

Negotiated Budget Forms - Instructions for Resubmission to DCJS

The OGMS Instructions for Submitting a Contract Amendment provides guidance on how to submit various types of contract amendments including changes in grant funded staff, in-line budget revisions (movement of funds within the same budget category), budget amendments (movement of funds between budget categories) and more. The grant components are not editable by sub-recipients unless approved by DCJS. Once a contract amendment has been approved, the DCJS grant monitor will negotiate the applicable budget forms (i.e. personnel, consultants, travel, equipment, supplies, indirect costs) to the sub-recipient. The sub-recipient will be instructed to enter the modifications on the itemized budget form as indicated in the approved request. Once the changes have been made, the sub-recipient will need to resubmit the component to DCJS. The DCJS grant monitor will update OGMS to reflect the revised version of the budget form.

To update and resubmit the negotiated budget form, the designated sub-recipient will need to Sign into OGMS at <u>https://ogms.dcjs.virginia.gov</u> on the Login Page as illustrated below:

| ₽ Login | |
|---|--|
| L Enter your user id and password | Announcements |
| User ID Password | You are accessing the State's information system, the information system usage may be monitored, recorded, and subject to audit. Unauthorized use of the information system is prohibited and subject to criminal and civil penalties. |
| SIGN IN Forgot User ID? Forgot Password? Click here to Register | Welcome to OGMSI Registration is open! The Virginia Department of Criminal Justice Services (DCJS) is excited to announce the official launch of the new Online Grant Management System (OGMS)! We strongly recommend that you create your account ahead of time as the registration process can take time. Every user that manages a DCJS grant will need to register to receive a login account. This includes those within your locality that are responsible for submitting a grant application, uploading progress reports, entering financial reports, and requesting funds. Training materials and resources can be located here https://www.dcjs.virginia.gov/grants/ogms-training-resources. |
| Click Here to Access Single Sign On Tool | OGMS Technical Support For questions and technical assistance, contact: ogmssupport@dcjs.virginia.gov. Please include your grant number and grant program area in the Subject line (Example: 20-A1234CC20 – CCCA/PSA Grant Program). Internet Browsers The only Internet browsers recommended for use with OGMS are Google Chrome, Edge, and Safari. Users should know that problems could exist within the system through use of any other browser. |



DCJS On-line Grants Management System (OGMS)

1. From the Side Menu, click on the **Grants** module, which will list all DCJS awards related to the designated sub-recipient. If you do not see the applicable grant listed, please contact your DCJS grant monitor.

| | Test User Tester Tester Role | |
|----|------------------------------------|---|
| (h | Dashboard | > |
| 1 | Funding Opportunities | > |
| 4 | Applications | > |
| ۲ | Grants | > |
| 4 | My Profile | > |

2. Select the **Grant number**, referenced in the OGMS notification email of the negotiated budget form (see below for a sample).

| G | rant rent grants | | | | | | |
|---------------|---------------------|--------------|----------------|-----------|--------------|---------------------------|-------------------------------|
| | | • | 🚱 Help | 🕞 Log Out | | | |
| | | | | | | | |
| Active Gr | ants Close | ed Gran | ts | | | | |
| All active of | ve Grant | s ted bei | ow. | | | | |
| ID 🔺 | Status - | Year | Title | | Organization | Program Area | Funding Opportunity |
| 6874984321 | Underway | 2019 | DTPi - 9-20-19 | | Grantee | TEST-Test Program Area | 2-Example Funding Opportunity |



3. Once you have selected the applicable **Grant**, you will be directed to the list of **Grant Components.** Select the itemized budget form(s) that indicates **Pending Version** from the list of Grant Components.

| Grant Components Status Report | | | | | |
|--|---------------------------|------------------|--------------------|---------------------|------------|
| E Grant Components | Q Preview Grant | Manage Alerts | <i>𝗐</i> Notes (0) | | Copy Grant |
| Component | Form Type / Source / Secu | rity Last Edited | | | |
| General Information | ¢ ¢ 🗹 | Aug 23, 202 | 2 10:58 AM - Kimb | erly Owens-Burrough | 5 |
| Appropriations | 0 0 🔒 | Oct 25, 2022 | 2 11:33 AM - Josep | h Thompson | |
| Attachments | 🗹 🔍 🕑 | | | | |
| Authority Certification | 🗹 👁 🕑 | | | | |
| Budget - Copy | ø 💿 🕑 | May 25, 202 | 3 3:43 PM - Josep | h Thompson | |
| Civil Rights Certification of Compliance | 🗹 🔍 🗹 | | | | |
| Claims | 🖹 🌣 🔒 | | | | |
| Closeout | 🗹 🔍 🗹 | | | | |
| Consultants (Pending Version) | 🗹 👁 🗹 | | | | |
| Contract | 🖻 🌣 🗹 | | | | |
| Contract Amendments | 🖻 🌣 🔒 | | | | |
| Contract Document | 🗹 👁 🗹 | Sep 20, 202 | 1 9:16 AM - Kimbe | rly Owens-Burroughs | |
| Correspondence | ¢¢ 🔒 | | | | |
| Encumbrances | 🗹 🔍 🗹 | | | | |
| Equipment (Pending Version) | 🗹 🔍 🗹 | | | | |

4. Select the item or row that needs to be edited (the system highlights selected items in green). Please ensure that all of the requested items, descriptions, and justifications are updated to align with the approved amendment. **Note: Do not select Edit Form.** To make changes, select the item that needs to be revised or select Add Row to add a new item from the approved amendment. Items that have not been approved by DCJS will not be accepted.

| Consultar | nts (Pending Versio | n) - Not Current Versio | n | | | | | | /iew Versions |
|------------------------------|--|------------------------------|------------------------|-------------------|----------------|---------------|------------|---------------|---------------|
| This is a negotiated | l version. This version ma | y be submitted for consi | deration. You may edit | this version befo | ore you submit | it. | | | |
| E Requeste | d | | | | | | | | 🖉 Edit Form |
| If this is not requested | d, please indicate that here an | d then mark this form as cor | nplete. | | | | | | |
| Are Consultant a Travel b | and/or Consultant Yes eing requested?*: | | | | | | | • | 🖸 Edit Form |
| E Consultan | t - Multi-List | | | | | | | | + Add Row |
| ame of Consultant | Consultant Hourly Rate | Total Number of Hours | Total Consultant Cost | Federal Funds | State Funds | Special Funds | Cash Match | In-Kind Match | Consultant To |
| ose Computers | \$80.00 | 80 | \$6,400.00 | \$5,120.00 | \$1,280.00 | \$0.00 | \$0.00 | \$0.00 | \$6,400 |
| | | | | | | | | | |



Note: The personnel form should only reflect the **current** grant funded staff and/or positions used as match. Former staff that are no longer working on the grant should be removed from the personnel form. When updating Personnel/Fringe allocations, the salary/benefits cannot change without an approved contract amendment. The system maintains an audit trail of all versions of the budget forms to ensure that DCJS has a record of all staff and items requested.

| II Pe | ersonne | I - Multi-L | ist Requested fr | rom Gra | nt" refers to | grant-funde | ed salary a | mounts reque | ested from th | e grant. | | ~ | ⁷ Mark as Co | mplete | + A | dd Row |
|------------------|-------------------|--------------|--|-------------------------------|---|-------------------------------|---|--|---|------------------|------------------|----------------|-------------------------|---------------|----------------------|--------------------|
| Employee Name | Position Title | Position | Total Hours Per Week (if applicable) | Total Hours Per Year | Total Annual Salary (grant- funded plus other sources) | Percent being requested | Number of Grant- Funded Hours (hours per year) | Grant- Funded Full Time Equivalent ("FTE") | Total Salary Amount Requested from Grant | New Position? | Federal Funds | State Funds | Special Funds | Cash Match | In- Kind Match | Personnel Total |
| Sample | Director | Full Time | 40 | 2080 | \$48,660.00 | <mark>100.00%</mark> | 2080 | 1 | \$48,660.00 | No | \$34,062.00 | \$0.00 | \$14,598.00 | \$0.00 | \$0.00 | \$48,660.00 |
| | | | 40 | 2080 | \$48,660.00 | | 2080 | 1.00 | \$48,660.00 | | \$34,062.00 | \$0.00 | \$14,598.00 | \$0.00 | \$0.00 | \$48,660.00 |

5. Edit the details of the request to match the approved contract amendment and select **Save Row**. The fields will not calculate until you select save. If the item/request is no longer needed, select **Delete Row**. Note: The total cost of each item must align with the itemized narrative in the contract amendment request and cannot exceed the total amount awarded in each funding source (i.e. federal/state/special/match). Please refer to the Contract Document component for the Statement of Grant Award (SOGA) for the award allocations.

| Supplies & Other Expense | es | | 📋 Delete Row 📄 Save Row |
|--|---|--|--|
| All costs should be itemized withi entire cost of an item that is not u | n this category by major types. See yo sed exclusively for grant project-relat | our grant funding opportunity for more informa ed activities; however, grant funds can suppor | ation. Grant funds cannot support the t a pro-rated share of such an item. |
| Supply/Item Requested*: | Landline phone service | | |
| Cost Per Item/Monthly Rate*: | \$100.86 | | |
| Total Number of Items/Number of Months*: | 9 | | |
| Total Cost: | \$907.74 | | |
| Supplies & Other Expenses Fu | nding | | |
| Federal Funds: | \$0.00 | | |
| State Funds: | \$907.74 | | |
| Special Funds: | \$0.00 | | |
| Cash Match: | \$0.00 | | |
| In-Kind Match: | \$0.00 | | |
| Supplies & Other Expenses Total: | \$907.74 | | |



DCJS On-line Grants Management System (OGMS)

Reminder: Please ensure that the description and justification sections (if applicable) are updated to align with the approved contract amendment. To edit, select the item, revise the details, select Save Row and **Mark as Complete**.

| E Supply/Ite | em Requested Description and Justification - Multi-List | Mark as Complete + Add Row | | | | | | |
|-------------------------------------|---|--|--|--|--|--|--|--|
| Describe what the Explain how the r | e item is and how it will be used. request is essential to completing the goals and objectives of the grant. | | | | | | | |
| Supply/Item | Description of Supply/Item Justification for Supply/Item | | | | | | | |
| Insurance- Liability & D/O | YWCA seeks to ensure we hold properly required general liability and D/O insurance for our association. This insurance funding request is for our Victim Services programs prorated portion only and provides funding for insurance that supports our VSGP tasks. | Every year our agency reviews our coverage through our broker at Scott Insurance to insure that we are properly covered at the best price. When dealing with several employees, multiple locations and thousands of clients, it would be irresponsible to not protect the association and the clients she serves. This amount is calculated by taking the Victim Services program VSGP based percentage from the total \$24,000 annual costs. We submit 10 payments annually X the \$1,730 victim services prorated allocation=\$17,300 annually for both programs/\$34,600 for both fiscal years. This insurance policy is for our Victim Services programs only and provides funding for insurance that supports our VSGP tasks. | | | | | | |
| Annual Audit | YWCA seeks to ensure that we obtain a quality Annual Audit provided by CPA (DVPP & SARP portions only). The audit will ensure our grantors including DCJS that our fiscal protocols and processes are sound, and our spending has been verified as accurate. | Grants and donors require our organization to have an annual independent audit completed. The Board of Directors and Management Staff also review to make sure the organization is sound. Fiscal responsibility requires oversight. This is the prorated portion for Victim Services programs based on the financial support provided by VSGP grant funding. We estimate that should the YWCA require a single audit and our audit firm FY22 & FY23 cost will be \$14,795 annually for their services. We are requesting \$10,400 annually to cover the VSGP portion for both DVPP and SARP programs ONLY. | | | | | | |

6. Once you finish making the necessary revisions, select **Mark as Complete**. Note: Please review the calculations at the bottom of the form to make sure that they align with the approved contract amendment and the total award amount by funding source (see the below screen images).

| Grant List Genera Approp Attach Author Claims Closeo Consul Contra Contra | Contra Corres Encumb Equipm Face S Federa |
|--|---|
| Genera Indire Person Monito Status Subsis Suppli Travel | |
| Supplies & Other Expenses (Pending Version) - Not Current Version | E View Versions |
| This is a narchistart version. This version may be submitted for consideration. You may edit this version befor | vou submit it |
| mis a negotiated version, mis version may be submitted for consideration, not may early this version bein | |
| E Requested | ✓ Mark as Complete 🛛 Edit Form |
| f this is not requested, please indicate that here and then mark this form as complete. | |
| Are Supplies & Other Expenses Yes | |
| being requested : . | |
| | Last Edited By: Candy Phillips - Jun 6, 2023 3:33 PM |
| | |
| | |
| Supplies & Other Expenses - Multi-List | ✓ Mark as Complete + Add Row |
| All costs should be itemized within this category by major types. See your grant funding opportunity of an item that is not used exclusively for grant project-related activities; however, grant funds can s | y for more information. Grant funds cannot support the entire cost support a pro-rated share of such an item. |



| E Supplies & Other Expen | ses Totals | ✓ Mark as Complete | | | |
|---------------------------------|--------------|--------------------|--|--|--|
| DCJS FUNDS | | | | | |
| Federal Funds: | \$153,543.20 | | | | |
| State Funds: | \$38,385.80 | | | | |
| Special Funds: | \$0.00 | | | | |
| Match Funds | | | | | |
| Cash Match: | \$0.00 | | | | |
| In-Kind Match: | \$900.00 | | | | |
| Supplies & Other Expenses Total | | | | | |
| TOTAL: | \$192,829.00 | | | | |

7. Then, select **Submit Component**. The DCJS grant monitor will receive an email notification to update the revised version of the form to the current version. The DCJS grant monitor will also check to ensure that the itemized budget forms do not exceed the total amount awarded. If any of the edited components do not align with the approved contract amendment, the form will be negotiated back to the subgrantee for corrections.

| Grant List Genera Attach Author Claims Closeo Consul Contra Contra Contra Corres Encumb Equipm Face S Federa Genera Indire | Person Monito SI | tatus Subsis | Suppli Travel |
|---|-------------------------|-------------------------|---------------------|
| Supplies & Other Expenses (Pending Version) - Not Current Version | | ß | X Submit Component |
| This is a negotiated version. This version may be submitted for consideration. You may edit this version before you submit it. | | | |
| E Requested | | | 🕼 Edit Form |
| If this is not requested, please indicate that here and then mark this form as complete. Are Supplies & Other Expenses being Yes requested?*: | | | |
| | Last Edited By: Candy P | hillips - Jun 6, 2023 3 | 3:33 PM Z Edit Form |

The revised version, once submitted, will not be visible to the external user until approved by the grant monitor. This process can take up to two business days before the finalized form is accepted. Please contact your DCJS grant monitor for questions regarding the grant components. For technical assistance with OGMS, contact <u>ogmssupport@dcjs.virginia.gov</u>.

