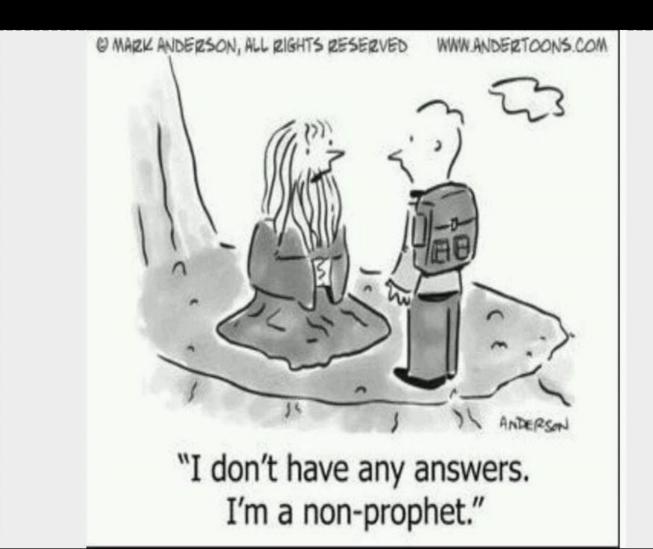


Subgrantee Training October 5<sup>th</sup>, 2023

# How to finish a grant application when you have writer's block





# An Honest Conversation About MBCC Grant Management



#### SUBGRANTEE TRAINING AGENDA

An Honest Conversation About MBCC Grant Management Thursday, October 05, 2023 | Fairmont Hot Springs

Time	Торіс
9:05 – 9:15 a.m.	Welcome and Review Agenda
9:15 – 10:00 a.m.	<ul> <li>What/Who is MBCC?</li> <li>State Administering Agency Overview</li> <li>MBCC Board Members, Committees, and Staff</li> <li>Youth Justice Council</li> </ul>
10:00 – 10:15 a.m.	Statistical Analysis Center
	Data Dashboard Demo
10:15 – 11:45 a.m.	<ul> <li>Essential Knowledge and Tips for Success with MBCC Grants</li> <li>Engaging with MBCC (Dates, Priorities, Website)</li> <li>Applications: Submitting a proposal that gets funded (Answering <i>The Questions</i>, Partnerships, Travel, etc.)</li> </ul>
11: 45 a.m. – 12:30 p.m.	Lunch
12:45 – 3:00 p.m.	<ul> <li>Essential Knowledge and Tips for Success – Continued</li> <li>Applications – Continued (Budgets, Timesheets, Money)</li> <li>Awards: Managing your funds (Accepting Awards)</li> </ul>
	<ul> <li>Essential Knowledge and Tips for Success – Continued</li> <li>Awards – Continued (Communicating with MBCC, Grant Amendments, and Monitoring)</li> <li>Take-Aways</li> </ul>
	Questions and Wrap-Up

### TODAY'S AGENDA

### Introductions

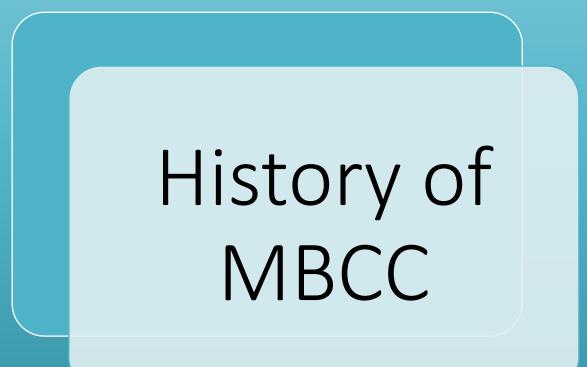


### Your Name

Your Agency

Which MBCC Grant

## What/Who is MBCC?



## State Administering Agency (SAA)

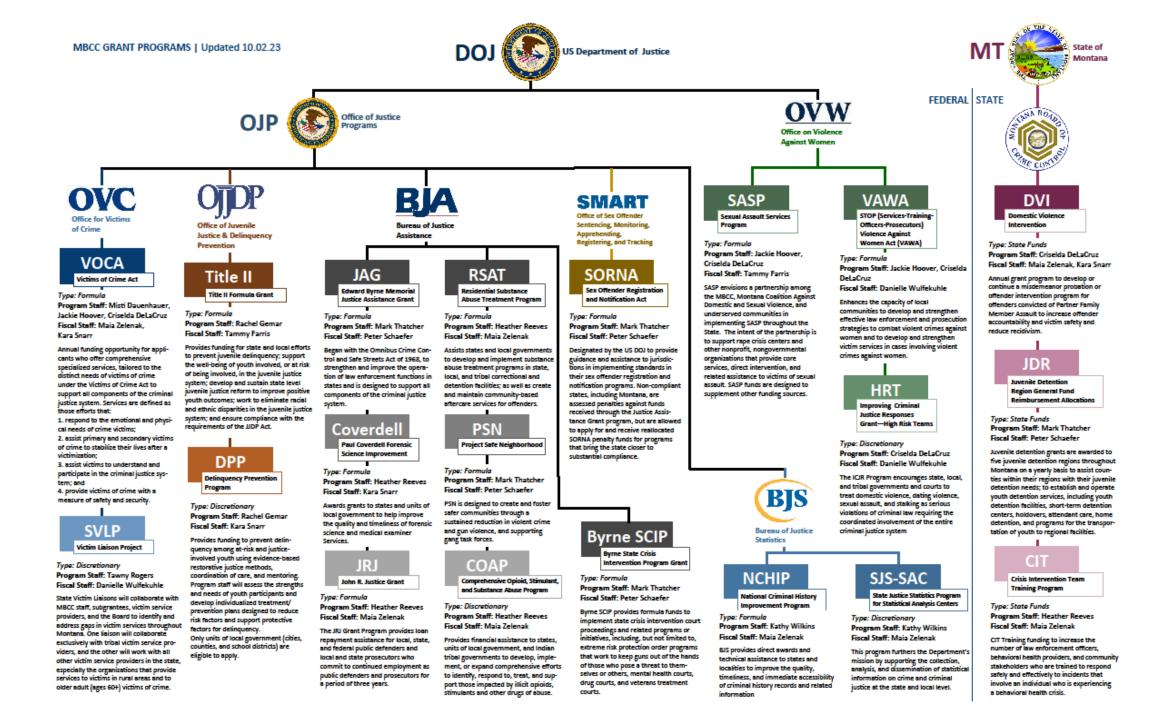
The mission of Montana Board of Crime Control is to proactively contribute to public safety, crime prevention and victim assistance through planning, policy development and coordination of the justice system in partnership with citizens, government and communities.





### Responsibilities of SAA

### State Administering Agency





## MBCC Board Members



#### 2023 Montana Board of Crime Control







Unit Supervisor

Representing: Public Member

Leo Dutton Chair Sheriff & Coroner, Lewis & Clark County 406 Fuller Ave. Helena, MT 59601 Phone: 406-444-8204 Representing: Law Enforcement Term Expires: 1/5/2025

#### **Rick Kirn Vice Chair**

Fort Peck Tribal Member and Rural Montana Representative PO Box 1267 Poplar, MT 59255 Phone: 406-768-7195 Representing: Tribal Government Term Expires: 1/1/2027

Laurie Barron Superintendent, Evergreen School District 18 W Evergreen Dr Kalispell, MT 59901 Phone: 751-1111 Representing: Educator Term Expires: 1/1/2027

Katie Weston Deputy Chief Billings Region Probation & Parole Address: 2615 4<sup>th</sup> Ave. South Billings, MT 59101 Phone: 406-896-5426 Email: kweston@mt.gov Representing: Corrections Representative Term Expires: 1/5/2025

#### **Amanda Myers**

Assistant U.S. Attorney Representative of the Montana U.S. Attorney's Office Address: Great Falls, MT 59404 Phone: 406-771-2022 Email: Amanda.Meyers@usdoj.gov Representing: US Attorney's Office Representative Term Expires: 1/5/2027

#### **Shantelle Gaynor**

Director, Missoula County Community Justice Department 200 W. Broadway Missoula, MT 98802 Phone:406-258-4650 Email: sgaynonemissoulacounty.us Representing: Victims Services Term Expires: 1/5/2025 Wyatt English Unit Supervisor, Pine Hills Correctional Facility 4 N Haynes Miles City, MT 59301 Representing: Correctional Facility Term Expires: 1/5/2025

Michael Sanders Chief of Police, East Helena Email: sandersmike15@yahoo.com Representing: Law Enforcement Term Expires: 1/5/2025

#### Wyatt Glade

Custer County Attorney 3080 Hwy 59 S Miles City, MT 59301 Phone: 406-874-3310 Representing: Law Enforcement Term Expires: 1/5/2025

#### Brian Gootkin

Director, Montana Department of Corrections PO Box 201301 Helena, MT 59620 Phone: 406-444-3930 Representing: Law Enforcement Term Expires: 1/1/2025

#### Bryan Lockerby

#### Administrator, Division of Criminal Investigation

215 N Sanders St Helena, MT 59601 Phone: 406-444-2967 Email: <u>BLockerby@mt.gov</u> Representing: Delegate for the Attorney General Term Expires: 1/1/2025

#### Beth McLaughlin

Court Administrator 301 S Park Ste 328 Helena, MT 59601 Phone: 406-841-2966 Representing: Judiciary Term Expires: 1/1/2027 Meaghan Mulcahy Data Control, Montana Department of Labor and Industry Phone: 406-639-2947 Email: mshone@gmail.com Representing: Public Representative Term Expires: 1/1/2025

Eric Bryson

Executive Director, MT Association of Counties Address: 837 South California Helena, MT 59601 Phone: 406-461-2084 Email: ebryson@mtcounties.org Representing: Montana Association of Counties Term Expires: 1/1/20275

Brett Schandelson

Director, Office of State Public Defender Address:17 W. Galena Butte MT 59701 Phone: 406-465-9606 Email: brett.schandelson@mt.gov Representing: Office of Public Defender Representative Term Expires: 1/5/2027

#### Kaydee Snipes Ruiz

District Court Judge, 12th Judicial District 315 4th Street Havre, MT 59501 Phone: 406-00-2348 Representing: Judiciary Term Expires: 1/5/2027

#### Amy Tenney

Chief Executive Officer, Boyd Andrew Community Services 60 S. Last Chance Gulch Helena, MT 59601 Phone: 406-443-2343 Web: https://www.boydandrew.com/ Representing: Corrections Treatment Programs Term Expires: 1/5/2025

### BOARD COMMITTEES



#### 2023 MBCC Committee Assignments

Committee Assignments

ē



P CHIME CONTROL		# of Committe Assignmen	Term B	Anti-Drug	Exec utiv	Legislativ	Policy	Prevention Treatmen	hnology/Crim Reporting	н	Victim	CIT Specia Committee	
Name B	oard Position	Representing	ents	Ends	ß	Îve	İve	CY.	ent 2	ing me	Tribal	ing i	#ee
Sheriff - Leo Dutton	Chair	MT Sheriffs & Peace Officers Association	4	1/5/25	м	С	м			м			
Rick Kim	Vice Chair	Tribal Criminal Justice	4	1/1/23	С	V			м		С		
Amanda Myers	Board Member	MT United States Attorney's Office	3	1/1/23	м				м		v		
Amy Tenney	Board Member	Community Treatment Program Organization	4	1/5/25			м	м	v			м	
Beth McLaughlin	Board Member	Office of Court Administrator	3	1/1/23		м		м		м			
Brett Schandelson	Board Member	Office of State Public Defender	3	1/5/25			м	м		С			
Brian Gootkin	Board Member	Department of Corrections Director	5	1/1/25	м		V			м	м		С
Bryan Lockerby	Board Member	Attorney General or designee	3	1/1/25	м		С			м			
Eric Bryson	Board Member	MT Association of Counties	4	1/1/27			м	м		м	м		
Katie Weston	Board Member	Probation and Parole	4	1/5/25	м				м		м	Μ	
Hon Kaydee Snipes Ruiz	Z Board Member	District Court Judge	5	1/5/23		м			С		м	м	м
Laurie Barron	Board Member	School Administrators of MT	5	1/5/27		м		V	м			V	м
Meaghan Mulcahy	Board Member	Inmate Training Services	4	1/1/25		м		Μ	м	м			
Chief - Michael Sanders	Board Member	MT Association of Chiefs of Police	5	1/5/25	v	м				V		Μ	м
Shantelle Gaynor	Board Member	Victim Services Provider Organization	4	1/5/25			м	м				С	V
Wyatt Glade	Board Member	MT County Attorney's Association	4	1/5/25	м	м		С				Μ	
Wyatt English	Board Member	Public Member	2	1/5/25					м	м			
		Total Members on Each	Com	mittee:	8	8	7	8	8	9	6	7	5

Committee Assignment Designation: C = Committee Chair, V = Committee Vice Chair, M = Committee Member



# Q & A



# YOUTH JUSTICE COUNCIL (YJC)

### Purpose of the YJC



### Youth Justice Council Members

Randy Shipman– Chair Mike Chavers– Vice Chair

Elected Officials

George Real Bird III Big Horn County Commissioner

#### **Public Agencies**

Randy Shipman Superintendent, Dillon Elementary SD April Gabler Arlee Public Schools Wyatt English Pine Hills Youth Correctional

#### **Volunteers**

Patricia Steinwand Career Training Institute

#### Law Enforcement/Courts

Hon. Mary Jane Knisely District Court Judge

#### Nonprofits

Pat Steinwand Career Training Institute Isaac Nehring Montana Youth Action Geri Small Boys & Girls Club of the Northern Cheyenne Nation

#### Alternatives to Incarceration

Brie Shulman Families First Learning Lab Mike Chavers Yellowstone Boys and Girls Ranch

#### <u>Youth</u>

RaeGyn Trombley Isaac Nehring Lilla Guiberson Lyric Taylor

#### Licensed Mental Health &

#### Substance Use Experts

Dr. Emily Sallee *University of Montana* Brie Shulman, LCPC *Clinical Director, Families First Learning Lab* 

#### Victim Advocacy Groups

Georgia Cady *Tumbleweed* 

#### <u>Tribes</u>

Geri Small, *Northern Cheyenne* George Real Bird III, *Crow* 

#### Addressing School Violence

Christy Hendricks Office of Public Instruction

Executive Committee	Total: 6 Quorum: 4						
Randy Shipman - <b>Chair</b>	Emily Sallee - RED Chair						
Mike Chavers - Vice Chair	George Real Bird III – <b>TO Chair</b>						
RaeGyn Trombley - <b>Youth Chair</b>	Pat Steinwand - ARC Chair						
RED/DMC Committee	Total: 7 Quorum: 4						
Emily Sallee - <b>Chair</b>	Georgia Cady						
Geri Small <b>- Vice Chair</b>	Wyatt English						
Randy Shipman - Education	VACANT						
George Real Bird III							
Youth Committee	Total: 7 Quorum: 4						
RaeGyn Trombly <b>- Chair</b>	Georgia Cady						
Isaac Nehring	Emily Sallee						
Lilla Guiberson	Lyric Taylor						
April Gabler							
Legislative/Mental Health Committee	Total: 6 Quorum: 4						
Mike Chavers <b>- Chair</b>	Pat Steinwand						
Isaac Nehring - <b>Vice Chair</b>	Brie Shulman						
Emily Sallee	April Gabler						
Application Review Committee	Total: 6 Quorum: 4						
Pat Steinwand - Chair	Isaac Nehring						
Mike Chavers - Vice Chair	Randy Shipman						
Mary Jane Knisely	Christy Hendricks						
Tribal Outreach Committee	Total: 6 Quorum: 4						
George Real Bird III - <b>Chair</b>	RaeGyn Trombley						
Brie Shulman - <b>Vice Chair</b>	Wyatt English						
Geri Small	Christy Hendricks						

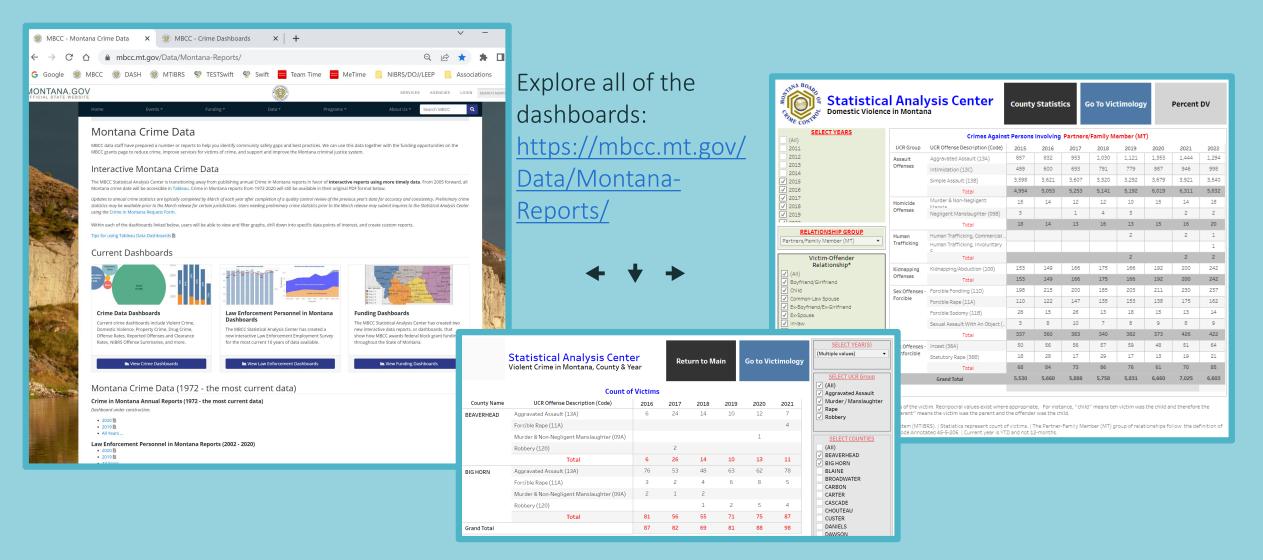
# YOUTH JUSTICE COUNCIL COMMITTEES



## Q&A

# STATISTICAL ANALYSIS CENTER (SAC)

# Data helps to identify needs – then design strategies to move you forward →





#### **Statistical Analysis Center**

Domestic Violence in Montana, County & Year

**Return to Main** Go to Victimology

2

Percent DV





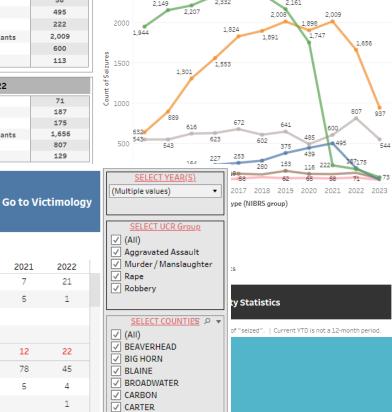
Homicide Offenses

COMPARISON STATISTICS							
2021							
Cocaine / Crack	58						
Heroin / Opiods	495						
Marijuana / Hashish	222						
Methamphetamine / Stimulants	2,009						
Other Drugs	600						
Unknown Drug Type	113						
2022							
Cocaine / Crack	71						
Heroin / Opiods	187						
Marijuana / Hashish	175						
Methamphetamine / Stimulants	1,656						
Other Drugs	807						
	129						

**Return to Main** 



2500



OLD LOOK



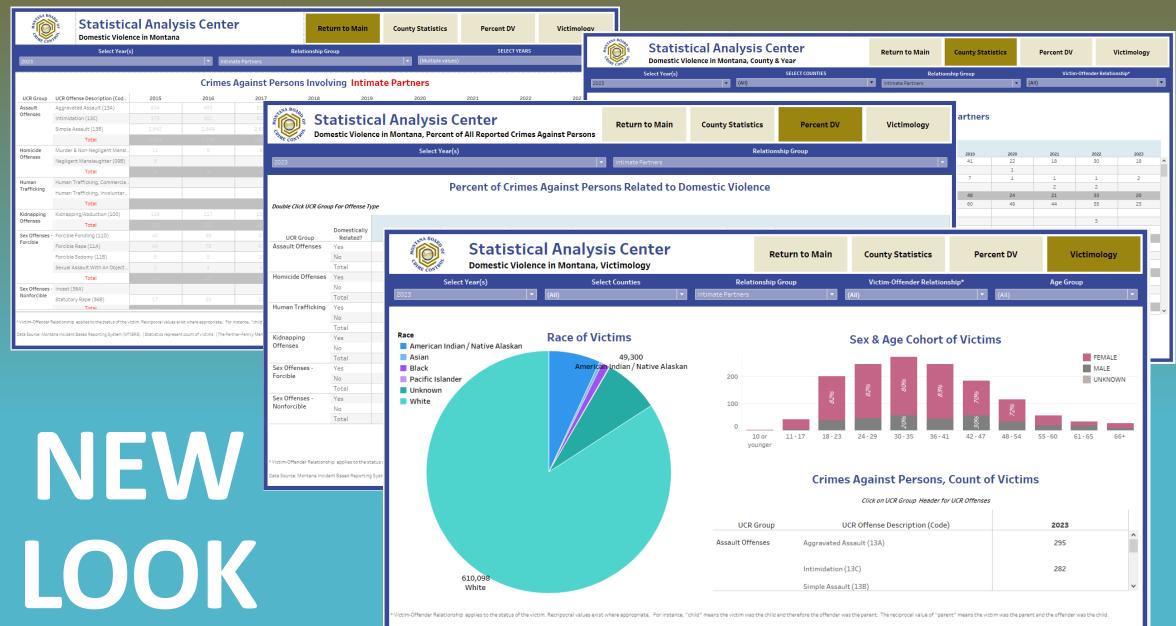
### Statistical Analysis Center Violent Crime in Montana, County & Year

1

3

	Count o	or victim	✓ Aggravated					
County Name	UCR Offense Description (Code)	2017	2018	2019	2020	2021	2022	🗸 Murder/M
BEAVERHEAD	Aggravated Assault (13A)	24	14	10	12	7	21	✓ Rape ✓ Robbery
	Forcible Rape (11A)					5	1	i i i i i i i i i i i i i i i i i i i
	Murder & Non-Negligent Manslaughter (09A)				1			SELECT CO
	Robbery (120)	2						(AII)
	Total	26	14	10	13	12	22	BEAVERHEA
BIG HORN	Aggravated Assault (13A)	54	48	64	62	78	45	✓ BLAINE
	Forcible Rape (11A)	4	4	6	8	5	4	I I BROADWAT
	Murder & Non-Negligent Manslaughter (09A)	1	2				1	CARBON
	Robbery (120)		1	2	5	4	3	CASCADE
	Total	59	55	72	75	87	53	CHOUTEAU
BLAINE	Aggravated Assault (13A)	8	30	2	15	4		DANIELS
	Forcible Rape (11A)	2	4		2	2		DAWSON

Count of Victims



Data Source: Montana Incident Based Reporting System (MTIBRS). | Statistics represent count of victims. | The Partner-Family Member (MT) group of relationships follow the definition of partners and family members codified in Montana Code Annotated 45-5-206.

# SAC Unit Staff

Kathy Wilkins Statistical Analysis Center Director 406-444-4298 kwilkins@mt.gov

> Jessika Hard Data Integrity Analyst 406-444-2084 jess.hard@mt.gov

> > Autumn Frey Data Integrity Analyst 406-444-3651 autumn.frey@mt.gov



## Q&A

ESSENTIAL KNOWLEDGE AND TIPS FOR SUCCESS WITH MBCC GRANTS



# Engaging with MBCC

### **Important Dates to Remember**

### Board Meetings:

• March, June, September, December

#### Funding Decisions:

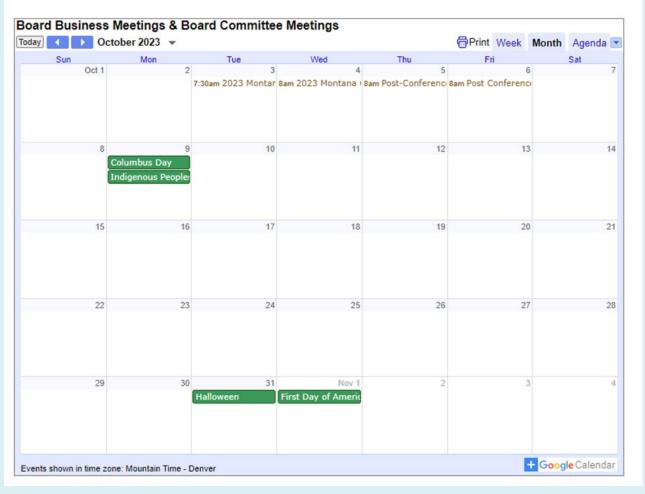
- March: RSAT, CIT
- June: VOCA, SASP, DVI, JAG, Regional Juvenile Detention
- September: Title II, VAWA
- December: John R Justice, Coverdell

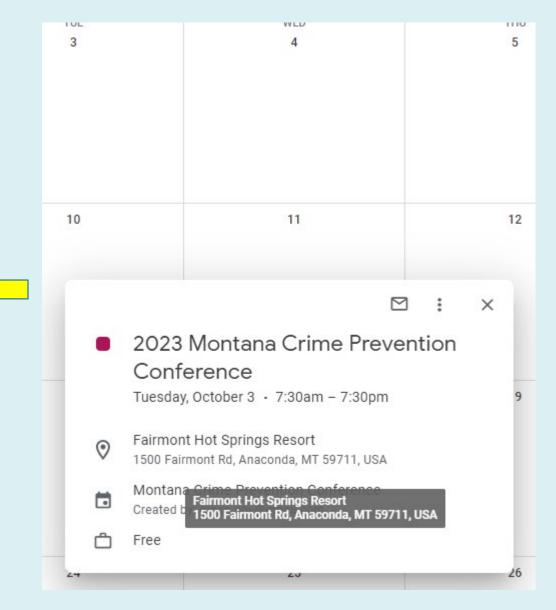
### MBCC Website



### **MBCC Events Calendar**

### **MBCC** Calendar





### MONTANA BOARD OF CRIME CONTROL FUNDING OPPORTUNITY

#### Dear Meaghan,

A new funding opportunity will be released by the Montana Board of Crime Control (MBCC) on Monday, October 18th.

The Delinquency Prevention Program (DPP) is designed to prevent delinquency among at-risk youth in rural and/or impoverished areas using restorative justice interventions, coordination of care, and mentoring. Units of local government (cities, counties, and school districts) are eligible to apply. These agencies may subaward or contract with other local organizations to implement the program. MBCC anticipates awarding a total of about \$895,000 to two applicants.

MBCC will host two webinars prior to the release date to provide information about the program and answer questions. The first webinar will begin on **Thursday, September 23rd at 2:00 p.m.** and the second webinar will be held on **Wednesday, October 6th at 9:00 a.m.** 

The presentation has been pre-recorded and posted on the MBCC website under **2022 Delinquency Prevention Program** (DPP) at <a href="https://mbcc.mt.gov/Funding/Grant-Offerings/">https://mbcc.mt.gov/Funding/Grant-Offerings/</a>. The program manager, Rachel Gemar, is available to answer questions prior to the funding opportunity release date on October 18th. Please send your questions via email to <a href="mailto:Rachel.Gemar@mt.gov">Rachel.Gemar@mt.gov</a> or call (406) 444-2056.

Sincerely,

Montana Board of Crime Control mbcc@mt.gov (406) 444-3604

### GOVDELIVERY NOTICES

#### MBCC EMAIL UPDATES

Subscribe to our MBCC mailing lists to receive email notifications about funding opportunities, Board and Committee meeting dates, and more.

Subscribe with GovDelivery



## Q&A

## AmpliFund



### The new Grant Management system that is used from start to finish for all MBCC grants.

### Submitting an Application that Gets Funded

### Answering the Questions:

≻What is the need?

≻How will you address it?

≻How will funds from MBCC help you?

#### Response - 4. Needs Statement

Identify the problem(s) to be addressed and validate the need for the proposed program and services. Include current regional or community and statewide data that is less than 5 years old to justify the grant request. The date range of the data must be identified.

Needs Statement

Identify the problem. This project addresses the need for leadership and empowement programming for girls and gender diverse youth. Adolescent girls are more likely to engage in risky behavior that leads to truancy, suspension, expulsion, and delinquency. When other factors like poverty, homelessness and issues of race and gender diversity are added in, these risk factors increase even more. ABC Agency's leadership and empowement program, PROGRAM (Girls Using Their Strengths) follows both Trauma-Informed and Positive Youth Development models to create a safe and welcoming environment regardless of race, religion, gender identification, sexual orientation, or disability. This sets the stage for PROGRAM staff and volunteers to help participants build their confidence, explore important issues, develop strong and healthy relationships, practice leadership skills, learn about the environment and the world, laugh, play, and have fun.

PROGRAM also addresses the many disparities facing American Indian girls and gender diverse youth. PROGRAM has worked hard for several years to develop the community connections and capacity to operate a PROGRAM group in Arlee that is both culturally appropriate and community originated. This is particularly important because in Montana, American Indian students are predominantly marginalized, and often have little to no curriculum experience with educators who share their cultural heritage. To this end, PROGRAM contracted with Charleena Penama, a Salish educator, to create 'Holders of Tradition', a culturally based empowerment program for both reservation and urban American Indian communities. Likewise, gender diverse youth experience elevated risk for poor health and accentio outcomes due mainly to social experiences of stigma and discrimination. Gender diverse youth are diagnosed with depression and anxiety at rates that surgess cisgender peers and experience up to three times the rate of suicidal ideation, non-lethal self-harm, and suicide attempts as cisgender youth. By expanding programming to be inclusive to American Indian girls and gender diverse youth specifically, PROGRAM addresses this disparity and helps build protective factors that prevent these youths from entering the juvenile justice system.

PROGRAM addresses these needs by providing a community-based leadership and empowerment program for girls and gender-diverse youth, ages 9 to 18. PROGRAM encourages young people to explore personal values and discover their strengths through after-school groups and service projects during the academic year, as well as through wildeness adventures in the summer. The Summer Outdoor Adventures are led by qualified volunteers and summer VISTA instructors. The focus of the summer trips is to help participants build strengths, self-confidence, and cultivate their appreciation for the natural world in an environment free from societal pressures. Summer outdoor adventures incorporate several outdoor skills such as backpacking, canoeing, faming and biking while introducing participants to the PROGRAM leadership method. During the school year, weekly Action Groups, let by volunteer facilitators give participants the chance to learn and practice leadership skills in their homes, schools and communities. These groups take place during the lunch hour and after school, and discuss topics ranging from healthy relationships and body image to long-term goals and values. Groups develop and complete an action project each school year, providing them with the opportunity to utilize their individual skills to produce real results in their lives.

Validate the need for PROGRAM: The idea for this program germinated more than twenty years ago through the insight of <u>a</u> ABC Agency volunteer with our domestic violence program. As she worked directly with women to help usher thermometer crisis to recovery and stability, she was struck not just by the incredible strength that these survivors possessed to leave their abusers and start their lives over, but by the fact that these women did not recognize their own strengths. She often thought that if she could go back in time and reach these women when they were still girls, she could help them discover how strong they actually were. And that if this could be accomplished, the course of these women's lives could be altered for the positive. Ultimately, that idea came to life in the form of the program.

After 23 years of operation, PROGRAM remains a highly popular program for youth from diverse ethnic and socioeconomic backgrounds. The popularity of PROGRAM throughout Missoula and surrounding rural areas is due in part to the program's relevance to today's youth, and in part to the positive results in participating students as observed by parents and school professionals. Through ABC Agency's work with domestic and sexual violence survivors, and homeless families, we have many participants who have experienced personal trauma. PROGRAM also acquires participants from our strong community partners in each of the five local school districts. This broad reach gives us the unique opportunity to blend otherwise stratified communities in small groups across Missoula. Through in-school, after school and summer programming PROGRAM brings all participants together in a shared journey to empowement. PROGRAM challenges all participants to embrace diversity, remain open-minded, and advocate for themselves and others.

### Response - 4. Executive Summary

The Executive Summary should summarize the proposed project, and should be written for a general public audience, and provide an outline limited to the scope of the program.

Example format:

- One to two sentences for description of the issue.
- Three to four sentences outlining how this year's award will be utilized.
- One to two sentences describing the outcome.

Organize Responses based on Section Descriptions

### UTILIZE THE EXAMPLES PROVIDED TO YOU IN THE OPPORTUNITY

Fringe Benefits: Position Title (i.e. Administrative Assistant) – Taylor Smith

Benefits are based on current payroll costs for a full-time position.

FICA (Social Security & Medicare)	\$31,990.40 x 7.65%	\$2,447
Worker's Compensation	\$31,990.40 x .8%	\$256
FUTA – on first \$7,000/yr.	\$7,000 x .6%	\$42
SUTA – on first \$34,100/yr.	\$31,990.40 x .5%	\$160
Retirement	\$31,990.40 x 8.17%	\$2,614
Health Insurance	\$31,990.40 x 7.7%	\$2,463
Total Fringe Benefits		\$7,982

MBCC funding =  $$7,982 \times .5 = $3,991.00$ Other funding source (County surcharge fees) =  $$7,982 \times .25 = $1,995.50$ Other funding source (Federal grant) =  $$7,982 \times .25 = $1,995.50$  Personnel/Salary: Position Title (i.e. Administrative Assistant) – Taylor Smith 1 FTE @ \$15.38/hr. = \$31,990.40 MBCC funding = .5 FTE (1040 hrs.) @ \$15.38/hr. = \$15,995.20 Other funding source (County surcharge fees) = .25 FTE (520 hrs.) @ \$15.38/hr. = \$7,997.60 Other funding source (Federal grant) = .25 FTE (520 hrs.) @ \$15.38/hr. = \$7,997.60 Grand Total = \$31,990.40



#### Proofreading

Developing a proofreading strategy can greatly improve the quality of your federal grant application.

Consider asking your early proofreaders to focus on macro issues, such as the organization of narrative sections or the logical flow within your application narrative. Even if your proposal is not completely ready, you can still have your designated proofreaders review some sections of the proposal. Use spell & grammar check tools.



#### **Final Steps**

#### Grade yourself

- Have someone not directly related to your program review the application to ensure it is clear.
- Put yourself in the shoes of the reviewers.



The percentages for scoring on this page subject to change prior to the release of the opportunities.

## Scoring

Applications will be scored for responsiveness to the program scope and the requirements of this opportunity. The following scoring criteria will be used to evaluate each application, with different weight given to each, based on the percentage value listed:

- Proposed Budget and Budget Narrative: 30% of 100
- Executive Summary: 10% of 100
- Needs Statement: 20% of 100
- Performance Plan: 25% of 100
- Collaboration Plan: 10% of 100
- Sustainability Plan: 5% of 100

# Scoring cont.

Any application failing to achieve 60% of the total available points will be recommended for elimination from further consideration.

 For applications that have received the 60% minimum score, the ARC will provide recommendations to the MBCC Board of Directors for final funding decisions/awards.

Funding will be recommended based on availability of funding, Board priorities and funding criteria, and not solely on basis of highest application score. Applicants will receive written notice of the ARC recommendation.



#### Q & A

### Partnerships To Have In Place When You Apply



### Partnerships

Demonstrated through a Letter of Support or Memorandum of Understanding

Reach out to potential partners early in the application process

Discuss how your partnership will benefit *both* organizations



## Money

\*How much to apply for and why it's important\*

## Sustainability

If federal funding was not available would your project / program be able to sustain?

Federal funding is used to supplement the project / program.

## Why?



#### • Resources are finite



Accurate budgets allow for more robust grant programs



#### Q & A

## Budgets



## Budget



Understanding all resources required



Building your budget from the ground up



Determine what resources need to be requested

## BUDGETS

Pre-award Budgets And Post-award Budgets

### Pre-award Budgets

>Please include as much information as possible to justify your requested amount.

➢ For personnel and fringe benefits lines include a line for each employee including hourly rate, time effort, and all benefits (taxes, retirement, health and life Insurance)

>Others and supplies – include allocation percentage and backup information for it.

Contractual – if you have a quote for the contract, you could add that or include an existing contract (Accounting services or consultant)

### Post-Award Budgets

➢ Personnel – use names only for the project director if applicable. Separate personnel into two categories – Programmatic and Administrative. Remember that if administrative personnel cost is added, should not be above 10%.

Simplify all other lines as much as possible, but make sure that supplies, others, travel, and contractual are still separate categories.

≻If you have programmatic and admin supplies, please separate these.



## MATCH:

### Match and Matching Share

Match or matching share is the non-federal share of costs that coordinating (sub-recipient) entities, or their partners contribute to accomplish goals/purposes identified in work plan and budget.

#### Two Types:

- 1. Cash (goods/items you pay for)
  - \*Employees wages
  - \*Supplies
  - \*Equipment
  - \*Services/contracts
- 2. In-kind (goods/items you don't pay for) \*Volunteers/Donated services \*Donated supplies/materials \*Donated Rent

#### Requirements

- Are documented and verifiable in your records (Donated items very rarely end up in accounting ledgers so some other type of record is acceptable);
- Are NOT included as match contributions for any other Federal award (i.e., if you have already used funds to match another federal grant, they cannot also be applied towards heritage area activities);
- Are necessary and reasonable (i.e., do not exceed what a prudent person would do under the circumstances at the time of the decision was made to incur the cost) for accomplishment of THE project or program objective;
- ■Are allowable according to Subpart E—Cost Principles (§200.420 .475);
- •Are not paid by the Federal Government under another Federal award, except where Federal statute authorizing a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs;
- Are not Federal time, space or resources (i.e., do not count Federal employee, intern or volunteer time as your match, and do not count the use of Federal facilities or other resources as your match);
- Are provided for in your approved budget.

### Calculate Match

Project Cost	X	Federal %	=	Share
\$100,000	Х	80%	=	\$80,000
Project Cost	Х	Match %	=	Match Share

### Calculate Match: When the federal share has not been fully expended.

Federal share Funds expended	/	Federal %	Х	Match %	=	Match Required
\$75,000	/	80%	Х	20%	=	\$18,750



#### Q & A

## EMPLOYEE COMPENSATION



Reporting Requirements for Employee Compensation

## 2 CFR 200.430

#### § 200.430 Compensation - personal services.

- (a) General. Compensation for personal services includes all remuneration, paid currently or accrued, for services of employees rendered during the period of performance under the Federal award, including but not necessarily limited to wages and salaries. Compensation for personal services may also include fringe benefits which are addressed in § 200.431. Costs of compensation are allowable to the extent that they satisfy the specific requirements of this part, and that the total compensation for individual employees:
  - Is reasonable for the services rendered and conforms to the established written policy of the non-Federal entity consistently applied to both Federal and non-Federal activities;
  - (2) Follows an appointment made in accordance with a non-Federal entity's laws and/or rules or written policies and meets the requirements of Federal statute, where applicable; and
  - (3) Is determined and supported as provided in paragraph (i) of this section, when applicable.
- (b) Reasonableness. Compensation for employees engaged in work on Federal awards will be considered reasonable to the extent that it is consistent with that paid for similar work in other activities of the non-Federal entity. In cases where the kinds of employees required for Federal awards are not found in the other activities of the non-Federal entity, compensation will be considered reasonable to the extent that it is comparable to that paid for similar work in the labor market in which the non-Federal entity competes for the kind of employees involved.

#### • 9 subsections

- Section A through F are the framework for charging costs
- Section G and H are entity specific provisions (nonprofit and IHEs)

•Section I is the standards for documentation of personnel expenses.

2 CFR 200.430 requires non-federal entities to maintain records that "accurately reflect the work performed"

Reasonable assurance that the time is being charged is accurate, allowable, and properly allocated.

 Incorporated in the official records, such as payroll records

 Reasonably reflect the employee's total activity

2 CFR 200.430 requires non-federal entities to maintain records that "accurately reflect the work performed" (Continued)

➢ Provide a time or percentage breakdown on all activities, both Federally funded and non-Federally funded, for the employee.

➤Comply with the non-federal entity's pre-established accounting practices and procedures.

#### Uniform Guidance:

- Non-Federal Entity must account for the time an employee spends on each job-related activity.
- Maintain reasonableness of the compensation of the position that is federally funded.

Time sheet examples available on the MBCC website: <a href="https://mbcc.mt.gov/Funding/Forms">https://mbcc.mt.gov/Funding/Forms</a>



#### Q & A

### Acceptable Personnel Backup Documentation

Time record approved by supervisor – manual timesheets or printout of computerized record keeping (samples on MBCC website).

Payroll Summary Report for the reporting period generated by your accounting system. Excel spreadsheets calculating payroll are not acceptable. Protect Personal Identifiable Information (PII) if visible on that report.

Paid out for personal time off for departing employee is allowable only for the accrued time off during the project period. Entity's personal time policy needs to be included.

Example: It is XYZ entity's policy that every employee accrue 8 hours of PTL per month.

Employee 1 is departing and has 120 PTL hours. The employee has worked 50% of their time for 5 months on that project. During that time, this employee has taken 14 hours of PLT. The award could pay:

(5X8-14)X 50% = 13 hours paid out time

Daily Time Report 10/08/22 to 10/21/22

Time Card Done? Y Approver

Date			Total	REG	OVER	SICK	VACA	COMP	HOL
Saturday	Oct	8							
Sunday	Oct	9							
Monday	Oct	10	8.00						8.00
Tuesday	Oct	11	8.00	8.00					
Wednesday	Oct	12	8.00	8.00					
Thursday	Oct	13	8.00	8.00					
Friday	Oct	14	8.00	8.00					
Totals for	Week	1	40.00	32.00					8.00
Saturday	Oct	15							
Sunday	Oct	16							
Monday	Oct	17	8.00	8.00					
Tuesday	Oct	18	8.00	8.00					
Wednesday	Oct	19	8.00	8.00					
Thursday	Oct	20	8.00	8.00					
Friday	Oct	21	8.00	8.00					
Totals for	Week	2	40.00	40.00					
Cycle Total			80.00	72.00					8.00

12/01/22 16:20:54

#### Electronic Timesheets

#### T MESHEET

Organization Name:	
Employee:	
Payperiod:	

All and the second seco

	Change Date for	r new paypened	1												A COLORED AND A				
Date	3/28/2023	3/29/2023	3/30/2023	3/31/2023	4/1/2023	4/2/2023	4/3/2023		4/4/2023	4/5/2023	4/6/2023	4/7/2023	4/8/2023	4/9/2023	4/10/2023			-	\$20.50
Day	T	W	TH	F	SA	S	M	Total	T	W	TH	F	SA	\$	M	Total	Total	% of time	Per Hour
Program/Activity																			
VOCA	6	6	6	6				24	6	4	3	3				16	40	100.00%	\$820.00
								0								0	0	0.00%	\$0.00
SASP								0								0	0	0.00%	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
United Way								0								0	0	0.00%	\$0.00
Fund Raising								0								0	0	0.00%	\$0.00
General Administration						and the second se		0								0	0	0.00%	\$0.00
Other / Misc								0								0	0	0.00%	\$0.00
Family Leave								0								0	0	0.00%	\$0.00
Vacation								0								0	0	0.00%	\$0.00
Sick		Contraction of the Contract						0								0	0	0.00%	\$0.00
Holiday								0								0	0	0.00%	\$0.00 \$0.00
Total	6	6	6	6	0	0	0	24	6	4	3	3	0	0	0	16	40	100.00%	\$ 820.00

I certify this time sheet is accurate and comantly states have	
--	--

Date:

MFFC00501804A4

4/12/2023

wedge this time sheet is correct.

Employee Signature

CANEDTAID6644 Date: 4/11/2023

ELECTRONIC SIGNATURE PAGE

Supervisor Signature:

Employee Time Sheet (Bi-Weekly)

Employee:

Didwee signalio

#### Time Period Beginning: 12.11.22

Date	Time In	Time Out	Time In	Time Out	Fund-raising	Leave/ Holiday	Total	
12.12.22	MA 00:8	4:00 PM					8.00	
12.13.22	8:15 AM	4:30 PM					8.25	
12.14.22	7:45 AM	4:00 PM					8.25	
12.15.22	7:45 AM	3:45 PM			T		8.00	
12.16.22	7:45 AM	3:45 PM					8.00	
12,19,22	7:45 AM	4:00 PM					8.25	_
12.20.22	7:45 AM	5:30 PM					9.75	
12.21.22	8:30 AM	4:30 PM					8.00	
12.22.22	8:00 AM	5:30 PM					9,50	
12,23.22	8:30 AM	12:30 PM					4.00	
								_
Total hours				Contraction of the second	Contraction of the Contract		80.00	

#### certily this time sheet is accurate and correctly states hours worked and leave taken for the pay period indicated.

I certify I am aware of the employee's work and to the best of my knowledge this time sheet is correct.

0



## WET SIGNATURE TIMESHEETS

#### Company Payroll Summary July 2022 - September 2022

	Employee M		me	Employee Name			Employe	e Name		TOTAL		
	Hours	Rate	Jul 22	Hours	Rate	Jul 22	Hours	Rate	Jul 22	Hours	Rate	Jul 22
Employee Wages, Taxes and Adjustments Gross Pay												
Salary	30		603.46			0.00			0.00	30.00		603.46
Salary-Program	5		123.75			0.00			0.00	5.00		123.75
Hourly-Program			0.00			0.00	175.5	19.25	3,276.88	175.50		3.276.88
Hourly-Holiday			0.00			0.00	8	19.25	154.00	8.00		154.00
Hourly-Program			0.00	40	17.60	688.00			0.00	40.00		688.00
Overtime (x1.5) hourty			0.00		Magazini.	0.00	9.5	26.25	249.38	9.50		249.38
Total Gross Pay	35		727.21	40		688.00	193		3,680.26	268.00		5,095.47
Adjusted Gross Pay	35		727.21	40		688.00	193		3,680.26	268.00		5,095.47
Net Pay	35		727.21	40		688.00	193		3,680.26	268.00		5,095.47
Employer Taxes and Contributions												
Medicare Company			10.54			9.97			53.36			73.87
Social Security Company			45.09			42.65			228.17			315.91
MT - Unemployment Company			0.00			0.00			0.00			0.00
Workers Compensation			7.13			6.75			35.26			49.14
MT - Admin. Fund Tax			0.58			0.55			2.94			4.07
Total Employer Taxes and Contributions			63.34			59.92			319.73			442.99

2:48 PM

09/29/22



#### Q & A



# TRAVEL

Travel Costs with Federal Awards

#### CODE OF FEDERAL REGULATIONS

#### 2 CFR, PART 200 FOR UNIFORMADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES AND AUDIT REQUIREMENTS FOR FEDERALAWARDS

#### https://ecfr.federalregister.gov/current/title-2/subtitle-A/chapter-II/part-200

Comparison (Comparison	<b>Code of Federal Regulation</b>	1985
		iii\ Title 2
Displaying title	2, up to date as of 9/14/2022. Title 2 was last amended 9/06/2022.	view historical versions
Go to CFR Reference	ex: 1 CFR 1.1	Go
Title 2 / Subtitle A	/ Chapter II / Part 200	Previous / Next / Top
** [	ECFR CONTENT	
Table of Contents	ENHANCED CONTENT     View table of contents for this page	
闻 Details		MENTE COST
Print/PDF	PART 200 - UNIFORM ADMINISTRATIVE REQUIRE PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEI	
Display Options	Authority: 31 U.S.C. 503	
Subscribe	Source: 78 FR 78608, Dec. 26, 2013, unless otherwise noted.	

### Out of State Travel Form



Request and Justification for Program-Related Out-of-State Travel Form Please email the completed form to your program staff point of contact. For a list of MBCC staff contact

information, please visit: https://mbcc.mt.gov/About/Contacts (if you do not know your program staff point of contact, the completed form may be emailed to mbcc@mt.gov)

Please note: an approved budget does not automatically include approval of travel requests. Travel requests will be considered approved when MBCC program staff and fiscal staff have both signed off on this form.

Name of MBCC Grant			
MBCC Grant Number			
Program Name			
County			
Destination			
Travel Start Date		Travel End Date	
Number of Travelers		]	
Names of Persons Traveling			
			1
Will you be booking a hotel fo	or this travel request?		J
			1

#### Estimated Costs

Finaver costs are reimbursed at the state rates and not the rederal rates, unless otherwise stated from the Federal partner. Please refer to <u>https://www.gsa.gov/travel/plan-book/per-diem-rates</u> for Out-of-State lodging rates, and to the "State rates for mileage, per diem, and lodging are maximum amounts that can be charged to subgrants funded by MBCC" in your most recent subgrant award.

Transportation Costs:	
Meal Costs:	
Lodging Costs:	
Registration Costs	
Other Costs (if applicable)	

Will you be booking a flight for this trave

### https://mbcc.mt.gov/Funding/Forms

#### Travel Reimbursement

State rates for mileage, per diem, and lodging are maximum amounts that can be charged to subgrants funded by MBCC.

Mileage rate effective 07/01/2022: \$0.625 cents per mile

Meals Allowance:	In-State	Out-of-State
Morning Meal (12:01AM-10:00AM)	\$7.50	\$13.00
Midday Meal (10:01AM-3:00PM)	\$8.50	\$15.00
Evening Meal (3:01PM-12:00AM)	\$14.50	\$26.00
k	\$30.50	\$54.00

In order to claim reimbursement for a meal, you must be in a travel status for more than 3 continuous hours within one of the time ranges. To receive the morning meal, you must leave before 7:00AM and to receive the evening meal you must return after 6:01PM.

The lodging rate is available online through the following location: <u>Per Diem Rates | GSA</u> Grant funds may not be used to pay for out of state travel without prior approval from MBCC (<u>Request for Program</u> Related Out-of-State Travel Procedure (mt.gov)).

Grant funds may not be used to pay for out-of-state travel without prior approval from MBCC

, \$

Grant funds cannot be used for costs and fees associated with cancelation or changes to travel, (i.e. Airline, hotels, registration, etc.) unless approved by MBCC.

Reimbursement for lodging without a receipt will be \$12.00.

Allowable expenses include emergency working supplies, taxi fares, and business telephone calls. Paid receipts must support individual expense items of \$25.00 or more.

		ibtitle A / Chapte ms of Cost / § 2	er II / Part 200 / Subpart E / General Provisions for 200.475	Previous / Next / Top
		<b>ECFR CONTEN</b>	π	
	Table of	§ 200.4	475 Travel costs.	
Ξ	Contents	2 CFR 200.475(a)	General. Travel costs are the expenses for transportation, lodging, su	ubsistence, and related items
<u>a</u>	Details	Copy Citation	incurred by employees who are in travel status on official business of Such costs may be charged on an actual cost basis, on a per diem o	of the non-Federal entity.
<b>P</b>	Print/PDF		actual costs incurred, or on a combination of the two, provided the n entire trip and not to selected days of the trip, and results in charges	consistent with those
D	Display Options		normally allowed in like circumstances in the non-Federal entity's no and in accordance with non-Federal entity's written travel reimburser Notwithstanding the provisions of § 200.444, travel costs of officials	ment policies.
$\sim$	Subscribe		allowable with the prior written approval of the Federal awarding age when they are specifically related to the Federal award.	-
		(b)	Lodging and subsistence. Costs incurred by employees and officers	for travel, including costs of
R	Timeline		lodging, other subsistence, and incidental expenses, must be consid otherwise allowable only to the extent such costs do not exceed cha	
0 0 1111	Go to Date	5	non-Federal entity in its regular operations as the result of the non-Federal entity in its regular operations as the result of the non-Federal entity. In addition, if these costs are charged directly to the Federal entity to the Federal entity of the result of the re	ederal entity's written travel
	Compare		justify that:	

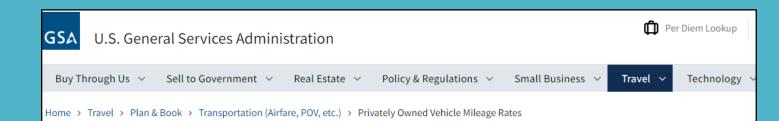


### Q & A

#### STATE OF MONTANA LODGING RATES

FY 2022 Per Diem Rates for Montana													
I'm interested in: Lodging Rates Meals & Incidentals (M&IE) Rates New Search													
	Lodging by month (excluding taxes)   October 2021 - September 2022												
Cities not appearing below may be located with National Association of Counties (NACO) websi	nin a county for which rates are listed. To determine what coun	ty a city is l	ocated in	, visit the									
	<u>, , , , , , , , , , , , , , , , , , , </u>												
										FI	ter Resul	ts	
Primary Destination <b>1</b>	County 🕕	2021 Oct	Nov	Dec	2022 Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep
Big Sky / West Yellowstone/Gardiner	Gallatin/Park	\$124	\$124	\$124	\$124	\$124	\$124	\$124	\$124	\$241	\$241	\$241	\$241
Helena	Lewis and Clark	\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$103
Kalispell/Whitefish	Flathead	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$177	\$177	\$96
Missoula	Missoula	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$131	\$131	\$131	\$131
Standard Rate	Applies for all locations without specified rates	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96

#### Per Diem Look-Up for National Rates for Out of State Travel



#### Privately Owned Vehicle (POV) Mileage Reimbursement Rates

GSA has adjusted all POV mileage reimbursement rates effective July 1, 2022.

Modes of Transportation		Effective/Applicability Date	Rate pe mile		
Airplane*		July 1, 2022	\$1.81		
If use of privately owned automobile is authoriz if no Government-furnished automobile is avail	July 1, 2022	\$0.625			
If Government-furnished automobile is availabl	July 1, 2022	\$0.22			
Motorcycle		July 1, 2022	\$0.605		
Relocation	Effect	tive/Applicability Date	Rate per mi		
Standard mileage rates for moving purposes	July :	1, 2022	\$0.22		
Airplane nautical miles (NMs) should be converted into statute miles (SMs) or regular miles when submitting a voucher using the formula (1 NM equals 1.15077945 SMs). For calculating the mileage difference between airports, please visit the U.S. Department of Transportation'					
or calculating the mileage difference between airpo ter-Airport Distance website.	rts, plea	se visit the U.S. Department	t of Tr		

Using Privately Owned Vehicles for travel purposes

#### Plan & Book

Overview

#### Per Diem Rates

Transportation (Airfare, POV, etc.)

Privately Owned Vehicle Mileage Rates

POV Mileage Rates (Archived)

Airfare Rates - City Pair Program

Rail Travel

GSA Lodging

Conference and Meeting Planning

State Tax Rates & Exemption Info

**Travel Charge Card** 

#### Montana Operations Manual- POL Employee Travel, Lodging Rates, Mileage Reimbursement, & Meal Allowances

#### **Mileage Reimbursement Rates**

I. Purpose This policy provides the current mileage reimbursement rates for official state travel allowed under 2 - 18 - 503, MCA.

#### C. Traveler is Not a State Employee

A traveler who is a member of the legislature, juror, witness, county agent, or any person except a state employee, is entitled to collect mileage at the standard IRS rate of 62.5 cents per mile for the first 1,000 miles traveled in a calendar month (High Rate). For each mile driven over 1,000 miles in a calendar month they are entitled to 59.5 cents per mile (Low Rate).

https://doa.mt.gov/employee-travel

#### IV. Determination of Meal Allowance

#### A. Travel Shift

Section 2-18-502 (3), MCA, defines "travel shift" as beginning one hour before and ending one hour after an employee's regular scheduled work shift. An employee may claim only one meal (midday) if travel takes place within their assigned travel shift. An employee is entitled to two meal allowances during a 24-hour calendar day if they depart within their travel shift but return outside the shift; or depart before their assigned travel shift and return during the travel shift.

When travel is totally outside the employee's travel shift, eligibility for a meal allowance is governed strictly by the time ranges for each meal.

For example, if an employee travels to Billings from Helena and leaves at 5:00 a. m. to attend a 9:00 a. m. meeting that lasts until 5:00 p. m., then returns to Helena at 9:00 p. m., and their normal working hours are 8:00 a. m. to 5:00 p. m., they are entitled to all three meals since they are in a travel status for more than three continuous hours in each of the time ranges referenced in B below, and their travel status covers their entire travel shift.

#### **B. Time Ranges**

The time ranges determining eligibility for meal allowances are established in 2-18-502 (1), MCA. To claim an allowance for a meal, an employee must be in travel status for more than three continuous hours within one of the following time ranges:

<u>Time Range</u>	<u>Meal Allowed</u>				
12:01 a.m. to 10:00 a.m.	Morning Meal				
10:01 a.m. to 3:00 p.m.	Midday Meal				
3:01 p. m. to midnight	Evening Meal				

Each time range must be considered separately when applying the more-than-three-continuous-hour rule. More than three continuous hours in any one time range is at least 181 minutes.

For example, if an employee regularly works 8:00 a.m. to 5:00 p.m., their qualifying travel shift begins at 7:00 a.m. and ends at 6:00 p.m. If they travel from 7:00 a.m. to 2:00 p.m., they receive a meal allowance only for the midday meal, because the midday mealtime range is the only range where they are in a travel status for more than three continuous hours. Their travel status is one minute short of meeting the time range requirement for the morning meal. If they start their travel status no later than 6:59 a.m., they meet the requirements of the more-than-three-continuous-hours rule for the morning meal as well, as they are traveling during this period for 181 minutes (180 minutes equals three hours). They also satisfy the travel shift requirement for reimbursement of two meals by leaving before the start of their travel shift and returning within their travel shift.

An employee cannot claim a meal allowance if they stop to eat, and because of the stop, extend their travel shift into the next allowed mealtime range. By stopping they have artificially extended their travel into the next time range and this will result in denial of any claim for that range's meal allowance.

For example, consider an employee with regular work hours of 8:00 a.m. to 5:00 p.m. that leaves Helena at 8:00 a. m. to attend a meeting in Butte at 9:00 a.m. The meeting ends at 4:00 p.m. and, if the employee heads immediately back to Helena, they can be home by 5:30 p.m. They are in a travel status for 2½ hours in the evening mealtime range – which is not long enough to qualify them for the evening meal. Suppose the employee chooses to stop for dinner before returning to Helena, and does not reach home until 6:30 p.m. They are in a travel status for 3½ hours in the evening mealtime range (from 3:00 p.m. to 6:30 p.m.) but the unnecessary stop for an early dinner was what caused the employee to be later than expected in returning to Helena. This voluntary act postponed their return to Helena and could have been avoided. A claim for an evening meal reimbursement for this trip will be denied.

# Required documentation for travel reimbursement:

Travel document approved by the supervisor that includes time of departure and arrival

- Conference agenda if applicable
- ➤ Hotel receipts

Transportation receipts (airline tickets, taxi, Uber, Lyft) Tips are allowed, must be reasonable. No more than 20% of fare.

 $\succ$  Tips are allowed, no more than 20% of fare.



### Q & A

Other Budget Items to Discuss



# **Contractual Expenses**

- Include your monthly invoice for contracted services, and please make sure to use the appropriate allocation method if the services provided are for multiple projects
- □ If 100% of the service are allocated on one project, include the justification
- Follow the special conditions in your grant for your procurement policy or state procurement policy

Subrecipients with no procurement policies

Subrecipients that do not have established procurement policies and procedures must use the established State of Montana procurement process. If a subrecipient chooses to use the State procurement policy, it must be documented within the subrecipient's own policies. The procurement guide, forms and templates are located at the following: https://spb.mt.gov/Procurement-Guide. Below is the value threshold for the types of purchases or contracts used.

Small Purchases: Less than or equal to \$5,000; simple market research. Choose technique that best meets subrecipient needs. Follow prudent purchasing practices (competitive quotes where practical).

Limited Solicitation: Purchases greater than \$5,001 - \$25,000 for services, or up to \$50,000 for supplies. Must be documented using the Limited Solicitation form. Must be awarded to the lowest acceptable quote if cost is the only consideration.

Formal Bids & Proposals: Over \$25,001 for services, or over \$50,001 for supplies.

Note: All values are based on total contract value Example: Subrecipient enters into a 2-year service agreement for \$4,000 a year. This agreement constitutes a total contract value of \$8,000 and would have to go through the limited solicitation process.

### Gift Cards, Gas Cards, Prepaid Phone Cards

Follow MBCC Use of Prepaid Cards policy found at:

https://mbcc.mt.gov/Funding/Subgrantee-Resources

**Reimbursement Request Procedures** 

- AmpliFund Required Documentation for Expenses
- Use of Prepaid Cards 1/2 (i.e. gift cards, gas cards, phone cards, etc.)
- Requests for Program-Related Out-of-State Travel

Note: MBCC will not reimburse for gift, fuel and phone cards without the required Tracking Log

# Steps to Submit Reimbursement Request in Amplifund

Add your expenses: Attach all receipts and allocate according to your allocation plan

Create your reporting period

Attach the expenses to your reporting period

Create your reimbursement request

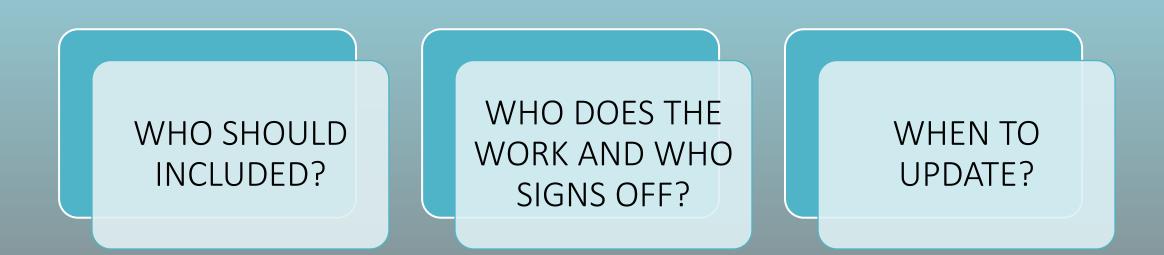
Attach the reporting period to your reimbursement request



### Q & A

Awards: Managing Your Funds Essential Knowledge and Tips

### Signature Page





#### Signature Page (for current subgrantees)

Grant No.: Click or tap here to enter text.

The officials who sign this document agree to adhere to all terms and conditions relating to this application. Duplication of responsibilities by one individual for any position listed below is NOT acceptable. Electronic and stamped signatures are not acceptable.

A change in any of these positions requires submission of a new signature page with <u>ALL</u> signers.

	Original Signat	ures are Required	
Must be	Budget Representative a person with budget-setting authori ment Head, or President of Board Direc		Commissioner, Mayor,
Name	Click or tap here to enter text.	Title	Click or tap here to enter text.
Address	Click or tap here to enter text.	City/State/Zip	Click or tap here to enter text.
Email	Click or tap here to enter text.	Telephone	Click or tap here to enter text.
Date	Click or tap here to enter text.	Signature	
B. Project I Must be	Director an employee of the applicant agency		
Name	Click or tap here to enter text.	Title	Click or tap here to enter text.
Address	Click or tap here to enter text.	City/State/Zip	Click or tap here to enter text.
Email	Click or tap here to enter text.	Telephone	Click or tap here to enter text.
Date	Click or tap here to enter text.	Signature	
C. Financia	l Officer		
Name	Click or tap here to enter text.	Title	Click or tap here to enter text.
Address	Click or tap here to enter text.	City/State/Zip	Click or tap here to enter text.
Email	Click or tap here to enter text.	Telephone	Click or tap here to enter text.
Date	Click or tap here to enter text.	Signature	

### Who Must Be Included?

#### Official Budget Representative

- Must be a person with budget-setting authority (i.e. City/County Commissioner, Mayor, Department Head, or President of Board Directors)
- Certifies agreement with Special Assurances and Condition of the Opportunity

#### **Project Director**

- Must be an employee of the applicant agency
- Contact with MBCC in grant related activities

#### **Financial Officer**

• *Responsible for coordinating with Project Director in relation to financial communication* 

# Who Does the Work & Who Signs Off?

Official Budget Representative

- Signs Award Letter and Special Conditions
- > Attends and participates in monitoring

#### Project Director

- Signs Additional Award Documents
- Signs and creates GANs
- Responsible for communication with MBCC

#### **Financial Officer**

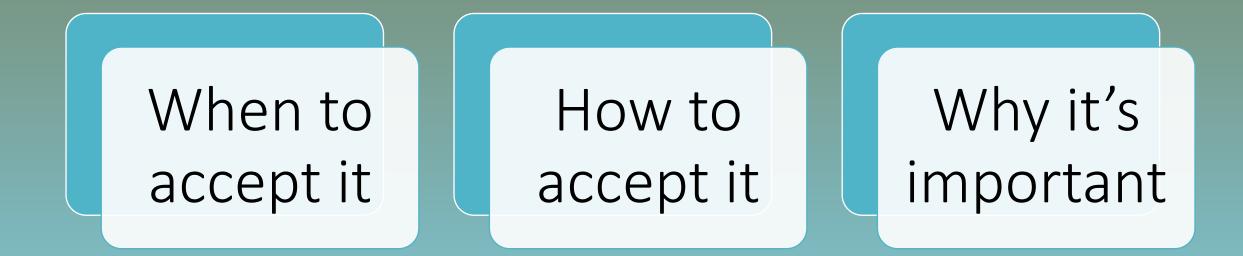
Responsible for communication with Project Director and MBCC (financial)

\*When should you update the signature page?



### Q & A

## Accepting Your Award



### SPECIAL CONDITIONS

There are a lot of rules, regulations and guidance in the Special Conditions section of your grant.

Read them and ask questions if you don't understand any of them.



#### STATE OF MONTANA BOARD OF CRIME CONTROL 5 Last Chance Gulch - Helena MT 59601 4178 Phone: (406) 444-3604 Fax: (406) 444-4722



#### **Special Conditions**

#### Agency

Award Number

1. Non-committal to future funding

Award of this grant does not commit the Board of Crime Control to future funding.

2. Applicability of Part 200 Uniform Requirements

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements in 2 C.F.R. Part 200, as adopted and supplemented by DOJ in 2 C.F.R. Part 2800 (together, the "Part 200 Uniform Requirements") apply to this FY2022 award from OJP.

The Part 200 Uniform Requirements were first adopted by DOJ on December 26, 2014. If this FY 2022 award supplements funds previously awarded by OJP under the same award number (e.g., funds awarded during or before December 2014), the Part 200 Uniform Requirements apply with respect to all funds under that award number (regardless of the award date, and regardless of whether derived from the initial award or a supplemental award) that are obligated on or after the acceptance date of this FY 2022 award.

For more information and resources on the Part 200 Uniform Requirements as they relate to OJP awards and subawards ("subgrants"), see the OJP website at https://ojp.gov/funding/Part200UniformRequirements.htm.

Record retention and access: Records pertinent to the award that the recipient (and any subrecipient ("subgrantee") at any tier) must retain -- typically for a period of 3 years from the date of submission of the final expenditure report (SF425), unless a different retention period applies -- and to which the recipient (and any subrecipient ("subgrantee") at any tier) must provide access, include performance measurement information, in addition to the financial records, supporting documents, statistical records, and other pertinent records indicated at 2 C.F.R. 200.334.

In the event that an award-related question arises from documents or other materials prepared or distributed by OJP that may appear to conflict with, or differ in some way from, the provisions of the Part 200 Uniform Requirements, the sub-recipient is to contact MBCC promptly for clarification. [ML2]

3. Equipment purchases require competitive bids

Subgrantee must obtain competitive bids for equipment and awards should be <u>let</u> to the lowest bidder. For equipment costing more than \$5,000.00, bids must be <u>written</u> and copies submitted with quarterly financial reports. If other than the lowest bid is accepted, a full justification must be submitted to the Board of Crime Control. [ML6]

4. Award is conditional upon availability of funds

This grant award is conditional upon availability of government funds and may be reduced at any time due to budget reductions. [ML10]

5. Personnel time and attendance records

Applicant must maintain time and attendance records to support personnel costs associated with grant project. [ML12]

6. Travel Reimbursement

State rates for mileage, per diem, and lodging are maximum amounts that can be charged to subgrants funded by MBCC.

Initial: \_\_\_\_

	SPECIAL CONDITIONS							
	Agency Award Number							
	Mileage rate: For travel between 01/01/2022 and 06/30/2022 - \$0.585 cents per mile For travel after 07/01/2022 - \$0.625 per mile							
	Meals Allowance:         In-State         Out-of State           Morning Meal (12:01AM-10:00AM)         \$7.50         \$13.00           Midday Meal (10:01AM-3:00PM)         \$8.50         \$15.00           Evening Meal (3:01PM-12:00AM)         \$14.50         \$26.00           \$30.50         \$54.00							
In order to claim reimbursement for a meal, you must be in a travel status for more than 3 continuous hours within one of the time ranges. To receive the morning meal, you must leave before 7:00AM and to receive the evening meal you must return after 6:01PM.								
$\sum$	The lodging rate for Montana and federal lodging rate for out of state lodging is available online through the following location: <u>Per Diem Rates   GSA</u> . Grant funds may not be used to pay for out of state travel without prior approval from MBCC ( <u>Request for Program Related Out-of-State Travel Procedure (mt.gov</u> )).							
	Grant funds cannot be used for costs and fees associated with cancelation or changes to travel, (ie. Airline, hotels, registration, etc.) unless approved by MBCC.							
Reimbursement for lodging without a receipt will be \$12.00 Allowable expenses include emergency working supplies taxi fares, and business telephone calls. Paid receipts must support individual expense items of \$25.00 or more. [ML15]								

#### 9. Quarterly progress and financial reports

Quarterly progress, financial, <u>narrative</u> and statistical reports in a format required by MBCC are required for calendar quarters ending September 30, December 31, March 31, and June 30. These reports are to be received by the Montana Board of Crime Control within 15 days following the end of the calendar quarter. **Final Financial report ONLY** is due no later than 45 days following the end of the project period. Subgrantees who fail to submit reports by the due date will be subject to the following:

FIRST LATE REPORT: Subgrantee will be notified to cease all expenditures of grant funds until the reports are submitted.

SECOND LATE REPORT: The grant will be cancelled. The project director must appear before the Application Review Committee and petition to get the grant reinstated. [ML26]

# Additional Forms and Tasks When Accepting Your Grant Award.....

#### Contracts

- Civil Rights Training and Training Certificate
- Risk Assessment
- Revised Budget
- □ Any other forms required for your specific grant

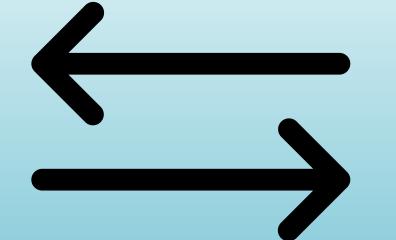
Link to the MBCC website where all forms can be found:

MBCC - Applications and Forms (mt.gov)



### Q & A





# REQUESTS

### When to Request an Amendment

When your total budget request is more than 10% of your total budget or greater than \$5,000.

#### Example:

If your total budget is \$50,000 and you would like to move \$3,100 from personnel to supplies category, and \$2,000 from Travel to Others. Your total revision is more than 10%

#### Grant Adjustment Notice Request (GAN)

### Grant Adjustment Notice Request (GAN)

GANs can be found on the MBCC website.

\*Final GANs must be submitted 30 days prior to the end of the grant cycle to be considered.

CRIME CONTRO		(Requ	iest subject	to MBCC app	roval)	
subgrant #:						
lgency / Project:						
Date:						
ABCC Contact:						
Budget Category	Current Budget Amount	Total Federal Amount	Total Match Amount	Federal Adjustme nt	Match Adjustme nt	Revised Budget Amount
Personnel						0.00
Fringe Benefits						
Contracted Services						0.00
Supplies						
Travel						0.00
Equipment						0.00
Other						0.00
TOTALS	•.••	0.00	0.00	0.00	0.00	0.00
				(murt zeri	balance)	
Project Director:						
	Signature		Date			
MBCC Program Approval: Yes / No	Signature		Date			
ABCC Fiscal Approval:						
neeer toval opprovat			Date			

If you are requesting a budget modification that is greater than 10% of your total award amount or more than \$5,000 - only previously approved categories will be considered. You must list specific reasons in the comment section below as to why

Extension Request Date to:

Grant extensions and final budget modifications must be made 30 days prior to project period end date.



### Q & A



# Grant Monitoring

# **Purpose of Grant Monitoring-Fiscal and Programmatic**

To ensure that the subaward is being used for the authorized purpose To assure compliance with the Federal statutes, regulations and the terms and conditions of the subaward

# **Monitoring Schedules**

Up to 45 Days Before Review: MBCC contacts subgrantee to schedule an annual desk review or on-site visit; provides monitoring forms.

□ 30 Calendar Days Before Review: Program and Fiscal documents are due.

□ 15 Business Days Before Review: Program staff contacts subgrantee with any potential improvements and may request additional information.

Day of Review: MBCC and Subgrantee staff discuss strengths and challenges.

□ 10 Business Days After Review: MBCC emails subgrantee to request any additional documents and discuss next steps (to be completed within 10 business days).

□ 10 Business Days After MBCC Follow-Up: Subgrantee sends MBCC any additional information requested.

□ 10 Business Days After Receipt of Documents: MBCC sends completed monitoring report to subgrantee.



#### MBCC RISK ASSESSMENT REVIEW FORM

Sub-grantee Agency:	Current Date:	
Sub-grant Number/Award Identification Number:	Award Amount:	
Project Title:	Prepared by:	

RISK FACTORS ASSESSMENT									
		and in the state to a sector of the state of	Responses						
Question Number		Question (Questions 1-3 to be answered by sub-grantee, include additional comments below)		No	Score (MBCC)				
1	a	Is your agency subject to the Single Audit Requirement? The trigger for a Single Audit is: During the fiscal year your agency expends federal funds in excess of \$750,000. (If yes, please provide the most recent copy)							
	b	In the past two years has your agency received any other type of financial audit or review? (If yes, please provide a copy)							
	c	Were there findings or recommendations?							
	d	Were the findings resolved?							
2	a	Does staff have previous fiscal grant experience?							
	ь	Does staff have previous programmatic grant experience?							
3		Has your agency experienced key employee turnover of an executive director,							
		financial officer, or program manager/staff within the past year? (If yes, provide details in comments below)							
Print Name of subgrantee:									
Signature of subgrantee: Date:									

Question Number		Question (Questions 4-8 to be answered by MBCC staff, include additional comments		Responses					
		below)	Yes	No	Score (MBCC)				
4		Has there been compliance monitoring of the sub-grantee by MBCC during the prior three vears?							
_		years? Have there been any financial compliance or performance issues, management							
5	а	, , , , ,							
		problems/ instability for the sub-grantee during the prior three years? Have there been any programmatic compliance or performance issues, management							
	b	problems/ instability for the sub-grantee during the prior three years?							
	6	Does the sub-grantee have recurring/unresolved issues?							
7		Does the sub-grantee submit complete and timely reports as required?							
		Rate the complexity of the program.*	Slightly	Moderately	Highly				
8		Slightly Complex – award is under \$150,000	Complex	Complex	Complex				
		Moderately Complex –award amount is higher than \$150,000 but under \$750,000							
		Highly Complex –award amount is \$730,000 or greater.							
		*The award amount is a determining factor in rating program complexity.							
RISK LEVEL ASSIGNED TO SUB-RECIPIENT									
COMMENTS/ACTION ITEMS Document your comments and action items in this space (e.g., technical assistance).									
RISK ASSESSMENT CRITERIA									
	Los	w Risk Excellent history, no findings, experienced grant management.							
Mediur		n Risk Less than excellent, some past findings, new grantee, large grant, some unknowns. Ongoing training and technical assistance will be provided.							
Hig		h Risk Poor performer, financial instability, prior findings, major staff changes, problems identified by other monitors.							
		Ongoing training and technical assistance will be provided.							
New programs not previously awarded will automatically be monitored within the grant period. 08/24/2021					BOARD OF CRIME				

### RISK ASSESSMENT



#### Signature Page (for current subgrantees)

Grant No.: Click or tap here to enter text.

The officials who sign this document agree to adhere to all terms and conditions relating to this application. Duplication of responsibilities by one individual for any position listed below is NOT acceptable. Electronic and stamped signatures are not acceptable.

A change in any of these positions requires submission of a new signature page with <u>ALL</u> signers.

Name	Click or tap here to enter text.	Title	Click or tap here to enter text.
Address	Click or tap here to enter text.	City/State/Zip	Click or tap here to enter text
Email	Click or tap here to enter text.	Telephone	Click or tap here to enter text
Date	Click or tap here to enter text.	Signature	
Name	Click or tap here to enter text.	Title	Click or tap here to enter text
	an employee of the applicant agency		Click or tan hara to anter taxt
Address	Click or tap here to enter text.	City/State/Zip	Click or tap here to enter text.
Email	Click or tap here to enter text.	Telephone	Click or tap here to enter text
Date	Click or tap here to enter text.	Signature	
C. Financia	l Officer		
Name	Click or tap here to enter text.	Title	Click or tap here to enter text
Address	Click or tap here to enter text.	City/State/Zip	Click or tap here to enter text
Email	Click or tap here to enter text.	Telephone	Click or tap here to enter text

# How we use the Signature Page in Monitoring

The key personnel listed on the Signature Page to be available on the day of the site review:

- Project Director
- Official Budget Representative
- Financial Officer
- Additionally:
- Program staff funded by the grant should be available as well

# Monitoring Forms

#### Office of Civil Rights (OCR) Form

#### Programmatic Monitoring Form

- Progress Towards Strategic Plan...
- Staff Policies/Procedures
- Program Data...

#### Fiscal Monitoring Form

- General Ledger
- Accounting Policies/Procedures
- Bank statements, timesheets, etc.

#### **Program-Specific Questions**



# Q & A

# Federal Audit Findings

On the next few slides there are some of the findings of recent audits by the Office of the Inspector General, U.S. Department of Justice

#### Colorado Division of Criminal Justice, Lakewood, Colorado, December 2020

Financial Monitoring – We identified issues with subrecipient accounting records and subrecipient support for expenditures and match. Additionally, we found that subrecipients had charged unallowable match to the sub awards in our scope.

#### SCHEDULE OF DOLLAR-RELATED FINDINGS Description

**Questioned Costs:7** 

Unsupported Subrecipient Personnel Costs	\$18,557
Unsupported Subrecipient Payment Requests	\$10,184
Unsupported Cash Match Personnel Costs	\$2,837
Unsupported Other Cash Match Expenditures	\$2,912
Unsupported In-Kind Match	\$207727
Total Unsupported Costs	\$242,217
Unallowable Cash Match Personnel Costs	\$22,338
Total Unallowable Costs	\$22,338
TOTAL DOLLAR-RELATED FINDINGS \$264,555	



# Q & A



# TAKE-AWAYS

Pre-Award and Post-Award

# TIPS FOR APPLYING

#### >Thoroughly read the funding opportunity

- Are you eligible and able to meet all special conditions and program-specific requirements?
- Do you meet any priority areas (if applicable)? How?
- What steps will you need to take? In what order?
   (SAM registration, Civil Rights Training, etc.?)
- Carefully read instructions for each section in the funding opportunity
- Use headings, subheadings, and bolded words to draw attention to the question and your response
- > Attend the Offeror's call and AmpliFund call dates
- > If possible, contact your program specialist with questions *prior* to the release date
- > After the release date, please submit questions via email as specified in the solicitation
- \*Always check the MBCC website Q&A page prior to submitting your question.

# Reporting Requirements and Dates

#### Federal Reporting – Performance Measurement Tool

 MBCC program specialist will contact you about requirements for your grant program. Program Managers initiate the PMT report, not all grant programs require this type of reporting.

#### Quarterly Reporting to MBCC (Program and Fiscal)

- Grants applied for in AmpliFund will report in AmpliFund
- January 15<sup>th</sup>
- April 15<sup>th</sup>
- July 15<sup>th</sup>
- October 15<sup>th</sup>
- \*Final fiscal report and request for reimbursement are due 45 after the end of the final quarter



# Q & A

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