines

- Do not order or pay for equipment without approval of the CJC
  - Approved = equipment listed in an awarded project budget or adjustment
- Use the equipment for the authorized purposes of the project whether or not the project continues to be supported by the Federal award
- A physical inventory must be maintained on-site. Include: a description of the property, a serial number or other identification number, the source and percentage of Federal funding for the property, the acquisition date, cost of the property, the Federal award under which the property was acquired, the location, use and condition of the property.
- Remember to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft must be investigated. Adequate maintenance procedures must be developed to keep the property in good condition.
- For a more complete listing of equipment guidelines and information, see Uniform Grant Guidance (CFR §200.313)

# Program Report Sections

Click on each Section, insert information, and “Save - Complete”

## PROGRAM REPORT

Report Status: Draft  
Approval Status: Pending  
Status Updated By:

Report Due Date: 1/21/2018  
Submitted Date:  
Return Date:  
Resubmitted Date:

Final Report: No

Is The Project On Schedule? \*

If not, please explain:

Briefly List Activities Conducted During This Period: \*

Draft

Egrants will not allow submission until all section statuses are marked as “Complete.” Once all sections are completed, press “Submit.”

### Report Sections

Sections	Open Corrective Actions	Status	Last Update Date	Last Updated By
<a href="#">Attachments</a>	0	In Process	1/11/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Performance Indicators</a>	0	In Process	1/11/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Quarterly Report Project Narrative I</a>	0	In Process	1/11/2018	<a href="#">Ms. Kathleen Kelley</a>



# Program Quarterly Report: Performance Indicators

## 1. Established by DCJC

### 1.1. 24/7 Domestic Violence Hotline ?

1.1.1 Actual Amount this report period: 🔑

1.1.2 Cumulative total for the project phase:

Σ

Your target for the project:

+ Unexpected Results

### 1.2. Report the total number of victims requesting shelter ?

1.2.1 Actual Amount this report period: 🔑

1.2.2 Cumulative total for the project phase:

Σ

Your target for the project:

+ Unexpected Results

### 1.3. How many new victims entered and received at least one night of shelter this quarter? ?

1.3.1 Actual Amount this report period: 🔑

1.3.2 Cumulative total for the project phase:

Σ

Your target for the project:

+ Unexpected Results

### 1.4. Report the total number of victims exiting shelter ?

1.4.1 Actual Amount this report period: 🔑

1.4.2 Cumulative total for the project phase:

Σ

Your target for the project:

+ Unexpected Results

Enter the progress on  
each Performance  
Indicator

Cumulative total-to-  
date is auto-  
populated

The target # for the  
objective is auto-  
populated from the  
application

# Helpful Reminder re: Project Narrative

## Remember the Goal Statement and Measurable Objectives from Session I?

### A. Goal Statement

- Example:
  - The VSC will provide direct services to 100 of unduplicated victims per year. GCPD anticipates increasing 3% to 5% each year due to the increased community presence. A baseline of the number of unduplicated victims per year will be established at the end of year one.

### B. Implementation Objectives

- Example:
  - VSC position will be filled and office space set aside within 60 days.
  - A laptop computer station will be purchased within 90 days.

### C. Performance Objectives

- Example:
  - VSC will a) Assist 90 victims with VCAP applications, b) Provide 75 referrals to service providers, and c) Provide advocacy and support to 100 victims.

### D. Impact Objectives

- Example:
  - 75% of victims will report a greater knowledge of a) community resources, b) safety planning, c) their rights & options, and d) the criminal justice process.

# Program Report Narrative Example

System will time out at 19:45  
Remaining time: 19:45

1. **Goal:** Specify the goal statement for the project. The goal statement should clearly communicate the intended result of the project as of the end of the period. State what progress has been made toward the attainment of that goal.

1) The VSC will provide direct services to 100 of unduplicated victims per year. GCPD anticipates increasing 3% to 5% each year due to the increased community presence. A baseline of the number of unduplicated victims per year will be established at the end of the year one.  
-PROGRESS as of 12/31/17: The VSC provided direct services to 14 unduplicated victims of crime. 7 victims were continuing clients that received services during a previous quarter. A total of 21 victims have been served.

2. Identify the implementation objectives for the project. After each implementation objective, state the progress toward the attainment of the objective

1) VSC position will be filled and office space set aside within 60 days.  
-PROGRESS as of 12/31/17: Manuel Perez was hired 9/1/17.  
2) A laptop computer station will be purchased within 90 days.  
-PROGRESS as of 12/31/17: Laptop was purchased on 9/15/17.

3. Identify the performance objectives for the project. Performance objectives indicate major behavior (activities) necessary to conduct the project as planned. Indicate progress toward attainment of each performance objective.

1) VSC will a) Assist 90 victims with VCAP applications, b) Provide 75 referrals to service providers, and c) Provide advocacy and support to 100 victims.  
-PROGRESS as of 12/31/17: VSC a) Assisted 9 victims with VCAP applications, b) Provide 32 referrals to service providers, and c) Provide advocacy and support to 21 victims.

4. Identify impact objectives for the project. Impact objectives measure the extent to which what happened was the result of the funded activity. Indicate progress toward attainment of each impact objective.

75% of victims will report a greater knowledge of a) community resources, b) safety planning, c) their rights & options, and d) the criminal justice process.  
-PROGRESS as of 12/31/17: 10 victims received and completed a survey. The following percentages of respondents report Victims report a greater knowledge of a) 90% of victims reported greater knowledge of community resources, b) 100% of victims reported greater knowledge of safety planning, c) 80% of victims reported greater knowledge of their rights & options, and d) the criminal justice process.

5. **Miscellaneous Information:** Use this area to provide CJC with any additional information that you believe is pertinent.

None.

Save and Continue Editing

Save - In Process

Save - Complete

Cancel

# Program Quarterly Report: Project Narrative

- Suggestion: work from a separate document containing your Goals and Objectives to avoid Egrants timing out and losing your data
- Be sure to have text in each box before you click “Save and Continue Editing” or “Save - In Process”—otherwise, Egrants will not save *any* information once you leave the page

# Project Narrative: What your Monitor looks for

- Are the Goals & Objectives consistent with those listed in the original application?
- Are all goals and objectives adequately reported on?
- Is the project on track to meet the goals and performance objectives?
- Are implementation delays reported?

# Program PDF View



Egrants

## PROGRAM REPORT

**Grant ID:** 1756

**Applicant Agency:** Your Agency

**Project Dates:** 7/1/2017 to 6/30/2018

**Report Period:** 10/1/2017 to 12/31/2017

**Report Due Date:** 1/21/2018

**Report Status:** Draft

**Approval Status:** Pending

**Final Report:** No

Status is either  
“Draft” or  
“Approved.”  
Monitor is able to  
approve after  
submission &  
review

Status is either  
“Pending” or  
“Approved.” Monitor is  
able to approve after  
submission & review

**Is the Project On Schedule?** Yes

**Explanation:**

**Activities Conducting During this Period:** This quarter, the VSC assisted 14 new victims. 9 were referred to VCAP, 4 were assisted with their VCAP application, and all 14 received referrals to at least one community resource. The VSC attended one meeting with the Victims Rights Task Force and one meeting with the DV Task Force, in addition to informal networking at 3 outreach events (held at Newark Senior Center, UD CJ job fair, and the Hispanic Festival in Georgetown).

# If your Report is Returned

Approval Status is now "Return to Applicant"

Report Status: Draft  
Approval Status: **Return to Applicant**  
Status Updated By: [Ms. Monica A Celli](#)

Report Due Date: 1/21/2018  
Submitted Date: 1/12/2018  
Return Date: 1/12/2018  
Resubmitted Date:

Final Report: Yes

Click the affected Section to make requested modification. When finished, click "Save - Complete" and resubmit the report

The Project On Schedule? \*  ▼  
If not, please explain:

Briefly List Activities Conducted During This Period: \*

This quarter, the VSC assisted 14 new victims. 9 were referred to VCAP, 4 were assisted with their VCAP application, and all 4 received referrals to at least one community resource. The VSC attended one meeting with the Victims Rights Task Force and one meeting with the DV Task Force, in addition to informal networking at 3 outreach events (held at Newark Senior Center, UD CJ job fair, and the Hispanic Festival in Georgetown).

## Report Sections

Sections	Open Corrective Actions	Status	Last Update Date	Last Updated By
<a href="#">Attachments</a>	0	Complete	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Final Report</a>	0	Complete	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Performance Indicators</a>	0	Complete	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Quarterly Report Project Narrative !</a>	1	Returned	1/12/2018	<a href="#">Ms. Monica A Celli</a>

Click on the "Problem Description" for requested modifications

## Corrective Actions

Problem Description	Due Date	Section	Status
<a href="#">Please add more detail and dates of meetings.</a>	1/20/2018	Quarterly Report Project Narrative !	31 Open

# Corrective Action

- Egrants alerts the appropriate contact when a report is returned for modifications

## CORRECTIVE ACTION DETAILS

**Created By:** Ms. Monica A Celli  
**LastUpdate By:** Ms. Kathleen Kelley

**Created Date:** 1/12/2018

**Source:** Program Report  
**Status:** Open  
**Affected Section:** Quarterly Report Project Narrative !  
**Due Date:** \* 1/20/2018

Project monitor created a corrective action for a report. Contact them with any follow-up questions

**Problem Description:** \* Please add more detail and dates of meetings.

**Required Action:**

Responses:

Response	Last Update Date	Last Update By
<a href="#">Meeting dates and short descriptions have been added.</a>	1/12/2018 2:11:04 PM	Ms. Kathleen Kelley

 Add New Response

Cancel

Add a response indicating the issue has been addressed



# Corrective Action

Modified section now shows a status as “Revised”

Report Sections				
Sections	Open Corrective Actions	Status	Last Update Date	Last Updated By
<a href="#">Attachments</a>	0	Complete	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Final Report</a>	0	Complete	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Performance Indicators</a>	0	Complete	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Quarterly Report Project Narrative !</a>	1	Revised	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>

View Corrective Actions Report

Corrective Actions			
Problem Description	Due Date	Section	Status
<a href="#">Please add more detail and dates of meetings.</a>	1/20/2018	Quarterly Report Project Narrative !	Open

View Report

Save as Draft

Submit Report

Delete

Cancel

Click “Submit Report” to resubmit so your Monitor knows to review your revisions

# Final Program Report

## PROGRAM REPORT

Report Status: Draft

Approval Status: Pending

Status Updated By: [Ms. Kathleen Kelley](#)

Report Due Date: 1/21/2018

Submitted Date:

Return Date:

Resubmitted Date:

Final Report: ☒ Yes ☐ Make Periodic Report

Is The Project On Schedule? \*

If not, please explain:

At the close of your project, select “Make Final Report” and a new section will appear in your Program Report. Clicking “Make Periodic Report” will remove the “Final Report” section but keep all other data.

Briefly List Activities Conducted During This Period: \*

This quarter, the VSC assisted 14 new victims. 9 were referred to VCAP, 4 were assisted with their VCAP application, and all 14 received referrals to at least one community resource. The VSC attended one meeting with the Victims Rights Task Force and one meeting with the DV Task Force, in addition to informal networking at 3 outreach events (held at Newark Senior Center, UD CJ job fair, and the Hispanic Festival in Georgetown).

## Report Sections

Sections	Open Corrective Actions	Status	Last Update Date	Last Updated By
<a href="#">Attachments</a>	0	Complete	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Final Report</a>	0	In Process		
<a href="#">Performance Indicators</a>	0	Complete	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>
<a href="#">Quarterly Report Project Narrative I</a>	0	Complete	1/12/2018	<a href="#">Ms. Kathleen Kelley</a>

# Final Program Report

**Section Status: In Process**  
**Section Name: Final Report**

The “Final Report” section has several questions regarding sustainability, program implementation, and progress

1. With the advantage of hindsight, what would you do differently in implementing this project?

2. Did you intend for this project to be sustained?

Yes ▾ ? 🔑

3. Choose the best response about the accomplishments of the project.

All objectives were accomplished ▾ 🔑

3.1. If less than 50% of the objectives were accomplished, please choose the best reason the objectives were not accomplished.

▾ 🔑

4. Choose the best response related to the projected sustainability of the project 12 months after the end of DCJC funding.

The project will be sustained at the same level ▾ 🔑

5. Please identify all sources of continuation funding for this project. 🔑

- ☐ State agency other than DCJC
- ☒ DCJC
- ☐ Federal Government
- ☐ County Agency
- ☐ Private Foundation or Trust
- ☒ Agency fund raising/donations

# Monitor Visits

# Monitor Visits

- Purpose: to ensure activities and expenditures are properly supported and in compliance with the grant award
- Quarterly visits follow the quarter end-date and the submission of quarterly reports
- What to expect:
  - A call or email from your monitor to schedule
  - A monitor visit notification letter may be sent
- Fiscal and Program contacts should attend
- Visits typically last from 30 minutes to 2 hours, depending on the number of people present, programs, and materials being reviewed

# Preparing for your Fiscal Visit

- Prepare and organize the following fiscal back-up documentation:
  - Breakdown/overview of program spending as of the end of the most recent quarter (reported on the most recent fiscal report)
  - To-date spending, if requested
- Breakdown/overview of program spending *may* include:
  - Payroll & Fringe Benefit Documentation
  - Fringe Benefits Rate Support
  - Time and Effort Certification
  - Travel & Mileage Reports
  - Expenditure Summary/Invoice(s) Summed by Vendor
  - Chart of Accounts
  - Receipts, Invoices, & Purchase Orders
  - Most Recent Agency Audit
  - Policy & Procedure Manual
  - Purchased Equipment Listings, Funding Labels, & Inventory

# Examples of Fiscal Documentation

- If spending is reported in the following categories, prepare to have similar examples of back-up documentation available:
  - Personnel: time sheets, time and effort certification (T&E), payroll records
  - Employee Benefits: pay stubs, unemployment records, Worker's comp payment, statements from health, dental, LTD/STD when applicable showing grant staff's name
  - Contractual/Professional Services: Copy of contract, invoices, payments
  - Travel: Hotel records, conference curriculum/certificate/binder, taxi receipts, airplane receipts, meal receipts, mileage logs, gas receipts, mileage reimbursement records (view policy)
    - Use GSA site to determine per diems for hotel and meals when agency travel policy is not available. Visit <https://www.gsa.gov/> for more information
  - Supplies: Receipts, invoices, credit card statements, actual items with grant funding label when applicable (i.e. brochures, flyers)
  - Operating Expenses: rent payments, lease, telephone bills showing staff name or number when applicable, service contracts, electric bills
  - Equipment: credit card statements, actual tagged equipment, invoices and payments
  - Other: conference registration confirmation

# Delaware Criminal Justice Council



## Time and Effort Reporting Certification

Employee Name: Manuel Perez

Pay Period End Date (MM/DD/YYYY): 1/12/2018

Total # of Hours Worked during Pay Period: 80 hours


In accordance with the Uniform Grant Guidance (CFR §200.430), I certify as follows for the above listed period.

**My time and effort was divided among the following Federal grant(s) and broken down as follows—please circle “Federal” or “Match”:**


\_\_\_\_\_ hrs or 50 % on Subgrant # VF16-1052 Federal or Match

\_\_\_\_\_ hrs or 50 % on Subgrant # VW15-1131 Federal or Match

\_\_\_\_\_ hrs or \_\_\_\_\_ % on Subgrant # \_\_\_\_\_ Federal or Match

  
Employee Signature

1/12/18  
Date

  
Supervisor Signature

1/16/18  
Date

Time & Effort  
Certification must be kept  
on file for all grant  
funded personnel

Sample form may be  
modified to fit your  
project & agency

Circle “Federal” or  
“Match” (should be  
consistent with  
Application)

% of time should be  
the same on the  
Application

Employee *and*  
Supervisor must  
sign



# Examples of Program Documentation

- If spending or activity is reported in certain categories, examples of appropriate back-up documentation include:
  - Client list and files
  - Record keeping system
    - Questions that may be asked: Are the files locked? When are cases closed? Where closed case files are kept? How long are closed case files stored?
  - Sign in/out sheets for grant-funded events
  - Referral sources/records
  - Database/information management systems
  - To-date information when possible
  - Program staff resumes
  - Equipment inventory log and labels

# During your Monitor Visit

- Be prepared to discuss or show documentation regarding:
  - Samples of outreach materials
    - Funding source citation is required
  - Staff turnover
  - Potential balances
  - Any issues/barriers to program success
  - Unanticipated program or fiscal needs
  - Approaching end dates

# Project Adjustments

# Project Adjustments

- What is a project Adjustment?
  - An official change to your project in the:
    - Scope of the program
    - Performance indicators
    - Budget
  - Always speak with your Monitor before creating a new adjustment

# Adjustments




- Appropriate when:
  - Previously non-approved equipment, supplies, or other costs are requested
  - Any change in the scope of the program
  - A 10% deviation in any fiscal category
  - Project end date extension
- Adjustment process is similar to the Application process
- Ask your Monitor if you are not sure

# Adjustments

- NOT necessary when:
  - Change of project director, agency head, or fiscal contact
    - What to do instead:
      - Notify your monitor with an official letter (on letterhead) from an approved signatory
  - Personnel changes on the subgrant
    - What to do instead:
      - Notify your monitor in writing (email) the effective termination date of the outgoing personnel
      - Forward the job posting and resume of the newly hired individual
      - Be sure to tell your monitor the new person's annual salary, start date, and the amount to be allocated in the budget to the new person's salary line
  - At the close of a project

# Adjustment Steps

Click the “Create Subgrant Adjustment” button for the Application that needs modification

Phase	Documents	Start - End Dates	Status	
1300 :	Create New Adjustment			
	<a href="#">Application</a>	12/1/2015 - 11/30/2016	Open - Awarded	  
				Start Date: 12/1/2015 End Date: 11/30/2016 Invitation Sent Date: Invitation Date: Council Date: 9/16/2015 Award Date: 2/24/2016 Project Total Award Amount: \$ Federal Award Amount
Short Project Title: * <b>PROJECT TITLE</b>				
Brief Project Description: * <b>BRIEF DESCRIPTION OF PROJECT</b> (maximum 320 characters)				

# Adjustment Steps

All Section statuses start as “In-Process” and must be changed to “Complete” before the “Submit Adjustment” button will allow the sub-grantee to submit the adjustment

[Main Menu](#) | [User Management](#) | [Funding Announcement](#) | [Project Management](#) | [Work Manager](#) | [Internal Menu](#)

[Project](#) [Adjustment](#) [Monitoring](#) [Audit](#) [Fiscal Details](#) [Reporting Requirements](#)

Grant ID: [REDACTED]  
Status: Open - Awarded

Project Title: [REDACTED] After school program  
Fund Announcement: [FY2017 PBH Afterschool and Summer Programs](#)

## ADJUSTMENT SUMMARY

Please complete all sections and click the Submit Adjustment Button to transmit your adjustment request to DCJC for consideration.

Section Name	Status	Point Value	Last Update
<a href="#">Budget Detail</a>	Complete	20	6/1/2017 12:07:40 PM
<a href="#">Main Summary Information</a>	Complete	10	9/26/2017 1:55:30 PM
Performance Indicators	Complete	5	5/23/2017 4:34:52 PM

[View Contract](#)

[Preview Signature Page](#)

[Submit Adjustment](#)

[View Issues/Comments](#)

[Cancel](#)

The “Submit Adjustment” button will not illuminate until all sections have been marked as “Complete.” This adjustment has already been submitted for review



# Adjustment: Main Summary Information

- Main Summary page must be completed by a Program Creator
- All fields with an asterisk (\*) must have information entered before the rest of the adjustment opens for editing
- Summarize all changes on the Main Summary Information page in the “**Justification of Requested Adjustment**” text box

Submitted By: \*

Submitted Date: \* 7/22/2016

Application Award Date: 1/11/2016

Adjustment Award Amount: 93,239.00

Project Start Date: \* 10/1/2015

Project End Date: \* 9/30/2016

Council Meeting: 9/16/2015

Signature Page Received  
Date: 7/29/2016

Resubmitted Date:

Returned Date: 8/2/2016

Justification of Requested Adjustment: \*

The following is an explanation of requested budget adjustments:

1. Due to personnel changes- 1 p-t DV Advocate leaving/hiring new p-t DV Advocate to replace and 1 p-t DV Advocate/Vol.Coord. ( ) transferring to a new grant effec. 7/1/16 and the Part-time DV Admin. Assistant position not being filled until 2/16, unexpended funds are expected in Personnel and Employee Benefits Budget Categories. Salaries of and were brought up to the approved 2% salary increase compared to last year's salary (approved by Board as of 2/1/16). was brought up to a 3% raise compared to last year; she received an extra 1% increase due to increased responsibilities because of the new program ( ) under her supervision. (who replaced ) was added to the personnel and benefits sections.
2. The budget adjustment request is to reallocate these funds to the Travel Budget Category and the Training Budget Category to send 3 program staff to the NCVIC National Training Institute 2016 Conference in September, 2016 in Philadelphia, PA. This request is for registration fees, lodging, meals, parking and mileage for .

View Contract

Submit Adjustment

Save

Delete

Cancel

# Adjustment: Budget

- Developing a spending plan
  - Be realistic about the needs of your program
  - Do not deviate from the original scope
  - Talk to your Monitor if you think your program cannot spend the balance by the end date (we can help with an extension or a deobligation)
  - Allowability of new line items (such as equipment, travel, etc.) varies by funding source

# Adjustment: Budget Category

- New budget line items may be added
- Change in dollars is easily tracked

Grant ID: [REDACTED]

Project Title: [REDACTED]

Status: Open - Awarded

Applicant Agency: [REDACTED]

Original Award Amount: \$93,239.00

Adjusted Award Amount: \$93,239.00

## TRAVEL (INCLUDING TRAINING)

Add New Line

Purpose: Location:

Purpose of Travel	Location	Item	Year 1 Cost		Total
			Current	New	
<a href="#">NCVC National Training Institute 2016 Conference</a>	Sheraton Downtown, Philadelphia, PA	Room, Parking for conference 9/18 to 9/21/16 for [REDACTED]		2,113.00	2,113.00
<a href="#">NCVC Per Diem</a>	Philadelphia, PA	Meals for [REDACTED] while attending NCVC, 9/18 to 9/21/16		576.00	576.00
<a href="#">Supervision, networking, meetings and trainings-Federal</a>	NC, Kent & Sussex Co. Family Courts and other various locations	Use of personal automobiles by program staff	1,620.00	1,749.00	1,749.00
Total:			1,620.00	4,438.00	4,438.00

# Adjustment: Budget Line Item

- Computation must accurately describe the new or modified cost to the line item

## TRAVEL (INCLUDING TRAINING) BUDGET LINE ITEMS

Created By: [REDACTED] Created Date: 12/7/2015 4:46:53 PM

Last Update By: [REDACTED] Last Update Date: 8/19/2016 2:03:03 PM

	Current	New
<b>Purpose of Travel: *</b>	Supervision, networking, meetings and trainings-Federal	Supervision, networking, meetings and trainings-Federal
<b>Location: *</b>	NC,Kent & Sussex Co. Family Courts and other various locations	NC,Kent & Sussex Co. Family Courts and other various locations
<b>Item: *</b>	Use of personal automobile by program staff	Use of personal automobiles by program staff

Year	Current		New	
	Computation	Cost	Computation	Cost
Year 1:	329.25 miles/mo. x 12 mos. = 3,951 miles @ \$.41/mile = \$1,620	1,620.00	355.50 miles/mo. x 12 mos. = 4,266 miles @ \$.41/mile = \$1,749	1,749.00
Total Cost:		1,620.00	Total Cost Σ	1,749.00

Submit Issue/Comment

Save

Save And Add Another

Cancel

# Adjustment: Budget for multi-year Project

- Multiple-year projects must modify budget line items across the years of funding as accurately as possible—a combination of YTD spending and projections

## EMPLOYEE BENEFITS

Add New Line

Position	Name	Year 1 Cost		Year 2 Cost		Year 3 Cost		Total
		Current	New	Current	New	Current	New	
<a href="#">Victim Assistant - FICA</a>		2,232.00	1,855.00	2,277.00	2,652.00	2,322.00	2,698.00	7,205.00
<a href="#">Victim Assistant - Health Care</a>		22,983.00	8,240.00	22,983.00	15,799.00	22,983.00	16,273.00	40,312.00
<a href="#">Victim Assistant - Life Ins</a>		89.00	89.00	89.00	89.00	89.00	89.00	267.00
<a href="#">Victim Assistant - Medicare</a>		521.00	431.00	532.00	611.00	543.00	627.00	1,669.00
<a href="#">Victim Assistant - Pension</a>		2,236.00	1,677.00	2,280.00	2,280.00	2,326.00	2,326.00	6,283.00
<a href="#">Victim Assistant - Worker's Comp</a>		2,009.00	1,673.00	2,049.00	2,392.00	2,090.00	2,434.00	6,499.00
Total:		30,070.00	13,965.00	30,210.00	23,823.00	30,353.00	24,447.00	62,235.00

Submit Issue/Comment

Cancel

# Adjustment: Budget for multi-year Project

- Modifications in each year must add up across Budget Detail (line items/categories) AND by Budget Source before Egrants allows for submission

**BUDGET FUNDING SOURCE DETAILS**

Source	Total Approved Budget by Fund Source					
	Year 1 Cost		Year 2 Cost		Year 3 Cost	
	Current	New	Current	New	Current	New
Federal	72,820.00	57,723.00	69,580.00	76,888.00	70,457.00	78,246.00
State	0.00	0.00	0.00	0.00	0.00	0.00
Project Income	0.00	0.00	0.00	0.00	0.00	0.00
Interest	0.00	0.00	0.00	0.00	0.00	0.00
State Match	0.00	0.00	0.00	0.00	0.00	0.00
Cash Match (New Approp.)	0.00	0.00	0.00	0.00	0.00	0.00
In-Kind Match	17,760.00	17,760.00	17,760.00	17,760.00	17,760.00	17,760.00
Project Income Match	0.00	0.00	0.00	0.00	0.00	0.00
Total: Σ	90,580.00	75,483.00	87,340.00	94,648.00	88,217.00	96,006.00

Save

Cancel

# Adjustment: Performance Indicators

- Adjustments allow for changes in Performance Indicators. Mark the section **Completion Status** as “Complete” when finished
- PIs may be added or deleted in the “Established by Subgrantee” section. Target numbers may be changed in both sections

**PERFORMANCE INDICATORS**

Section Point Value: 5

Completion Status: 

In Process ▼  
Complete  
In Process

Created By: [REDACTED]

Last Update By: [REDACTED]



Created Date: 11/16/2017 8:41:43 AM

Last Update Date: 11/16/2017 8:41:43 AM



Project Phase Target

1. Established by DCJC

2. Established by Subgrantee

 2.1. How many unduplicated youth will be served as a result of this funding? 

80

Add New Performance Indicator

Submit Issue/Comment

View History

Save

Cancel

# Adjustment: Signature Page

- Click “Preview Signature Page” button. The Project Director, Fiscal Officer, and Signing Authority must sign all project adjustments. Scan & email to your Monitor

[Main Menu](#) | [User Management](#) | [Funding Announcement](#) | [Project Management](#) | [Work Manager](#) | [Internal Menu](#)

[Project](#) [Adjustment](#) [Monitoring](#) [Audit](#) [Fiscal Details](#) [Reporting Requirements](#)

Grant ID: [REDACTED]  
Status: Open - Awarded

Project Title: [REDACTED] After school program  
Fund Announcement: [FY2017 PBH Afterschool and Summer Programs](#)

## ADJUSTMENT SUMMARY

Please complete all sections and click the Submit Adjustment Button to transmit your adjustment request to DCJC for consideration.

Section Name	Status	Point Value	Last Update
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Performance Indicators	Complete	5	5/23/2017 4:34:52 PM

[View Contract](#)

[Preview Signature Page](#)

[Submit Adjustment](#)

[View Issues/Comments](#)

[Cancel](#)



# Adjustment: Signature Pages

**DELAWARE CRIMINAL JUSTICE COUNCIL**

**SUBGRANT ADJUSTMENT REQUEST**

1. Subgrant Number: 2018-KD-Passthru-1756		2. Adjustment Number: 1	
3. Subgrantee:		4. Created Date: 10/19/2017	
5. County: Kent		6. Award Date: 9/22/2017	
7. Project Title: Afterschool/Summer Program FY2018		9. Modified Project Period: From: 7/1/2017 To: 6/30/2018	
8. Approved Project Period: From: 7/1/2017 To: 6/30/2018			

10. Total Approved Budget by FUND SOURCE:	a. Current Subgrant Budget	b. Requested Subgrant Budget	c. Net Change Plus (minus) Dollar Amounts
Federal	0.00	0.00	0.00
State	44,000.00	44,000.00	0.00
Project Income	0.00	0.00	0.00
Interest	0.00	0.00	0.00
State Match	0.00	0.00	0.00
Cash Match (New Approp.)	0.00	0.00	0.00
In-Kind Match	0.00	0.00	0.00
Project Income Match	0.00	0.00	0.00
<b>TOTAL</b>	<b>44,000.00</b>	<b>44,000.00</b>	<b>0.00</b>

11. Budgetary Information	a. Current Subgrant Budget	b. Requested Subgrant Budget	c. Net Change Plus (minus) Dollar Amounts
Personnel	21,696.00	21,696.00	0.00
Employee Benefits	1,660.00	1,660.00	0.00
Travel (Including Training)	2,044.00	2,044.00	0.00
Equipment	0.00	0.00	0.00
Supplies & Operating Expenses	17,100.00	17,100.00	0.00
Consultants	1,500.00	1,500.00	0.00
Construction	0.00	0.00	0.00
Other	0.00	0.00	0.00
<b>TOTAL</b>	<b>44,000.00</b>	<b>44,000.00</b>	<b>0.00</b>

12. Explanation or Justification of Requested Adjustment:  
See Attached Justification

13. Signatures:

Financial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

Page 1 requires the Fiscal Officer and Project Directors' signatures

DCJC-205 (08/08) Page 1 of 4

SUBGRANT: 1756 Amendment Number: 1 Short Title: Afterschool/Summer Program FY2018

**DELAWARE CRIMINAL JUSTICE COUNCIL  
SIGNATURE PAGE TO SUBGRANT ADJUSTMENT**

SUBGRANTEE  
SUBGRANT# 1756  
AMENDMENT# 1

14. This AMENDMENT to the existing Subgrant Agreement which was entered into by the Delaware Criminal Justice Council and the above-referenced Subgrantee will serve to revise and be a supplement to said Subgrant Agreement.

WHEREAS, the Subgrantee has submitted the attached Subgrant Adjustment Request which explains and justifies the requested amendments.

NOW THEREFORE, in consideration of the promises herein contained in the Subgrant Adjustment Request and with the intent to be legally bound, the parties agree to the amendments.

All other terms and conditions of the original Subgrant Agreement and prior amendments will remain in full force and effect throughout the duration of the Subgrant Agreement.

DATE  
  
 SIGNATURE OF AUTHORIZED SIGNING OFFICIAL  
  
 TITLE OF AUTHORIZED SIGNING OFFICIAL

NAME OF SUBGRANTEE

NOTE: The original copy must be signed in ink.  
Titles of all signatories must be inserted.

**FOR DCJC USE ONLY**

We certify that this application is approved and that a grant award has been received to pay the herein stated \_\_\_\_\_ funds.

EXECUTIVE DIRECTOR, DCJC

DATE

Page 3 requires the Agency signatory's signature and the CJC's ED

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# If your Adjustment is Returned

Very similar to a returned application

- You will receive a notification through your Work Manager
- Status shows as “Open - Returned”
- Issues/Comments will direct you to the affected section
  - When finished, click “Save - Complete” and Resubmit the sections and the entire Adjustment
- Resubmit the signature pages if necessary

# Review: When to Contact your Monitor

- If Egrants will not allow you to Submit a report or adjustment
- If you are unsure how or what to report on a quarterly program or fiscal report
- If you know a quarterly report is going to be late
- If staff turnover in funded personnel occurs
  - Provide resume(s), job postings, acceptance/offer letters, etc.
- If agency signatory, project director or fiscal officer changes

# Review: When to Contact your Monitor, Cont.

- Travel/Training Requests—refer to GSA travel rates
- Before purchasing outreach materials
- If you are not sure where to find the tagline for funding citations (on websites, brochures, announcements, etc.)
- If you get locked out of Egrants
- When you have any questions about your project

# Questions?