State Court Administrative Office Trial Court Services Problem-Solving Courts



WebGrants How-To Manual For External Users



November 2016

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Registering as a New User

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Once the registration is approved, the system will generate an e-mail, a username, and a password.

**** Do Not Respond to This Email ****

Dear Alice Tester,

Your new registration with the WebGrants grants management system has been Approved. Your user id and password are below:

User id: atester1 Password: [Password]

You may now log into the WebGrants system at the http://micourts.dullestech.net

If you have any questions, please contact: Carol Knudsen 517-373-7351 knudsenc@courts.mi.gov Your Password will be provided in a separate email

Application Process

Opening an Application

- 1.) Log into WebGrants.
- 2.) Click "Funding Opportunities."

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3.) Select the "Opportunity Title" of the program you wish to apply for.

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| Current All current date. Click on th | ne title to open the | ortunities nities appear below. The Application Dea : Funding Opportunity summary. | dline indicates the due date for the application submission. You wi | II be unable to submit your application after this |
| Click on the | ne column header Agency | s to sort list of Opportunities. Program | Opportunity Title | Application Deadline |
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Starting a New Application

To start a new application, click "Start a New Application." To copy an existing application, click "Copy Existing Application."

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| ID | | plication Title | | Status |
| 08031 | NEW CLAIM PROCESS TESTING OPPORTUNITY | | | Submitted |
| 08061 | Lauren Fetner- Testing Document | | | Editing |
| 08063 | NEW CLAIM PROCESS TESTING OPPORTUNITY | | | Submitted |
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| Opportunity | Details | Copy Existing A | pplication Start a New Applic | ation Ask A Questic |
| 08030-NEV | V CLAIM PROCESS TESTING OPPORTUI | NITY | ~ | |
| | Court Initiative (UDCI) | | | |
| Application | Deadline: Final Application Deadline not Application | Program Officer: | Lauren Fetner | |
| Award Amoun | Deadline: Final Application Deadline not Applica | | Lauren Fetner 517-373-0260 x | |
| Award Amoun Range: | Deadline: Final Application Deadline not Applica t Not Applicable Date: 10/01/2016 | Program Officer: | | |
| Award Amoun Range: Project Start D | Deadline: Final Application Deadline not Applica t Not Applicable Date: 10/01/2016 ate: 09/30/2017 | Program Officer: Phone: | 517-373-0260 x | |

- 1.) After selecting "Start a New Application" using the instructions on page 3, fill in the required information that is requested on the page 4.
 - a. Primary Contact: The individual who is responsible for all reporting in WebGrants.
 - b. Project Title: What you are naming the application?

- c. Authorized Official: The individual who is responsible for authorizing submissions must be a WebGrants registered user.
- d. Organization: The court that will receive the grant.e. Click "Save."

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| Instructions | | | |
| This page must be completed and saved befor | e proceeding with the rest of the application process. | | |
| General Information | | | |
| Primary Contact:* | Alice Tester V | | |
| Project Title: (limited to 250 characters)* | 2018 Urban Drug Court | ^ | |
| | | ~ | |
| Authorized Official:* | Iam Testing V | | |
| Organization:* | 100th Circuit Court | | |
| | | | Return to Top |
| WebGrants - Michigan Courts | | © 2 | Dulles Technology Partners Inc. 2001-2016 Dulles Technology Partners Inc. WebGrants 6.2 - All Rights Reserved. |
| 2.) Click "Go to Applica | ation Forms" | | |
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| W Application | | | |
| Application: 08592 - 2018 Urban D | rug Court | | |
| Program Area: | Urban Drug Court Initiative (UDCI) | | |
| Funding Opportunity: | 08030 - NEW CLAIM PROCESS TESTING | OPPORTUNITY | |
| Application Deadline: | Final Application Deadline not Applicable | | |
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| General Information | | | Go to Application Forms |
| System ID: | 08592 | | |
| Project Title: | 2018 Urban Drug Court | | |
| Primary Contact: | Alice Tester | | |
| Authorized Official: | lam Testing | | |
| Organization: | 100th Circuit Court | | Lest Edited Durley, T. C. 40/00/0010 |
| | | | Last Edited By: lam Testing, 10/20/2016 |
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3.) Select a section (red box-blue font) to edit.

| Application: 08592 - 2018 Urban Drug Court Program Area: Urban Drug Court Initiative (UDCI) Funding Opportunity: 08303 - NEW CLAIM PROCESS TESTING OPPORTUNITY Application Deadline: Final Application Deadline not Applicable Instructions The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application component or prevent further editing. The check mark beside the form is only an indicator that the form has been completed. All application components must be marked as complete in order to submit. To submit the application click the Submit button. Application Forms Form Name Complete? Last Edited General Information ✓ 10/20/2016 Application Information ✓ 10/20/2016 Program Design-Part 1 Program Design-Part 2 Program Design Part 3 Program Design Part 6 Program Design Part 6 Program Design Part 6 Program Design Part 6 Forms Image: Clicking Costs Image: Clicking Costs VDOCI Budget VDOCI Budget Image: Clicking Costs Image: Clicking Costs VDOCI Budget Image: Clicking Costs Image: Clicking Costs Image: Clicking Clicking Application Forms Image: Clicking Clicking Image: Clicking Clicking Image: Clicking Clic | | | | |
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4.) Fill out the required sections (designated with a red star) and then click "Save." *Note* You cannot save the page until you have added a place holder in all of the required fields designated with a red star.

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| Application Deadline: Final Application Deadline not | Applicable | Click save when you are finished with |
| | | the section! |
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| Have there been any changes in the following areas of your program? If yes, please of Target Population* | escribe the changes in the text box provided. ● Yes ○ No | |
| | | |
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| Participant Identification* | ●Yes ○No | |
| Legal Screening* | ⊖Yes ●No | |
| Clinical Assessment* | ●Yes ○No | |
| Program Design Changes | | |
| If you have answered yes to any of the above questions describe the changes that h | nave been made to your program. | |
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5.) If you are satisfied with the section, select "Mark as Complete." If you would like to return to the section at a later time, select "Go to Application Forms," which will not mark the section completed on the main page.

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| Section | | |
| Application: 08592 - 2018 Urban D | rug Court | |
| Program Area: | Urban Drug Court Initiative (UDCI) | |
| Funding Opportunity: | 08030 - NEW CLAIM PROCESS TESTING | OPPORTUNITY |
| Application Deadline: | Final Application Deadline not Applicable | |
| Program Design-Part 1 | | Mark as Complete Go to Application Forms |
| | areas of your program? If yes, please describe the ch | nanges in the text box provided. |
| Target Population* | Yes | |
| Screening and Eligibility* | No | |
| Participant Identification* | Yes | |
| Legal Screening* | No | |
| Clinical Assessment* | Yes | |
| Program Design Changes | | |
| If you have answered yes to any of the above | questions describe the changes that have been mad | le to your program. |
| | | Last Edited By: Iam Testing, 10/20/2016 |
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6.) Once each section of the application is complete, select "Submit." (A budget tutorial follows on pg. 10 in the "Completing a Budget" section.)

| Application: 08592 - 2018 Urban Drug Court | | |
|---|-------------------|---------------------------------|
| Program Area: Urban Drug Court Initiative (UDCI) | | |
| Funding Opportunity: 08030 - NEW CLAIM PROCESS TE | STING OPPORTUNITY | |
| | | |
| Application Deadline: Final Application Deadline not Applic | able | |
| Instructions | | |
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| The required application forms appear below. Please note: Clicking "Mark as Complete" doe the form is only an indicator that the form has been completed. All application components in button. | | |
| Application Forms | Application De | etails Submit Withdray |
| Form Name | Complete? | Last Edited |
| General Information | 1 | 10/20/2016 |
| Application Information | | |
| Applicant Contact Information | | |
| DCCMIS Contact Information | | |
| Preapplication UDCI | | |
| Program Design-Part 1 | | 10/20/2016 |
| Program Design- Part 2 | | |
| Program Design Part 3 | | |
| Program Design Part 4 | | |
| Program Design Part 5 | | |
| Program Design Part 6 | | |
| Medication Assisted Treatment (OPTIONAL) Program Income | | |
| Certification Forms | | |
| Financial Request Justification | | |
| Attachment of Itemized Costs | | |
| UDCI Budget | | |
| 2017 Budget | | |
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Copying an Existing Application

WebGrants allows grantees to copy previous completed applications. After completing steps 1-3 of "Starting an Application," please execute the following steps.

1.) Select "Copy Existing Application."

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| Funding | Opportunities | | | |
| Current Applic | ations | | | |
| Any previously creat application, click on | ed applications, for this opportunity, appear below. To the Copy Existing Application link. | start a new application for this opportuni | ity, Click the Start a New Application I | ink or to copy data from an old |
| ID | | Application Title | | Status |
| 07112 07136 | TESTING Uploading Contracts Testing MATS | | | Submitted Editing |
| | | | | |
| Testing Application D | eadline: Final Application Deadline not A | pplicable | | |
| | eadline: Final Application Deadline not A Not Applicable | Program Officer: | Lauren Fetner | |
| Application D | Not Applicable | Program Officer: Phone: | 517-373-0260 x | |
| Application D Award Amount Range: | Not Applicable | Program Officer: | | |
| Application D Award Amount Range: Project Start Da | Not Applicable te: e: | Program Officer: Phone: | 517-373-0260 x | |

2.) Select the application you wish to copy, then click "Save."

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| _ | Funding Opportunities | - | | | |
| | y Application | | | | |
| Select applica | | ck save. The data in this prior application will be copied into | o a new application. You may then edit this data ar | id then submit the com | pleted |
| Сору | Program Area | Funding Opportunity | ID Title | Stage | Statu |
| | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | 01709 Test DVSSSPP | Final App | Withdra |
| | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | 01714 TEST - DVSSSPP | Final App | Withdra |
| \bigcirc | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | 01715 Test-DVSSSPP | Final App | Withdra |
| \bigcirc | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | 01716 Kathy test | Final App | Withdra |
| \bigcirc | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | 01723 Kathy print copy | Final App | Withdra |
| \bigcirc | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | 01918 Test of DVSSSPP grant components | Final App | Submit |
| 0 | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | Domestic Violence Swift and Sure Sanctions Probation Program (DVSSSPP) | 01926 Toms Test App | Final App | Withdra |
| \bigcirc | Edward Byrne Memorial Justice Assistance Grant (Byrne JAG) CFDA 16.738 | Byrne JAG Grant Application | 00001 Toms Test App | Final App | Submit |
| \bigcirc | Edward Byrne Memorial Justice Assistance Grant (Byrne JAG) CFDA 16.738 | Byrne JAG Grant Application | 00002 MDCGP/Byrne/OHSP Combined Applic | ation Final App | Submit |
| | Edward Byrne Memorial Justice | | | Final | |

3.) Select a section (red box-blue font) to edit. *Note* Even though the "General Information" section appears to be complete, make sure you update the section as the contact information may change from year to year.

| Application: 08592 - 2018 Urban D | rug Court | | |
|--|---|---------------|---------------------------|
| Program Area: | Urban Drug Court Initiative (UDCI) | | |
| Funding Opportunity: | 08030 - NEW CLAIM PROCESS TESTING OPPORT | UNITY | |
| | | | |
| Application Deadline: | Final Application Deadline not Applicable | | |
| Instructions | | | |
| | | | |
| | Please note: Clicking "Mark as Complete" does not submit the app been completed. All application components must be marked as co | | |
| Application Forms | | Application D | etails Submit Withdra |
| | Form Name | Complete? | Last Edited |
| General Information | | 1 | 10/20/2016 |
| Application Information | | | |
| Applicant Contact Information | | | |
| DCCMIS Contact Information | | | |
| Preapplication UDCI | | | |
| Program Design-Part 1 | | | |
| Program Design- Part 2 | | | |
| Program Design Part 3 | | | |
| | | | |
| Program Design Part 4 | | | |
| | | | |
| Program Design Part 4 Program Design Part 5 Program Design Part 6 | | | |
| Program Design Part 4 Program Design Part 5 Program Design Part 6 Medication Assisted Treatment (OPTIONAL | .) | | |
| Program Design Part 4 Program Design Part 5 Program Design Part 6 Medication Assisted Treatment (OPTIONAI Program Income | .) | | |
| Program Design Part 4 Program Design Part 5 Program Design Part 6 Medication Assisted Treatment (OPTIONAL Program Income Certification Forms | .) | | |
| Program Design Part 4 Program Design Part 5 Program Design Part 6 Medication Assisted Treatment (OPTIONAL Program Income Certification Forms Financial Request Justification | .) | | |
| Program Design Part 4 Program Design Part 5 Program Design Part 6 Medication Assisted Treatment (OPTIONAL Program Income Certification Forms Financial Request Justification Attachment of Itemized Costs | .) | | |
| Program Design Part 4 Program Design Part 5 Program Design Part 6 Medication Assisted Treatment (OPTIONAL Program Income Certification Forms Financial Request Justification | .) | | |

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4.) Update the required sections (designated with a red star) and then click "Save." *Note* You cannot save the page until you have added a place holder in all of the required fields that are designated with a red star.

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| 💞 Application | | + |
| Application: 08592 - 2018 Urban Drug Court | | |
| Program Area: Urban Drug Court Initiative (UE | DCI) | |
| Funding Opportunity: 08030 - NEW CLAIM PROCES | SS TESTING OPPORTUNITY | |
| Application Deadline: Final Application Deadline not | Applicable | Click save when you are finished wit |
| Program Design-Part 1 | | |
| ave there been any changes in the following areas of your program? If yes, please | describe the changes in the text box provided. | |
| Target Population* | ●Yes ○No | |
| Screening and Eligibility* | ⊖Yes ●No | |
| Participant Identification* | ●Yes ○No | |
| Legal Screening* | ⊖Yes [®] No | |
| Clinical Assessment* | ●Yes ○No | |
| Program Design Changes | | |
| If you have answered yes to any of the above questions describe the changes that h | have been made to your program. | |
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5.) If you are satisfied with the section, you will select "Mark as Complete." If you would like to return to the section at a later time, you can select "Go to Application Forms," which will not mark the section completed on the main page.

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| Applicati | on: 08592 - 2018 Urban D | orug Court | | | | |
| | Program Area: | Urban Drug Cou | urt Initiative (UDCI) | | | |
| | Funding Opportunity: | 08030 - NEW C | LAIM PROCESS TESTIN | IG OPPORTUNITY | | |
| | Application Deadline: | Final Application | n Deadline not Applicable | | | |
| | | | | | | |
| | Design-Part 1 | | | | | Go to Application Forms |
| Have there be | een any changes in the following Target Population* | | m? If yes, please describe the | changes in the text box p | rovided. | |
| | | | | | | |
| | Screening and Eligibility* | No | | | | |
| | Participant Identification* | Yes | | | | |
| | Legal Screening* | No | | | | |
| | Clinical Assessment* | Yes | | | | |
| Program De | sign Changes | | | | | |
| If you have a | answered yes to any of the above | e questions describe | the changes that have been m | ade to your program. | | |
| | | | | | Last I | Edited By: lam Testing, 10/20/2016 |
| | | | | | | |

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6.) Once each section of the application is complete, then click "Submit." (A budget tutorial follows on pg. 10 in the "Completing a Budget" section.)

| Application: 08592 - 2018 Urban Drug Court | | |
|---|---|--|
| Program Area: Urban Drug | Court Initiative (UDCI) | |
| Funding Opportunity: 08030 - NE | V CLAIM PROCESS TESTING OPPORTUNITY | |
| Application Deadline: Final Applic | ation Deadline not Applicable | |
| Instructions | | |
| The required application forms appear below. Please note: C the form is only an indicator that the form has been complete button. | cking "Mark as Complete" does not submit the application component or prever All application components must be marked as complete in order to submit. T | nt further editing. The check mark beside o submit the application click the Submit |
| Application Forms | Applic | ation Details Submit Withdray |
| Form Nan | e Complete? | Last Edited |
| General Information | 4 | 10/20/2016 |
| Application Information | | |
| Applicant Contact Information | | |
| DCCMIS Contact Information | | |
| Preapplication UDCI | | |
| Program Design-Part 1 | | 10/20/2016 |
| Program Design- Part 2 | | |
| Program Design Part 3 | | |
| Program Design Part 4 | | |
| Program Design Part 5 | | |
| Program Design Part 6 | | |
| Medication Assisted Treatment (OPTIONAL) | | |
| Program Income | | |
| Certification Forms | | |
| Financial Request Justification | | |
| Attachment of Itemized Costs | | |
| UDCI Budget | | |
| 2017 Budget | | |
| VebGrants - Michigan Courts | c | Dulles Technology Partners Ir 2001-2016 Dulles Technology Partners II WebGrants 6.2 - All Rights Reserve |

Completing a Budget

1.) After opening an application, select the budget from the "Application Forms" list.

| Program Area: | Urban Drug Court Initiative (UDCI) | | |
|---|---|---------------|----------------------------|
| Funding Opportunity: | 08030 - NEW CLAIM PROCESS TESTING OPPORT | UNITY | |
| | | | |
| Application Deadline: | Final Application Deadline not Applicable | | |
| Instructions | | | |
| | Please note: Clicking "Mark as Complete" does not submit the app been completed. All application components must be marked as co | | |
| Application Forms | | Application I | Details Submit Withdr |
| | Form Name | Complete? | Last Edited |
| General Information | | √ | 10/20/2016 |
| Application Information | | | |
| Applicant Contact Information | | | |
| DCCMIS Contact Information | | | |
| Preapplication UDCI | | | |
| Program Design-Part 1 | | | 10/20/2016 |
| Program Design- Part 2 | | | |
| Program Design Part 3 | | | |
| Program Design Part 4 | | | |
| Program Design Part 5 | | | |
| Program Design Part 6 | | | |
| Medication Assisted Treatment (OPTIONAL | | | |
| Program Income | | | |
| Certification Forms | | | |
| Financial Request Justification | | | |
| Attachment of Itemized Costs | | | |
| 2017 Budget | | | |
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2.) To add a line item to Personnel, Contractual, Supplies or Travel, click the "Add" button at the top right-hand corner of the specific section.

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| Sector Application | on | | | | | |
| Application: 08 | 3592 - 2018 Urba | n Drug Cou | rt | | | |
| | Program Ar | ea: Urban D | rug Court Initiative (UDCI) | | | |
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| Personnel | | | | Mark as Complet | e Go to Application Forms | Ad |
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| Personnel Justifica | ntion" e., wages) associated | l with the propo | sed project. | | | |
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3.) Complete the sections, and click "Save." *Note* There is a 150-character limit in computation.

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| Application: 08592 - 2018 Urba | n Drug Court |
| Program A | ea: Urban Drug Court Initiative (UDCI) |
| Funding Opportur | ity: 08030 - NEW CLAIM PROCESS TESTING OPPORTUNITY |
| Application Deadl | ne: Final Application Deadline not Applicable |
| Personnel | |
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4.) To add "Fringe Benefits" as well as "Justification(s)," click "Edit" at the top of the screen.

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| Retirement | | 0% | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 | |
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| Dental Insura | nce | 0% | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 | 0 \$0.00 |

5.) Complete the "Justification(s)" and enter your "Fringe Benefit" request(s) (if applicable). Click "Save" when complete. *Note* "Justification(s)" are mandatory fields; you must have at least one letter or number in each text box before you can save your work.

| Personnel Justifica | tion | | | | |
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| Fringe Benefits Row Employer FICA Retirement | 0% | \$0.00 | \$0.00 | Local Cash Contribution | \$0.00 |
| Fringe Benefits Row Employer FICA Retirement Hospital Insurance | 0% | \$0.00 \$0.00 | \$0.00 \$0.00 | Local Cash Contribution \$0.00 \$0.00 | \$0.00 \$0.00 |
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| Fringe Benefits Row Employer FICA Retirement Hospital Insurance Dental Insurance Vision Insurance | 0% 0% 0% 0% | \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 | Local Cash Contribution \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 |
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6.) To make changes to an existing line item, select the specific blue hyperlinked name housed in the far left-hand column of the specific section. Once you are satisfied with your budget, click "Mark as Complete."

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| 🐳 Appl | ication | | | | | | | | |
| Applicati | on: 08592 - | 2018 Urban | Drug Court | 6 | | | | | |
| | | Program Area | Urban Dr | ug Court Initia | tive (UDCI) | | | | |
| | Fundir | og Opportunity | 08030 - N | | ROCESS TESTING OP | PORTU | VITY | | |
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Award Process

After awards have been made and the award letter has been sent to the court, the primary contact (as designated in your grant application), will receive a notification from WebGrants stating that the budget is under review and requires modification. The notification will also contain your grant review document, which can be accessed by clicking the blue hyperlink.

| micourts@webgrantsmail.com WebG | | 09/15/2016 10:20 Sent |
|---------------------------------|--|-------------------------------|
| – Plea Revis | | MMHCGP.pdf |
| Your Budge 07754 | | <u>۲</u> |
| Enhar Menta | ced Your budget is under review and requires modification. Your application has be | |
| Health | e your budget. Instructions and your scoring sheet are attached. The application | n |
| Court | details appear below: Number: 07754 | Click here to open the review |
| | Name: Enhanced Mental Health Treatment Court | |
| | You are requested to make the following modifications to your budget and resub mit it by 10/31/2016. | |
| | You may log into the WebGrants grants management system at https://micourts ullestech.net | .d |
| | *The 2017 budget revision process has changed, for a tutorial please visit he Instructions page in WebGrants* | t |

Follow the steps below to edit your budget.

- 1.) Log into WebGrants.
- 2.) Select "My Applications."
- 3.) Select the "Project Title" of the budget you would like to alter.

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| The a | | | ciated with recent Funding Oppor | unities and are in Editing, Submitted, or Correcting statuses. Funding Opportunity | | |
| The a Applic | oplications ations link. | below are asso | • | Funding Opportunity | To view older applications, click on the A | rchived |

WebGrants - Michigan Courts

Dulles Technology Partners Inc. © 2001-2016 Dulles Technology Partners Inc. WebGrants 6.2 - All Rights Reserved. 4.) Select the budget that requires alteration. *Note* You will not have access to your entire application.

| MICHIGAN COURTS One Court of Justice | |
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| Section | |
| Application: 07754 - Enhanced Mental Health Treatm | nt Court |
| Program Area: Michigan Mental He | alth Court Grant Program (MMHCGP) |
| Funding Opportunity: 07068 - Fiscal Yea | 2017 Michigan Mental Health Court Grant Program |
| Application Deadline: 05/13/2016 | |
| Instructions | |
| | rk as Complete* does not submit the application component or prevent further editing. The check mark beside ration components must be marked as complete in order to submit. To submit the application click the Submit. |
| Application Forms | Application Details Submi |
| Form Name | Complete? Last Edited |
| 2017 Budget | 10/18/2016 |
| WebGrants - Michigan Courts | Dulles Technology Partners Ir © 2001-2016 Dulles Technology Partners Ir WebGrants 6.2 - All Rights Reserve |

5.) To make changes to a specific line item within the Personnel, Contractual, Supplies or Travel sections, or to delete a line; click the blue hyperlinked section in the far left-hand corner of the table. To make changes to "Fringe Benefits," or, to alter the "Justification(s)," click "Edit" at the top of the screen.

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| 😽 Appl | ication | | | | | | | |
| Applicati | on: 08592 - | 2018 Urban D | orug Court | | | | | |
| | | Program Area: | Urban Dru | ug Court Initia | tive (UDCI) | | | |
| | Fundi | ng Opportunity: | 08030 - N | NEW CLAIM P | ROCESS TESTING OPPORTU | NITY | | |
| | Applie | ation Deadline: | Final App | lication Dead | ine not Applicable | | | |
| Personne | al | | | | | Mark as Complete | Go to Application Forms | 1.4 |
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| Personnel J Justify perso | Justification" onnel (i.e., wag enefits ow | es) associated wii | | | Or Funding Sources Local \$0.00 \$0.00 | Cash Contribution | Local In-Kind Contribution \$0.00 \$0.00 | \$0. |

6.) Once the budget reflects the award amount, "Mark as Complete," and then click "Submit.

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| 100 | ication | | | | | | | |
| Applicati | ion: 08592 | 2018 Urban Dru | ig Court | | | | | |
| entre anno | | Program Area: | Irban Drug Court | Initiative (UDCI) | | | | |
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| | Арры | cation Deadline: F | inal Application L | eadline not Applicable | | | | |
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| Name | Position | Computat | ion Reque | est Other Grant Or Fundi Sources | ng | Local Cash Contribution | Local In-Kind Contribution | Total |
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Grant Requirements

Once your application has been approved and is underway, there are various grant requirements that must be completed in order to maintain compliance. This section will instruct you on how to access and complete a claim, a status report and a contract amendment(s).

Accessing a Grant

- 1.) Log into WebGrants.
- 2.) Select "My Grants."

| MICHIGAN COURTS One Court of Justice | |
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| Main Menu | |
| Click Help above to view instructions. Go to "My Profile" to reset pa | ssword. Instructions My Profile Funding Opportunities My Applications My Grants |
| WebGrants - Michigan Courts | Dulles Technology Partners Inc. © 2001-2016 Dulles Technology Partners Inc. WebGrants 6.2 - All Rights Reserved. |

3.) Select the grant you would like to view by clicking its title (blue font).

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| | Grant | Track | king | | | |
| Cur | rent Gra | ants | | | Closed Gra | ants Claims |
| Grants | in the sta | tus Un | derway or Suspended appear on this list. To view other Grant | s, click the closed Grants link. | | |
| ID | Status | Year | Title | Program Area | Grant Administrator | Grant Amount |
| 04636 | Underway | y 2016 | TEST 100th Circuit Court 2015 Byrne JAG | Edward Byrne Memorial Justice Assistance Grant (Byrne JAG) CFDA 16.738 | Marie Pappas | \$128,169.4 |
| 04505 | Underway | 2016 | PART 2 FY 16 Testing | Urban Drug Court Initiative (UDCI) | Lauren Fetner | \$164,157.0 |
| 04567 | Underway | y 2016 | FY 2016 TEST | Edward Byrne Memorial Justice Assistance Grant (Byrne JAG) CFDA 16.738 | Marie Pappas | \$44,850.0 |
| 07051 | Underway | | FY 17 Blank Testing Doc | Swift and Sure Sanctions Probation Program (SSSPP) | Thomas Myers | \$5,000.0 |
| 07186 | Underway | 2016 | Fiscal Year 2017 Michigan Drug Court Grant Program (MDCGP) | Michigan Drug Court Grant Program (MDCGP) | Dana Graham | \$6,000.0 |
| 07213 | Underway | | Fiscal Year 2017 Michigan Regional DWI Court Grant Program | Regional DWI Courts | Lauren Fetner | \$8,000.0 |
| 07225 | Underway | 2016 | Fiscal Year 2017 Urban Drug Court Initiative Grant Application | Urban Drug Court Initiative (UDCI) | Lauren Fetner | \$0.0 |
| 07122 | Underway | 2016 | Lauren Fetner_Testing | Urban Drug Court Initiative (UDCI) | Lauren Fetner | \$53,420.0 |
| 07231 | Underway | 2016 | Fiscal Year 2017 Michigan Drug Court Grant Program (MDCGP) | Michigan Drug Court Grant Program (MDCGP) | Dana Graham | \$146,280.0 |
| 07057 | Underway | 2016 | Marie's Testing Application | Edward Byrne Memorial Justice Assistance Grant (Byrne JAG) CFDA 16.738 | Marie Pappas | \$150,280.0 |
| 08125 | Underway | y 2016 | 2017 Michigan Mental Health Court Grant Program (MMHCGP) - ***Planning Grant*** | Michigan Mental Health Court Grant Program - Planning Grant (MMHCGP-PG) | Marie Pappas | \$117,441.7 |
| 03542 | Underway | 2015 | 2016 testing | Michigan Drug Court Grant Program (MDCGP) | Dana Graham | \$1,182.0 |
| 02381 | Underway | y 2014 | FY 15 VTC TEST | Michigan Veterans Treatment Court Grant Program (MVTCGP) | Dana Graham | \$37,200.0 |
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Grant Components

The Grant Components page is the main "hub" of your grant. You will be able to access the forms that are necessary to meet the reporting requirements put forth by SCAO. The page is organized as follows:

- a.) General Information: Contains basic project information such as grantee contacts, program officer (SCAO), contract number and project dates.
- b.) Claims: Contains the forms that must be completed to submit a reimbursement claim.
- c.) Status Reports: Houses all reporting requirements (other than claims) that must be submitted to maintain compliance.
- d.) Contract Amendments: Houses forms necessary to request budget as well as project revisions.
- e.) On-site Review: If the program was randomly selected for a site visit, the forms will be uploaded by the analyst and housed here for your completion.
- f.) Subcontractor Forms: Where the grantee uploads any required subrecipient contracts.
- g.) Grant Contact Information: Houses basic program contact information.
- h.) Budget: Houses a copy of the most recent version of the budget.
- i.) Opportunity: Houses all basic grant information including; reporting requirements, allowable expenses and assurances.
- j.) Application: Houses a copy of the application.

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|---|--|
| 🐊 Grant Tracking | |
| Grant: 07231 - Fiscal Year 2017 Michigan Drug Court Grant Program(MDC | GP) - 2016 |
| Status: Underway | |
| Program Area: Michigan Drug Court Grant Program (MD | CGP) |
| Grantee Organization: 100th Circuit Court | , |
| Program Officer: Dana Graham | |
| | |
| Awarded Amount: \$146,280.00 | |
| Instructions | |
| The grant forms appear below. | |
| The grant forme appear below. | |
| Grant Components | |
| You can define your own alerts in the Alerts section | |
| Component | Last Edited |
| General Information | 10/12/2016 |
| Claims | |
| Status Reports Contract Amendments | |
| Sub-Contractor Forms | |
| Grant Contact Information | |
| On-site Review | |
| 2017 Budget | 10/12/2016 |
| Opportunity | - |
| Application | - |
| | |
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| | |

Submitting a Claim

Quarterly financial claims must be submitted by January 10, April 10, July 10, and October 10. Grantees are reimbursed for expenditures; claims must be received before SCAO issues any payment. To submit a claim, execute the following steps:

- 1.) Log into WebGrants.
- 2.) Click My Grants.
- 3.) Select "Claims."

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| 🐊 Grant Tracking | |
| Grant: 07231 - Fiscal Year 2017 Michigan | Srant Program(MDCGP) - 2016 |
| Status: Under | |
| Program Area: Michio | t Grant Program (MDCGP) |
| | |
| Grantee Organization: 100th | |
| Program Officer: Dana C | |
| Awarded Amount: \$146.2 | |
| Instructions | |
| The grant forms appear below. | |
| Grant Components | |
| You can define your own alerts in the Alerts section | |
| | Last Edited |
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| Grant Contact Information | |
| On-site Review | |
| 2017 Budget | 10/12/2016 |
| Opportunity | |
| Application | * |
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4.) Select the quarter in which you would like to submit the (preloaded) reimbursements.

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| Grant: 072 | 31 - Fiscal Year 2017 M | Ichigan Drug Court (| Grant Program(MI | DCGP) - 2016 | | |
| | Status: | Underway | | | | |
| | Program Area: | Michigan Drug Cou | t Grant Program (I | MDCGP) | | |
| | | 100th Circuit Court | | 10000000000 | | |
| | | | | | | |
| | | Dana Graham | | | | |
| | | | | | | |
| | Awarded Amount: | \$146,280.00 | | | | |
| | Awarded Amount: | \$146,280.00 | | | | |
| Claims | Awarded Amount: | \$146,280.00 | | | Copy Existing Claim I | Return to Component |
| Claims | Aworded Amount | \$146,280.00 Status | Date Submitted | Date Paid | Copy Existing Claim I Date From-To | Return to Component Claim Amount |
| ID 07231 - 0 | Type 01 Reimbursemen | Status t Submitted | | | Date From-To 10/01/2016 - 12/31/2017 | Claim Amount \$8,500 |
| ID 07231 - 0 07231 - 0 | Type 01 Reimbursemen 02 Reimbursemen | Status t Submitted t Editing | Submitted | | Date From-To 10/01/2016 - 12/31/2017 01/01/2017 - 03/31/2017 | Claim Amount \$8,500. \$0. |
| ID 07231 - 0 07231 - 0 07231 - 0 | Type 01 Reimbursemen 02 Reimbursemen 03 Reimbursemen | Status t Submitted t Editing t Editing | Submitted | | Date From-To 10/01/2018 - 12/31/2017 01/01/2017 - 03/31/2017 04/01/2017 - 06/30/2017 | Claim Amount \$8,500. \$0. \$0. |
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| 07231 - 0 07231 - 0 07231 - 0 | Type 01 Reimbursemen 02 Reimbursemen 03 Reimbursemen | Status t Submitted t Editing t Editing | Submitted | | Date From-To 10/01/2016 - 12/31/2017 01/01/2017 - 03/31/2017 04/01/2017 - 06/30/2017 07/01/2017 - 09/30/2017 Submitted Amount Approved Amount | Claim Amount \$8,500 \$0 \$0 \$6,600 \$0 \$0 \$0 \$0 \$0 |

5.) Select "Reimbursement."

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| 🐊 Gran | t Tracking | | | |
| Claim: 07 | 7231 - 003 | | | Grant Components |
| | Grant: | 07231-Fiscal Year 2017 Mich | nigan Drug Court Grant Program(MDCGP) | |
| | Status: | Editing | | |
| | Program Area: | Michigan Drug Court Grant Pr | rogram (MDCGP) | |
| | Grantee Organization: | 100th Circuit Court | | |
| | Program Manager: | Dana Graham | | |
| | | | | |
| Instructio | ons | | | |
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| | ır claims | | • | |
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| YOU Compone | IT Claims ents ch component of the Claim and n Nam rmation | report in | WebGrants, o | Click here. |
| Compone Complete eac General Infol Reimbursem Backup Doct | IT Claims ents ch component of the Claim and n Nam rmation | report in | WebGrants, o | Click here. Preview Submit Last Edited |

6.) Enter all expenses for the period in their respective lines on the budget, if you are missing an expense in your budget or if you are over your limit, you will need to create a contract amendment before submission. *Note* Contract amendment instructions are available in a separate section of this manual.

| Reimbursement | | | | |
|-----------------------|---|--------------------|-------------------------|-----------------------------|
| Budget Category | Details | Contract Budget | Expenses This Period | Prior Expenses (Paid) |
| Personnel | | | | (r did) |
| Sally Tester | Sally Tester (Name) Program Coordinator (Position) \$25/hr x 40/hrs/week x 52 weeks (Computation) | \$52,000.00 | \$0.00 | \$0.00 |
| Steven Seesit | Steven Seesit (Name) Case Manager (Position) \$15/Hr x ADnrs/week x 52 weeks (Computation) | \$31,200.00 | \$0.00 | \$0.00 |
| Fringe Benefits Summa | ny | | | |
| Fringe Benefits Total | | \$2,000.00 | \$0.00 | \$0.00 |
| Contractual | | | | |
| Drug Testing | Drug Testing (Service to be Provided) ABC Testing, IND Testing, CBF Testing (Contractor(s)) \$8/8-panel test, \$12/10 panel test (Computation) | \$25,000.00 | \$0.00 | \$0.00 |
| SA Treatment | SA Treatment (Service to be Provided) In the Real Treatment Agency, Supericious Substance Abuse Treatmen (Contractor(s)) \$100/individual session (S60/croup session (Computation) | \$30,000.00 | \$0.00 | \$0.00 |
| Supplies | | | | |
| Drug Testing Supplies | Drug Testing Supplies (Type of Supply) \$12/bag of straws, 600 count cups (Computation) | \$3,000.00 | \$0.00 | \$0.00 |
| Graduation Supplies | Graduation Supplies (Type of Supply) \$50/Graduation (Computation) | \$200.00 | \$0.00 | \$0.00 |
| Travel | | | | |
| Bus Passes | Bus Passes (Type of Travel) 40, 30-day passes @\$50/pass (Computation) | \$2,000.00 | \$0.00 | \$0.00 |
| MADCP | MADCP (Type of Travel) 3 team members (Computation) | \$880.00 | \$0.00 | \$0.00 |

7.) Once all of the expenses have been entered, click "Save."

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| 🐊 Grant Tracki | ing | | | | | _ |
| Claim: 07231 - 003 | 3 | | | | Grant C | omponents |
| | Status: Editing Program Area: Michigan Drug Intee Organization: 100th Circuit Co Program Manager: Dana Graham | Court Grant Program (MDCGP) ourt | | | | |
| Reimbursement | | | | | | |
| Budget Category | | Details | | ontract udget | Expenses This Period | Prior Expenses (Paid) |
| Personnel | | | | | | () |
| Sally Tester | Sally Tester (Name) Program Coordinator (Position) \$25/hr x 40hrs/week x 52 weeks (Com | putation) | \$5 | 52,000.00 | \$0.00 | \$0.00 |
| teven Seesit | Steven Seesit (Name) Case Manager (Position) \$15/Hr x 40hrs/week x 52 weeks (Com | nputation) | \$3 | 31,200.00 | \$0.00 | \$0.00 |
| ringe Benefits Summa | iry | | | | | |
| ringe Benefits Total | | | \$ | \$2,000.00 | \$0.00 | \$0.00 |
| Contractual | | | | | | |
| Drug Testing | Drug Testing (Service to be Provided) ABC Testing, IND Testing, CBF Testin \$8/6-panel test, \$12/10 panel test (Cor | g (Contractor(s)) | \$2 | 25,000.00 | \$0.00 | \$0.00 |
| | SA Treatment (Service to be Provided | | | | to 00 | AD 00 |

8.) If you have completed this section, click "Mark as Complete." If you have not, and wish to add more information, click "Go to Claim Forms."

| | Court of Justice | | | | | | |
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| Claim: 07231 - 0 | 03 | | | | | Grant Con | nponen |
| | Status: | 0 <mark>7231-Fiscal Year 2017 Michigan D</mark> Editing Vichigan Drug Court Grant Program (| | DCGP) | | | |
| G | rantee Organization: 1 Program Manager: [| 100th Circuit Court | | | | | |
| | | | | | | | |
| Reimbursement | t | | | Mark as C | | Go to Clai | |
| Budget Category | | Details | Contract Budget | Expenses This Period | Prior Expenses (Paid) | Total Paid | Availab Balanc (Unpair |
| Personnel | | | | | | | |
| Sally Tester | Sally Tester (Name) Program Coordinator (P \$25/hr x 40hrs/week x 5 | | \$52,000.00 | \$0.00 | \$0.00 | \$0.00 | \$52,000 |
| | Steven Seesit (Name) Case Manager (Position \$15/Hr x 40hrs/week x 5 | | \$31,200.00 | \$0.00 | \$0.00 | \$0.00 | \$31,200 |
| Steven Seesit | | | | | | | |
| | | | \$2,000.00 | \$0.00 | \$0.00 | \$0.00 | \$2,000 |
| Steven Seesit Fringe Benefits Sum Fringe Benefits Total | | | | | | | |
| Fringe Benefits Sum | Drug Testing (Service to | | | | | | |

9.) Next, select "Backup Documentation."

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| À Grant | t Tracking | | | |
| Claim: 07 | 231 - 003 | | | Grant Component |
| | Grant: | 07231-Fiscal Year 2017 | Michigan Drug Court Grant Program(MDCG | P) |
| | Status: | Editing | | |
| | Program Area: | Michigan Drug Court Gran | nt Program (MDCGP) | |
| | Grantee Organization: | 100th Circuit Court | | |
| | Program Manager: | Dana Graham | | |
| | watch a | | regarding how WebGrants | |
| To you | watch a Ir claims | | regarding how n WebGrants, | click here. |
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10.) To upload a specific document, click the blue hyperlink for each section under the "Attachment" column.

| Claim: 07231 - 003 | | | | | Gran | t Components |
|---|---|--|---|---|---|--|
| Grant: | 07231-Fiscal Year 201 | 7 Michigan Drug Court (| Grant Program(MD | CGP) | | |
| Status: | Editing | | | | | |
| Program Area: | Michigan Drug Court G | rant Program (MDCGP) | | | | |
| Grantee Organization: | | runt rogram (mboor) | | | | |
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| Program Manager: | Dana Granam | | | | | |
| Backup Documentation | | | | Mark as Com | plete I Go t | o Claim Form |
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Backup documentation should be uploaded in the following format:

- a. **Request Summary**: An Excel or Word document that provides an overview of all the requested reimbursements. ***This is a required field.***
- b. Personnel and Fringe Documentation: Individuals whose salary is charged to a grant fall into one of two categories: those who have all of their salary charged to a grant and those who have a portion of their salary charged to a grant. In cases where a portion of an individual's salary is charged to a grant, proper backup documentation includes a time sheet that identifies the portion of the individual's time that was spent on grant-related activities and the portion spent on other activities, even if those other activities are charged to a different grant. The time sheet should include a separate column for each grant and a column for leave time (for example, vacation or sick leave). The number of hours per month will vary depending on the number of days in each month and the placement of weekends. The employee should certify the time sheet is accurate with his or her signature and date. In addition, courts must include a copy of a detailed general ledger, budget and expenditure report, or payroll journal produced by an accounting system for the reporting period as backup documentation. The documentation must identify each employee being charged to the grant and include detailed entries of the costs incurred in addition to a total. If fringe benefits are charged to a grant, they must be in equal proportion to the hours worked on the grant and the individual benefits and amounts must be identified on the payroll document.
- c. **Contractual Documentation**: All invoices that are being requested for reimbursement should contain details of the expense and should be organized by contractor. This documentation can be broken down into three, separate uploads.
- d. **Supplies Documentation**: Invoices for all supplies that are being requested for reimbursement, this includes receipts from local stores for incentives, office supplies, or graduation supplies.
- e. **Travel Documentation**: Travel vouchers and mileage sheets as well as any other additional travel reimbursements such as taxi receipts or bus passes.
- 11.) Once you have selected the document type, enter a brief description in the text box. This description should allow the analyst reviewing the claim to easily identify the upload.
- 12.) Click "Browse" to select a file to upload from your computer.

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| Attach File | | | |
| Attachment Instructions | ummary sheet. This document may be a word or exce | I file and must provide a summary of each invoice of | service that is being requested for |
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| Descript | Request Summary, 3rd quarter | 1 | Click here to upload a file from you computer. |
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14.) If you need to delete an already uploaded file, click the trash can in the far right-hand column.

| Claim: 07231 - 003 | | | | Grant C | omponents |
|---|---|--|---|--|--|
| Grant: | 07231-Fiscal Year 2017 Michig | gan Drug Court Grant Program(MDCGP) | | | |
| Status: | Editing | | | | |
| Program Area: | Michigan Drug Court Grant Proc | ram (MDCGP) | | | |
| Grantee Organization: | | | | | |
| Contraction of the second second | | | | | |
| Program Manager: | Dana Graham | | | | |
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| Backup Documentation | | Mark | as Complete | Go to C | laim Forms |
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| Attachment | Description | File Name | File Size | Туре | Delete? |
| Request Summary | Request Summary, 3rd quarter | WebGrantsHowToManual Volume 2a.docx | 2.9 MB | docx | 1 |
| Personnel and Fringe Documentation | | | 2.9 MB 2.9 MB | | 1 |
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15.) Once you have uploaded all of the necessary documentation, click "Mark as Complete," and then click "Submit."

Claim Tips!

- **1.**) Make sure all of your contract amendments are submitted at least one week before your claim submission is due.
- 2.) The Request Summary upload is a required field; you must include a summary document before you will be able to submit your claim.
- 3.) Practice merging multiple documents into one upload. For assistance, contact your local IT department.

Contract Amendments

A contract amendment is necessary if the program requires changes to the budget or program operations.

Budget Revision

A budget revision is necessary for any budget changes involving the movement of funds.

- 1.) Log into WebGrants.
- 2.) Select "My Grants."
- 3.) Select "Contract Amendments."

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| 🐊 Grant Tracking | | | |
| Grant: 07231 - Fiscal Year 2017 | /lichigan Drug Court Grant Program(MD | CGP) - 2016 | |
| Statu | s: Underway | | |
| Program Are | a: Michigan Drug Court Grant Program (M | (DCGP) | |
| | 100th Circuit Court | | |
| | | | |
| Program Office | r: Dana Graham | | |
| Awarded Amoun | t: \$146,280.00 | | |
| Instructions | | | |
| The grant forms appear below. | | | |
| Grant Components | | | |
| You can define your own alerts in the Alerts | section | | |
| | Component | Last Edited | |
| General Information | | 10/12/2016 | |
| Claims | | | |
| Status Reports | | | |
| Contract Amendments Sub-Contractor Forms | | | |
| Grant Contact Information | | | |
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| 2017 Budget | | 10/12/2016 | |
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| Application | | * | |
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4.) Click "Add."

| Frant: 07231 - FISCAL Year 2017 Mil | chigan Drug Court Grant Progr | ram(MDCGP) - 2016 | | |
|--|---|---|--|-----|
| Status: | Underway | | | |
| Program Area: | Michigan Drug Court Grant Pro | gram (MDCGP) | | |
| Grantee Organization: | 100th Circuit Court | | | |
| Program Officer: | Dana Graham | | | |
| Awarded Amount: | | | | |
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| | ect "Budget Revision Revision". If you re | n" if the change does | change involves the not involve the moveme ase contact Lauren Fetne | |
| o request a change to novement of funds sel f funds select "Project 17-373-0260 or fetner | ect "Budget Revision Revision". If you re @courts.mi.gov | n" if the change does quire assistance, plea | not involve the moveme ase contact Lauren Fetne | |
| o request a change to novement of funds sel f funds select "Project 17-373-0260 or fetner o watch a tutorial on s | ect "Budget Revision Revision". If you re @courts.mi.gov | n" if the change does quire assistance, plea | not involve the moveme ase contact Lauren Fetne | er: |
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© 2001-2016 Dulles Technology Partners Inc. WebGrants 6.2 - All Rights Reserved. 5.) Give the amendment a title and ensure that budget revision is selected in the dropdown, then click "Save."

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| Grant Tracking General Information Title: (limited to 250 characters)* | Testing Amendment | ^ | |
| Contract Amendment Type:* | Budget Revision V | <u> </u> | |
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6.) Click "Return to Components."

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| Title: | Testing Amendment | |
| Amendment Type: | Budget Revision | |
| Status: | Editing | |
| | | Last Edited By: Iam Testing, 10/21/201 |
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7.) Select "Contract Amendment."

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- 8.) If you are adding a new line item skip to step 11. *DO NOT CLICK "ADD"*
 9.) To make changes to an existing line item, select the line by clicking the blue hyperlink in the far left-hand column.

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| Contra | act Amendmen | t: 06 | | | | | | | |
| | | Grant: 07231- | Fiscal Year | 2017 Michigan Drug C | ourt Grant Progra | m(MDCGP) | | | |
| | | Status: Editing | | | | | | | |
| | | Program Area: Michiga | n Drug Cou | rt Grant Program (MDC | GP) | | | | |
| | Grantee | Organization: 100th C | Ircuit Court | | | | | | |
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10.) Input the amount you are either adding or removing from that item, then click "Save."

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| Contract Amendment: 06 | |
| Grant: | 07231-Fiscal Year 2017 Michigan Drug Court Grant Program(MDCGP) |
| Status: | Editing |
| Program Area: | Michigan Drug Court Grant Program (MDCGP) |
| Grantee Organization: | 100th Circuit Court |
| Program Manager: | Dana Graham |
| Submitted Date: | |
| Instructions | |
| | ir project. Further instructions are available by clicking "help" at the |
| or fetnerl@courts.mi.go | ou require assistance, please contact Lauren Fetner: 517-373-0260 ov submitting a contract amendment, click here. |
| or fetnerl@courts.mi.go | |
| r fetnerl@courts.mi.go o watch a tutorial on s | |
| r fetnerl@courts.mi.go o watch a tutorial on s Personnel | by in the submitting a contract amendment, click here. |

11.) To make changes to "Fringe Benefits," add a new line item as well as include a justification for the amendment, click "Edit" at the top of the screen.



| Explanation of Request | |
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| Reduce Sally's salary by \$1000 and apply it to the new case manager (see below) Create a new Case Manager (Sarah Tester), Sarah will be working no more than 3 hours a week for the program at a pay rate of \$10/hour. | |
| Create a new case Manager ("Safah rester), Safah will be working no more than 3 hours a week for the program at a pay fate of \$10/hour. This position is not benefit impacted. Move | |
| | |

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13.) If you are satisfied with the amendment, select "Mark as Complete" and then click "Submit."

Budget Revision Tips!

- **1.**) Make sure you have your revision written out before you enter, the revision should balance (the amount added equals the amount removed from other sections).
- 2.) NEVER CLICK ADD! Because of the type of form, clicking "Add" will not provide the text boxes required to provide the details necessary for the amendment. Insert all of these details in the justification (starting at step 11).
- 3.) If you make some major mistakes, just start a new exception. Accidentally delete something? (Do not click DELETE.) Because this form is not directly tied to your budget, you can create a new amendment and start from scratch. Unfortunately, an "undo" button has not yet been created.

Project Revision

A project revision will be used for contract amendments that do not result in the movement of funds. For example, the budget initially had a personnel line that was listed as "TBD." That position was filled, but the amounts given remained the same.

- 1.) Complete steps 1-4 of the "Budget Revision."
- 2.) Give the amendment a title and ensure that "Project Revision" is selected in the dropdown, then click "Save."

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| (limited to 250 characters)* | |
| Contract Amendment Type: Project Revision V | |
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| 3.) Click "Return to Components." MICHIGAN COURTS One Court of Justice | |
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| ID: 08601 | |
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| Amendment Type: Project Revision | |
| status: Editing | Last Edited by: Iam Testing, 10/21/2016 |
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| 4.) Select "Project Revis | ion." | | |
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| 🔍 Contract Amendment | | | |
| Contract Amendment: 07 | | | |
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| 5.) Click "Edit." MICHIGAN Cone Court of Justice | OURTS | | |
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| Contract Amendments | | | |
| Contract Amendment: 07 | | | |
| Grant: | 07231-Fiscal Year 2017 M | ichigan Drug Court Grant Program(MD0 | CGP) |
| Status: | Editing | | |
| Program Area: | Michigan Drug Court Grant | Program (MDCGP) | |
| Grantee Organization: | | | |
| Program Manager: | Dana Graham | | |
| Submitted Date: | | | |
| Instructions | | | |
| To request a change to Save. Return to the gra Edit. Indicate where you the bottom of the form, | ant components a u are adding mor explain your requ uest is required. | uest. If you are not moving | top of the screen, click are subtracting it from. At |
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To watch a tutorial on submitting a contract amendment, click here.

Personnel

Mark as Complete | Return to Components | Add

6.) Scroll to the bottom of the screen. In the "Explanation of Requested Adjustment" comment section, explain specifically what needs to be adjusted in the budget. This should be as detailed as possible to allow the analyst to understand the changes.

| Explanation of Requested Adjustment | |
|--|---|
| In detail, provide the amount, rate, name, agency, line item, etc., that describes the justification for the requested adjustment. | |
| Explanation of Requested Adjustment* | |
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| When we intially started the program we knew we would be hiring a part time case manager and therefore included the information in our budget. As of 10/1/2016, Sally Seesit was hired at the rate specified in the current budget. Please include her name on the budget as a new hire. | |
| Path: p Words:49 | |
| | Return to Top |
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7.) When you are satisfied with the response, scroll back to the top of the page and click "Save," Mark as Complete," and click "Submit."

Subcontractor Forms

For programs that use the services of subrecipients, subcontracts must be uploaded in the system before reimbursement can be given. The following steps are required to upload a subcontract:

- 1.) Log into WebGrants.
- 2.) Click "My Grants."
- 3.) Select the grant you wish to access.
- 4.) Click "Subcontractor Forms."

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| Grant: 07231 - Fiscal Year 2017 Michigan Drug Court Grant Pr | ogram(MDCGP) - 2016 |
| Status: Underway | |
| Program Area: Michigan Drug Court Grant F | Program (MDCGP) |
| Grantee Organization: 100th Circuit Court | |
| Program Officer: Dana Graham | |
| Awarded Amount: \$146,280.00 | |
| Instructions | |
| The grant forms appear below. | |
| Grant Components | |
| You can define your own alerts in the Alerts section | |
| Component | Last Edited |
| General Information | 10/12/2016 |
| Claims Status Reports | |
| Contract Amendments | |
| Sub-Contractor Forms | |
| Grant Contact Information | |
| On-site Review 2017 Budget | 10/12/2016 |
| Opportunity | 10/12/2010 |
| Application | - |
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5.) If a contract template is required, click the blue "here." If a contract is complete and ready to be uploaded, click the "Add" at the top of the screen.

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6.) Provide a brief description of the document, then click "Browse" to select the document from your desktop. When completed, click "Save."

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Status Reports

Each grant will have its own set of reporting requirements. It is important that you check the "Opportunity" section of "Grant Components" for an updated list of due dates. Most of the reports, with exception to the state-funded progress reports, are preloaded by an SCAO analyst at the beginning of the grant year. The following steps are necessary to access all status reports:

- 1.) Log into WebGrants.
- 2.) Select "My Grants."
- 3.) Select the grant you wish to access.
- 4.) From "Grant Components," select "Status Reports."

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| Status: | Underway | |
| | Michigan Drug Court Grant Program (I | (DCGB) |
| | | MDCGF) |
| Grantee Organization: | 100th Circuit Court | |
| Program Officer: | Dana Graham | |
| Awarded Amount: | \$146.280.00 | |
| Instructions | | |
| The grant forms appear below. | | |
| Grant Components | | |
| You can define your own alerts in the Alerts a | oction | |
| | Component | Last Edited |
| General Information | | 10/12/2016 |
| Claims | | |
| Status Reports Contract Amendments | | |
| Sub-Contractor Forms | | |
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| On-site Review | | |
| 2017 Budget | | 10/12/2016 |
| Opportunity | | |
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5.) Select the preloaded "Status" report by clicking its ID number in the far left-hand column.

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| | Grantee Organization: 100th | Circuit Court | rant (Byrne JAG) (| CFDA 16.738 | | |
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Progress Reports

Progress reports are for state-funded programs only. This report is loaded into your WebGrants account shortly after the midyear (Mid-Year Report) and shortly after the end of the grant cycle (Year-End Report). This report is not preloaded due to the time-sensitive data that must be produced in DCCMIS before the report is available. The report has two versions, *with* and *without* data.

With Data

This type of status report is for programs that had participants that graduated during the first half of the program. You will access the report using the steps given above, and then do the following to complete the report:

- 1.) Select the Progress Report attachment.
 - a. This is an Excel document that is loaded into your report by an SCAO analyst. You will want to open and either save or print this document to allow for reporting on the findings in a later section of the report.

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| | Grant: | 04567-FY 2016 TEST | | |
| | Status: | Editing | | |
| | Program Area: | Edward Byrne Memorial Justice Assistance Grant | (Byrne JAG) CFDA 16.738 | |
| | Grantee Organization: | 100th Circuit Court | | |
| | Program Manager: | Marie Pappas | | |
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| omplete eacl | h component of the status repor | t and mark it as complete. Click Submit when you are done. Name | Complete? | Last Edited |
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2.) Once the attachment has been downloaded, select "Go to Status Report Forms."

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| Grantee Organization: | 100th Circuit Court |
| Program Manager: | Marie Pappas |
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3.) Select "Progress Report with Data." *Note* The name of this component will change slightly from year to year.

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- 4.) Complete the sections of the report providing the necessary details.
 - a. Program Update: Provide specific information updating the SCAO analysts about your program.

- b. Additional Program Questions: This section will change with each reporting period; please provide responses to the questions. Use as much detail as possible.
- c. Goals: Provide the progress your program has made towards achieving the goals as specified in the grant application. Make sure to use data and details as much as possible. (Talk to your SCAO analyst if you have not already received DCAS training.).
- d. Data Analysis: Use the attached data sheet (that you downloaded in step #2) to answer these questions. Be as specific as possible; use data and details as much as you can.
- 5.) When you are satisfied with the report, click "Save," "Mark as Complete," and click "Submit." *Note* If you intend to go back to this report at a later date to complete it, make sure that you have added at least one letter or number in each required section. The system will not allow the report to be saved until this happens.

Without Data

This type of status report is for programs that did not have any graduates during the specified time period. You will access the report using the steps given above and then do the following to complete the report.

1.) Select the report component. *Note* The name of this report may change slightly each reporting period to allow for modifications.

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- 2.) Complete the sections of the report providing the necessary details.
 - a. Program Update: Provide specific information updating the SCAO analysts about your program.
 - b. Additional Program Questions: This section will change with each reporting period. Please provide detailed responses to the questions.

- c. Goals: Provide the progress your program has made towards achieving the goals as specified in the grant application. Make sure to use data and details as much as possible. (Talk to your SCAO analyst if you have not already received DCAS training.).
- 3.) When you are satisfied with the report, click "Save," then "Mark as Complete," and click "Submit." *Note* If you intend to go back to this report at a later date to complete it, make sure that you have inserted at least one letter or number in each required section. The system will not allow the report to be saved until this happens.

Quarterly Report

Quarterly Reports are for OHSP and Byrne JAG programs only. This report is preloaded into your WebGrants account and is due quarterly throughout the grant cycle. This report consists of two separate reporting requirements: the "Quarterly Program Report" and the "Program Income Report."

1.) Select the report labeled as "Quarterly Report." Make sure that this report is for the appropriate time period.

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- 2.) Click "Edit" at the top of the screen.
- 3.) Select "Quarterly Program Report."

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- 4.) Click "Edit" at the top of the screen to open the report.
 - a. Section I-Grant Activities: Answer the required questions using as much detail as possible. These questions may alter slightly between grant years and will consist of questions regarding primary target population, program modifications and the achievement of your goals and objectives as stated in the grant application.
 - b. Section II-Drug Court Case Management Information System Data Validation Information: Input the number of participants actively participating in your program at the end of the current quarter. This information can be obtained in DCCMIS.

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5.) When you have completed the report, scroll to the top of the page and click "Save" and then "Mark as Complete."

6.) Click "Program Income Report."

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- 7.) Click "Edit."
- 8.) Follow the written instructions to complete this form; click "Save" and then "Mark as Complete" when finished.
- 9.) If both sections are completed, click "Submit."

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Biannual Report

Biannual reports are for OHSP and Byrne JAG programs only. This report is preloaded into your WebGrants account and is due in April and October. This report consists of one reporting requirement: The Employee Time Certification.

1.) Select the report labeled as "Biannual Report." Verify the appropriate time period for this report.

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3.) Select the grant-specific form by clicking the corresponding blue-hyperlinked "here."

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6.) Enter a brief description of the upload file and click "Browse" to locate it. Click "Save" to enter the completed form into the report.

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7.) When the report is completed to your satisfaction, click "Save," "Mark as Complete," and click "Submit."

Annual Report

Annual reports are for OHSP and Byrne JAG programs only. This report is preloaded into your WebGrants account and is due in January. For OHSP programs, this report consists of one reporting requirement: the program income verification. Byrne JAG programs will be required to complete the program income verification as well as the Equal Employment Opportunity Plan questions.

1.) Select the report labeled as "Annual Report."

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| | Grantee Organization: | 100th Circuit Marie Pappas | Court | e Grant (Byrne JA | G) CFDA 16.738 | | |
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| ID 04567 - 01 04567 - 02 | Grantee Organization: Program Officer: Awarded Amount: eports 1 Year-End Rep 2 Quarterly Rep 3 Annual Rep 4 Bi-Annual Rep | 100th Circuit Marle Pappas \$44,850.00 | Date From-To 10/01/2015-03/31/2016 10/01/2015-12/31/2016 10/01/2015-09/30/2016 10/01/2015-09/31/2016 | Сору | Existing Status Report | | Status Editing Editing Editing Editing |
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2.) Select "Program Income Waiver."

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| 🐊 Grant Tracking | | | |
| Status Report: 07057 - 03 | | | |
| Grant: | 07057-Marie's Testing Application | | |
| Status: | Editing | | |
| Program Area: | Edward Byrne Memorial Justice Assistance Gran | nt (Byrne JAG) CFDA 16.738 | |
| Grantee Organization: | 100th Circuit Court | | |
| Program Manager: | Marle Pappas | | |
| | | | |
| Components | | | Preview Sub |
| | t and mark it as complete. Click Submit when you are done. | | |
| Complete each component of the status repor | t and mark it as complete. Click Submit when you are done. Name | Complete? | Preview Subr |
| Components complete each component of the status report interent Information rogram Income Waiver | | Complete? | and the second second second |

3.) Click "Edit" and complete the questions as requested.

| Program Manager: Marie Pappas | |
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| Instructions | |
| Please complete this Program Income V program income this fiscal year. | /erification to let us know if your program will collect |
| Instructions for completing the Program clicking here . | Income Report and Verification can be founding by |
| For a tutorial regarding completing the F | Program Income Verification, click here. |
| Program Income Verification | |
| to be program income. | ding period as a direct result of the project. Federal funds received through a grant are NOT considered butable to grant funds and directly related to the goals and objectives of the project. |
| If your grant project will NOT earn income, place a checkmark | t in the |
| We (the Project Director and Financial Officer), by placing a checkmark within to program income. We have placed our signatures below as certifications as such | this box, hereby certify that the above-referenced grant does not earn income that can be defined as h. |
| Earn Program Income?* OYes ONO | |
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| Date:* | |
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- 4.) Click "Save" and then "Mark as Complete."
 5.) If you are an OHSP program, you may submit the Annual Report at this time. If you are a Byrne JAG program, move on to Step 6.
 6.) Select "Equal Employment Opportunity Plan."

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| 3 | Complete? |

7.) Click "Edit" at the top of the screen and complete the series of yes/no questions.

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| Status Report: 07057 - 03 | |
| Grant: | 07057-Marie's Testing Application |
| Status: | Editing |
| Program Area: | Edward Byrne Memorial Justice Assistance Grant (Byrne JAG) CFDA 16.738 |
| Grantee Organization: | 100th Circuit Court |
| Program Manager: | Marie Pappas |
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| Instructions | |
| Employment Opportun | oting Byrne JAG funding, programs must upload the court's Equal ity Plan certification. Information regarding this certification can be |
| Employment Opportun found <mark>here</mark> . Please up | ity Plan certification. Information regarding this certification can be load the certification by clicking the Add button in the tool bar above. |
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8.) Scroll to the top of the screen and click "Save."

- 9.) If you answered 'Yes' to the first two questions, you must upload your EEOP certification.
 - a.) After completing step 8, click the "Add" within the EEOP report document.

| Status Report: 07057 - 03 | | |
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| Grant: | 07057-Marie's Testing Applic | ation |
| Status: | Editing | |
| Program Area: | Edward Byrne Memorial Justice | e Assistance Grant (Byrne JAG) CFDA 16.738 |
| Grantee Organization: | 100th Circuit Court | |
| Program Manager: | Marle Pappas | |
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