

WELCOME TO GEMS BREAKOUT TRAINING SESSION 2020

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

> Moderated By: Burley Spinks Presented By: Andrea Russo Allyson Teem Jackie Ray Arienne Cheek Samuel Conyers Jayne Langston



GEMS TRAINING 101

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

GEMS TRAINING CONTENTS

- MY PROFILE
 - Organization Roles
 - SAMs
- OPENING A PROJECT
 - Attachments
 - Notice of Grant Implementation
- PROJECT REPORTING
 - VOCA
 - VAWA
 - PROGRESS REPORT
- ADJUSTMENT RULES & TIPS
- NON BUDGETARY ADJUSTMENTS
 - Grant period extension
 - Personnel adjustment
 - Project Adjustment (also known as a scope change)
- BUDGET ADJUSTMENTS



ORGANIZATION ROLES

**(All persons needing GEMS access must obtain an NCID through <u>https://ncid.nc.gov</u>):

• Authorizing Official (AO).

- Signatory to grant award.
- Chief point of oversight for project.

Financial Officer (FO).

- Provides financial oversight to project
- Agency financial policies and procedures
- Federal financial policies and procedures

Project Director (PD).

- Signatory to grant award.
- Responsible for execution of project.
- Primary point of contact with GCC.

Organization Administrator.

- Submits all SAM updates to GEMS.
- Approves all requests for organization roles (AO, FD, PD)
- Assigns AO, FO and PD to open projects.
- Approves/Denies requests for project access
- Deactivates access/roles, if needed.





MY PROFILE

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

PRESENTED BY: Allyson Teem

MY PROFILE OVERVIEW

GEMS My Projects	My Profile Workshops			😮 Help 🛛 Andrea Russo
My Profile	My Profile			
Request Organization Roles	Any information that is grayed o	ut (read-only) is managed by your NCID accoun	t. Please visit the NCID website to update	this information.
Request Project Access	Organization *			
My Organization	- Select Existing Organization -		✓ or	
Approve/Deny Requests	Salutation		Name Andrea Russo	
Deactivate Roles	Job Title		Andrea Russo	
Assign Officials	Jub Title			
Indirect Costs	Phone		Email	
	J		andrea.russo@ncdps.gov	
	Street Address 1		Street Address 2 (optional)	
	City	State	Zip	
	SAVE MY PROFILE			



MY PROFILE – REQUEST ORGANIZATION ROLES





MY PROFILE – REQUEST PROJECT ACCESS





MY ORGANIZATION – APPROVE/DENY ROLE REQUESTS

GEMS My Projects	My Profile Workshops					? Help Andrea Russo
My Profile	Approve/Deny Req	uests				
Request Organization Roles	Search					
Request Project Access	Select the users you want to appr					
	Approve Deny User		stification			
	Test User 1	Financial Officer Tes	st			
Deactivate R Select	Approve Deny	User	Project Role	Project ID	Project Name	Justification
Assign Officials		Test User 1	Project Editor	PROJ999999	Test Project 1	Test
Indirect Costs Click	APPROVE/DENY REQUEST(S)					
	Previous Requests					
	Organization Role		Request	or	Status	
	Authorizing Official		Test Us	ser 2	Approved	
	Project Role	Project ID	Name		Requestor	Status
	Project Editor	PR0J111111	Test Projec	ot 2	Test User 2	Approved



MY PROFILE – DEACTIVATE ROLES





MY PROFILE – ASSIGN OFFICIALS





MY PROFILE – MY ORGANIZATION/SAMS UPDATE

ly Profile	My Organization	
equest Organization Roles	Enter organization Name	
equest Project Access	Federal Tax ID Number *	Dun & Bradstreet Number (DUNS) *
ly Organization	9 digit number	9 digit number
pprove/Deny Requests	Business Type *	Fiscal Year End Date *
eactivate Roles	State Government 🗸	mm/dd
	SAM Expiration Date *	Attach SAM Expiration Date Proof
ssign Officials	Select "NEW" Date	Choose File No file chosen Choose PDF Only
direct Costs	Street Address 1 *	Street Address 2
	City *	County *
	State *	Zip Code *
	(v	zip+4
	Business Phone *	Business Fax
	Email	



MY PROFILE – INDIRECT COSTS







OPENING OF PROJECT

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

PRESENTED BY: Jackie Ray

PROJECT OVERVIEW



VOCA Reports

VAWA Reports

PMT Reports

The 'Remaining' columns in the below budget table reflects all remaining' columns that have BUDGET FILTER en paid or currently in p. _ss. Fed Share Match Share Quantity Name Unit Cost Budgeted Remaining Budgeted Remaining Budgeted Remaining CONTRACTUAL \$10.00 Phone Service 1,000.00 1,000.00 \$10,000.00 \$10,000.00 \$0.00 \$0.00 Phone Service::2nd Year 1,000.00 1,000.00 \$10.00 \$10,000.00 \$10,000.00 \$0.00 \$0.00 EOUIPMENT 10.00 10.00 \$1,500.00 \$6,475.00 \$6,475.00 \$8,525.00 \$8.525.00 Computers Computers::2nd Year 10.00 10.00 \$1,500.00 \$6,475.00 \$6,475.00 \$8,525.00 \$8,525.00 SURPLUS \$0.00 Surplus 0.00 0.00 \$1.00 \$0.00 \$0.00 \$0.00 PERSONNEL



ATTACHMENTS





NOTICE OF IMPLEMENTATION

GEMS My Projects	My Profile Workshops			? Help 🕒 Andrea Russo
-	Notice of Implementation			
Project Overview	Status Reviewed by GCC		Submitted On 09/05/2018	
Attachments	Choose activities that represent implementation measures *	Select all boxes that	at apply	
Notice of Implementation	Securing Bids	Hiring of Project Personnel		
Reimbursements	Purchase of Equipment	Other	Description	
Budget Adjustments	Describe the implementation measures (Max 3900 character	s)		
Non Budgetary Adjustment	We are in the middle of logistical strategies to start *Reviewing Contracts.	the project.		
Project Progress Report	Enter description of next	steps for project to p	roceed/begin	
VOCA Reports				
VAWA Reports				
PMT Reports				li li





PRESENTED BY: Arienne Cheek

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

VOCA REPORTING – INITIAL SUBAWARD REPORT





Governor's Crime Commission

INITIAL SUBAWARD REPORT FORM 1





INITIAL SUBAWARD REPORT FORM 2

Select the type of Implementing Agency* Cirminal Justice-Government : Law Enforcement Report the total budget available to the victim services program for the grant award period (Total must be greater than or equal to \$38,640.00) Do not report the entire agency budget, unless It is all devoted to direct victim services. FEDERAL, STATE and LOCAL refer to government funds. FEDERAL are any funds other than this VOCA funded project. OTHER are any non governmental funds like United Way, fundraisers, individual donors, etc. Federal \$ 26450.00 (Excluding this project) State \$ 25000.00 (Excluding this project) Other \$ 25000.00 (Excluding this project) Onmestic Violence (Excluding this project) \$ 154560.00 Opmestic Violence (Excluding this project)	GEMS	My Projects	My Profile Workshops	Sample Pages: Select each op project and submit	otion appropriate to your	Help 🕒 Andrea Russo
Report the total budget available to the victim services program for the grant award period (Total must be greater than or equal to \$38,640.00) Do not report the entire agency budget, unless it is all devoted to direct victim services. FEDERAL, STATE and LOCAL refer to government funds. FEDERAL are any funds other than this VOCA funded project. OTHER are any non-governmental funds like United Way, fundraisers, individual donors, etc. Federal \$ 26450.00 (Excluding this project) State \$ 25000.00 Local \$ 0.00 Other \$ 250000.00 Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to \$14,000.00). Child Abuse \$ 154560.00 DUI/DWI Crashes \$ 154560.00 Child Abuse \$ 154560.00 Child Abuse \$ 154560.00 Child Abuse \$ 154560.00 Child Abuse \$ 154560.00			Select the type of Implement	nting Agency *		
Do not report the entire agency budget, unless it is all devoted to direct victim services. FEDERAL, STATE and LOCAL refer to government funds. FEDERAL are any funds other than this VOCA funded project. OTHER are any non-governmental funds like United Way, fundraisers, individual donors, etc. Federal 26450.00 (Excluding this project) State 25000.00 Local 0.00 Other 250000.00 Other 250000.00 Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to sit4,900.00). Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to sit4,900.00). Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to sit4,900.00). Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to sit4,900.00). Check the box(es) that identifies a site identifies a schlidren Survivors of Homicide Victims 			Criminal Justice-Governr	ment : Law Enforcement	~	
this VOCA funded project. OTHER are any non-governmental funds like United Way, fundraisers, individual donors, etc. Federal \$ 26450.00 State \$ 25000.00 Local \$ 0.00 Other \$ 25000.00			Report the total budget ava	ailable to the victim services program for the grant award pe	eriod (Total must be greater than or equal to \$38,640.0	0)
State \$ 25000.00 Local \$ 0.00 Other \$ 25000.00 Other \$ 25000.00 Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to sti 14,900.00). Child Abuse DUI/DWI Crashes DUI/DWI Crashes Adult Sexual Assault Elder Abuse Adult Sexual Assault Elder Abuse Survivors of Homicide Victims						FEDERAL are any funds other than
Local \$ 0.00 Other \$ 250000.00 Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to \$144,900.00). Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to \$144,900.00). Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to \$144,900.00). Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to \$144,900.00). Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to \$144,900.00). Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to \$144,900.00). DUI/DWI Crashes Dunestic Violence Adult Sexual Assault Elder Abuse Adults Molested as Children Adult Sholested as Children Survivors of Homicide Victims			Federal	\$ 26450.00	(Excluding this project)	
Other \$ 250000.00 Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to \$144,900.00). Child Abuse DUI/DWI Crashes DUI/DWI Crashes Duirestic Violence Adult Sexual Assault Elder Abuse Adults Molested as Children Survivors of Homicide Victims			State	\$ 25000.00		
Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to \$144,900.00). Child Abuse DUI/DWI Crashes DUI/DWI Crashes Adult Sexual Assault Etder Abuse Etder Abuse Guity Source of Homicide Victims Survivors of Homicide Victims			Local	\$ 0.00		
\$144,900.00). Child Abuse DUI/DWI Crashes DUI/DWI Crashes Domestic Violence Adult Sexual Assault Elder Abuse Elder Abuse Adults Molested as Children Survivors of Homicide Victims			Other	\$ 250000.00		
 DUI/DWI Crashes Domestic Violence Adult Sexual Assault Elder Abuse Adults Molested as Children Survivors of Homicide Victims 				ntify the types of victims the VOCA funded project will serve	e and indicate the dollar amount devoted to each type	(Total must be equal to
 3 154500.00 Domestic Violence Adult Sexual Assault Elder Abuse Adults Molested as Children Survivors of Homicide Victims 			Child Abuse			
 Adult Sexual Assault Elder Abuse Adults Molested as Children Survivors of Homicide Victims 			DUI/DWI Crashes		\$ 154560.00	
 Elder Abuse Adults Molested as Children Survivors of Homicide Victims 			Domestic Violence			
 Adults Molested as Children Survivors of Homicide Victims 			Adult Sexual Assault			
Survivors of Homicide Victims			Elder Abuse			
			Adults Molested as Chil	ldren		
Robbery			Survivors of Homicide \	Victims		
			Robberv			

North Carolina Department of Public Safety

DPS

INITIAL SUBAWARD REPORT FORM 3

GEMS	My Projects	My Prof	ile Workshops		? Help	Andrea Russo
		Oti	her Violent Crimes	Sample Pages: Select each option appropriate to your project and submit		
		Check	the box(es) that ide	ntify the types of services that will be provided by the VOCA funded project, as described below \star		
		re	equired forms, gathe	IG COMPENSATION CLAIMS includes making victims aware of the availability of crime victim compensation, assisting ring needed documentation, etc. It may also include follow-up contact with the victim compensation agency on behalf HIS; AND THEREFORE CHECK THIS BOX. *		
				refers to in-person crisis intervention, emotional support, guidance and counseling provided by advocates, counselors, the crime scene, immediately after a crime or be provided on an on-going basis.	mental health	ı professionals, or
			OLLOW-UP CONTAC heck on a victim's pr	T refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional suppor ogress, etc.	t, provide emp	pathetic listening,
				ntensive professional psychological and/or psychiatric treatment for individuals, couples, and family members to provid rence of crime. thsi includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.	le emotional s	upport in crisis
		G	ROUP TREATMENT	refers to coordination and provision of supportive group activities and includes self-help, peer, social support, etc.		
			RISIS HOTLINE COU eferral, etc.	INSELING typically refers to the operation of a 24/7 telephone service, which provides counseling, guidance, emotional	support, info	rmation and
		S	HELTER/SAFE HOUS	SE refers to offering short and long term housing and related support services to victims and families following a victir	nization.	
		1	FORMATION & REF	ERRAL refers to in-person contacts with victims during which time services and available support are identified.		
			RIMINIAL JUSTICE entencing services a	SUPPORT/ADVOCACY refers to support, assistance, and advocacy provided to victims at any stage of the criminal just ind support.	ice process, to	o include post-
		E	MERGENCY FINANC	CIAL ASSISTANCE refers to cash outlays for transportation, food, clothing, emergency housing and support.		



VAWA REPORTS





VAWA REPORT INSTRUCTIONS

		ABOUT US	CONTACT US	🗘 Help 🖂 N	ewsletter Q Search 🔒 Print
AGAINST	MEASURING EFFECTIVENESS INITIATIVE	Grant Programs	Webinars	Reports	Tools & Resources

Tools & Resources > STOP Formula Grant Program > NEW 2019 STOP Formula Subgrantee Reporting Form Instructions

NEW 2019 STOP Formula Subgrantee Reporting Form Instructions

View program-specific reporting form instructions for more in-depth guidance on how to report grant-funded activities on the progress report.

VIEW INSTRUCTIONS

Please visit the STOP Subgrantee Progress Reporting Form page for instructions on how to download and submit the reporting form.



North Carolina Department of Public Safety

Governor's Crime Commission

VAWA REPORT PDF DOWNLOAD

Sample VAWA REPORT

OMB Clearance # Expiration Date:

U.S. Department of Justice Office on Violence Against Women ANNUAL PROGRESS REPORT FOR

STOP Violence Against Women Formula Grant Program

Make sure to Validate report in Adobe Prior to Submission into GEMs

Brief Instructions: This form must be completed for each STOP Violence Against Women Formula Grant Program (STOP Program) subgrant received. The grant administrator or coordinator must ensure that the form is completed. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators and coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All subgrantees should read each section to determine which questions they must answer, based on the activities supported under this subgrant during the current reporting period. Following are some guidelines regarding which sections of the form must be completed by STOP Program subgrantees:

- · All grantees must complete sections B and F and subsections A1 and C3.
- In sections D, E, and subsections A2, C1, C2, and C4-C8, subgrantees must answer an initial question about whether they supported certain activities during the current reporting period. If the response is yes, then the subgrantee must complete that section or subsection. If the response is no, the rest of that section or subsection is skipped.

For example,

- If you are a victim services agency providing education and victim services with staff funded under this grant, you would complete A1, A2, B, C2, C3, D, and F (and answer 'no' in C1, C4-C8, and E1-E5).
- If you are a law enforcement agency receiving funds to pay for staff who provide training to other law enforcement, you would complete A1, A2, B, C1, C3, and F (and answer 'no' in C2, C4-C8, D, and E1-E5).

If you are required to provide a match for your STOP Program subgrant, report on activities supported with this match. The activities of volunteers or interns should be reported if they were coordinated or supervised by STOP Program-funded staff or if STOP Program funds substantially supported their activities.

For further information on filling out this form, refer to the separate instructions, which contain detailed definitions and examples illustrating how questions should be answered.

	SECTION	Page Number
Section A:	General Information	1
A1:	Grant Information	1
A2:	Staff Information	3
Section B:	Purpose Areas	4
Section C:	Function Areas	6
C1:	Training	6
C2:	Education	10
C3:	Coordinated Community Response	12
C4:	Policies and Legislation	14



North Carolina Department of Public Safety

UPLOAD VAWA REPORT

GEMS My Projects	My Profile Workshops		? Help 💄 Andrea Russo
-	2020 VAWA Annual	Progress Report (01/01/2020 - 12/31/2020)	
Project Overview	File * Choose File	Upload Validated PDF Version	Browse
Attachments Click	SAVE ATTACHMENT		
Reimbursements			
Budget Adjustments			
Project Progress Report			
VOCA Reports			
VAWA Reports			
PMT Reports			



PROJECT PROGRESS REPORT

GEMS My Projects	My Profile Workshops		? Help	Andrea Russo
	Project Progress Reports			
	Report Name	Due Date	Submitted On	Status
Project Overview	Project Progress Report (10/01/2017 - 09/30/2018)			Pending
Attachments	Project Progress Report (10/01/2018 - 09/30/2019)			Pending
Notice of Implementation	Project Progress Report (10/01/2019 - 09/30/2020)			Pending
Reimbursements				
Budget Adjustments				
Non Budgetary Adjustment				
Project Progress Report				
VOCA Reports				
VAWA Reports				
PMT Reports				



PROJECT PROGRESS REPORT – OBJECTIVE

GEMS My Projects	My Profile Workshops	? Help 😢 Andrea Russo
	Project Progress Report (10/01/2019 - 09/30/2020)	
Project Overview	Only the Project Director can submit this report to GCC.	
Attachments	Objective 1 Activities	Comments
Notice of Implementation	Project Objective	
Reimbursements	sdgh	
Budget Adjustments	Performance Measure	
Non Budgetary Adjustment	sdh	
Project Progress Report	Evaluation Method	
VOCA Reports	sdh	
VAWA Reports	Results For This Report Period (Max 0/2000 characters)	
PMT Reports	Enter detailed description for project results	
Click	SAVE	
NHR		

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PROJECT PROGRESS REPORT - ACTIVITIES



North Car

North Carolina Department of Public Safety

PROJECT PROGRESS REPORT - COMMENTS







NON- BUDGETARY ADJUSTMENTS

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

PRESENTED BY: Samuel Conyers

NON – BUDGETARY ADJUSTMENT





GRANT PERIOD EXTENSION





NON-BUDGETARY ADJUSTMENT





PERSONNEL ADJUSTMENT





PERSONNEL ADJUSTMENT – EDIT JOB INFORMATION

	Add/Edit Job Information		×
	Budget Line Salaries:Programmer		
Enter Position title	Job Title * Programmer	Employee/Contractor Name * Emily Bright replacing John Doe	Enter Employee/s name/s
Select Position Type	Position Type * Personnel	Job Type * Full Time	Select Appropriate option
Detailed job functions	Professional Licensure Job Duties (Max 2,000 Characters) * Describe all job duties and functions of positon.	Full Time Part Time	
Add Fringe Information	Fringe Benefits (Max 500 Characters) 🚯 Add Fringe benefit details.		
Click	SAVE CANCEL		~··




BUDGET ADJUSTMENTS

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

PRESENTED BY: Andrea Russo

RULES AND TIPS FOR SUCCESS

When should you submit an adjustment?

- When you know your spend plan needs a change
- Preferably before, not after a purchase
- Once the pre-work for the spending changes has been done

Justifying the change.

- Must support the reason for the grant original application
- Costs must be allowable, allocable, necessary and reasonable
- Anything else relevant supporting the change

Tips

- Documenting the expense changes
- Edit v freeze? What's the difference?
- New cost lines best practices, or how to get the line approved and paid.



BUDGET ADJUSTMENTS





CREATING A BUDGET ADJUSTMENT





BUDGET ADJUSTMENTS FUNCTIONS





ADD A BUDGET LINE ITEM

1	Add Budget Line	×
i i	Cost Category *	_
n	Select appropriate category	~
s	CONTRACTUAL	Т
	EQUIPMENT	
ľ	INDIRECT COST	
- 9	PERSONNEL	
, p	SUPPLIES	
	TRAVEL	
Click	SAVE CANCEL	



ADD BUDGET LINE – CATEGORY SELECTIONS

	Status	
81 FT	dd Budget Line	×
diu	ost Category *	
ľ	PERSONNEL	~
n	ersonnel Type *	
	Select personnel type	~
00	Salaries	
	Overtime	
g	Fringe Benefits:FICA (7.65%)	
9	Fringe Benefits:Retirement	
	Fringe Benefits:Hospitalization	
	Fringe Benefits:Workers Comp	
	Fringe Benefits:Unemployment	
	Fringe Benefits:Dental	
	Fringe Benefits:Other	



ADD BUDGET LINE ITEM - SALARY

	Add Budget Line				×	
	Cost Category *					
	PERSONNEL	~				
	Personnel Type *	Personnel Type *				
	Salaries				`	
Enter Position Title	Description *					
	Quantity *	Cost Per Item *	В	udget Total 🚺		
Quantity in months		\$	\$	0.00		
	Cash Match (0%)	In-Kind Match		ederal Share 🚺		
——————————————————————————————————————	\$	\$	\$	0.00		
	Employee Name(s) *					
Enter name/s						
	Position Type *		Job Type *			
Select position type		*			Select job type	
	Professional Licensure		% Time Spent On Proje	ct *	Enter accurate percentage	
					of time worked on project	
	Job Duties (Max 2000 Characters) *					
	Enter detailed is					
	Enter detailed jo		botaining to			
	personnel positi					
					<i>le</i>	



ADD BUDGET ADJUSTMENT

ost Category *		
PERSONNEL		
ersonnel Type *		
Salaries		
escription *		
COURT ADVOCATE		
uantity *	Cost Per Item *	Budget Total 🚯
12	\$ 2000	\$24,000.00
ash Match (0%)	In-Kind Match	Federal Share 🜖
\$ 0	\$	\$24,000.00
nployee Name(s) *		
ANNA MARLOW		
osition Type *	Job Type *	ŧ.
Personnel	Full Tir	ne
ofessional Licensure	% Time Sp	ent On Project *
	80	
	rs) *	
b Duties (Max 2000 Characte		



FREEZE/EDIT OPTIONS





Governor's Crime Commission

EDIT BUDGET LINE





REQUESTING ADDITIONAL FEDERAL SHARE







REIMBURSEMENT REQUESTS PRESENTED BY: Jayne Langston

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

REIMBURSEMENT REQUESTS

GEMS My Projects	My Profile
ROJO	Reimbursements
Project Overview	Notice of implementation has not been reviewed by GCC.
Attachments	No reimbursements have been created.
Notice of Implementation	
Reimbursements	
Budget Adjustments	
Non Budgetary Adjustment	
VOCA Reports	



CREATE REIMBURSEMENT

GEMS My Projects	My Profile	Help
PR0J0	Create Reimbursement	
Project Overview	7/1/2019 × Enter time pe	eriod by month
Attachments	SAVE CANCEL	
Notice of Implementation	▲	
Reimbursements	Click	
Budget Adjustments		
Non Budgetary Adjustment		
Project Progress Report		
PMT Reports		



REIMBURSEMENT FUNCTIONS

GEMS My Projects	My Profile			😮 Help \varTheta
PROJO Project Overview Attachments		Edit reimbursement Dates D19-07/31/2019 EDIT	Status New Match Contribution \$0.00	Add Document
Notice of Implementation	Documentation			+ DOCUMENT
Reimbursements	Please upload all relevant documentation that support the costs and ex management, please scan multiple receipts and timesheets into a sing	-		t. For easier document
Budget Adjustments	Doc# Name			
Non Budgetary Adjustment				
Project Progress Report				
PMT Reports				



UPLOAD REIMBURSEMENT FILE

GEMS My Projects	My Profile					🚱 Help 😆
PROJU	Reimburs	ement Request				
	Transaction ID		Period 07/01/2019 - 07/31/2019	DIT	Status	
Project Overview	Total Requested		Reimbursement Requested	Upload PDF	file	ntribution
Attachments	\$0.00		\$0.00	document o	only	
Notice of Implementation	Documentation	ξ.				+ DOCUMENT
Reimbursements		relevant documentation that support the or ase scan multiple receipts and timesheets			EMS Reimbursem budget category	ent Request. For easier document Click Here,
Budget Adjustments		Add Document			×	
Non Budgetary Adjustment						
Project Progress Report		Choose file	Bro	UPLOA	D	
PMT Reports	3				-	

LABEL DOCUMENT AS PERSONNEL, SUPPLIES, ETC. LABEL PAGE NUMBERS. ENTER PAGE NUMBERS INTO DOC # BOX AFTER UPLOAD.



ADD REIMBURSEMENT LINE ITEM





North Carolina Department of Public Safety

Governor's Crime Commission

DROP DOWN AND SELECT LINE ITEM

GEMS My Projects	My Profile		😮 Help
PROJ01	Reimbursement Request		
	Transaction ID TRAN0000	Period 07/01/2019 - 07/31/2019 EDIT	Status New
Project Overview Attachments	Total Requested \$0.00	Reimbursement Requested \$0.00	Match Contribution \$0.00
Notice of Implementation	Documentation		+ DOCUMENT
Reimbursements	Please upload a Select the budget line y	you want to reimburse against	x irsement Request. For easier document igory Click Here.
Select cost ca	Cost Category ALL	~	
	Name	Quantity Remaining Unit Cost	Total Remaining DELETE
Select lin		vocate 2:2 nd Year	+ REIMBURSEMENT LINE
reimburs	SELECT	vocate:2 nd Year	Match Deimhursement
	Name		Unit Cost Total Contribution Requested



FOLLOW INSTRUCTIONS BELOW





SUBMIT TO FINANCIAL OFFICER

GEMS My Projects	My Profile	3 Help
PR0J0	Reimbursement Request	Status
Project Overview	TRAN0000 07/01/2019 - 07/31/2019 EDIT Total Requested Reimbursement Requested	New Match Contribution
Attachments Notice of Implementation	\$1.00 \$1.00 \$1.00 SUBMIT TO FINANCIAL OFFICER	\$0.00
Reimbursements		
Budget Adjustments	Documentation Please upload all relevant documentation that support the costs and expenditures that are recorded for this only	+ DOCUMENT
Non Budgetary Adjustment	management, please scan multiple receipts and timesheets into a single document. For instructions specific to	
Project Progress Report	Doc # Name	
PMT Reports	1 S2019 Grants Management Guide GEMSR Step 3.png	DELETE
	Reimbursement Details	+ REIMBURSEMENT LINE
	Name Quar	ntity Unit Cost Total Match Reimbursement Contribution Requested
	Court Advocate:2 nd Year	\$1.00 \$1.00 \$0.00 \$1.00 DELETE





NORTH CAROLINA

DEPARTMENT OF PUBLIC SAFETY

QUESTIONS

THANK YOU FOR ATTENDING THE 2020 GOVERNOR'S CRIME COMMISSION ANNUAL GRANT WORKSHOPS

> GCC Point of Contact email: GCC_Grants_Management@ncdps.gov