WELCOME TO GEMS
BREAKOUT TRAINING SESSION 2020

Moderated By: Burley Spinks
Presented By:
Andrea Russo
Allyson Teem
Jackie Ray
Arienne Cheek
Samuel Conyers
Jayne Langston
GEMS TRAINING 101
GEAMS 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 https://ncid.nc.gov):**

- **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

PRESENTED BY: Allyson Teem
MY PROFILE OVERVIEW

My Profile

Request Organization Roles
Request Project Access
My Organization
Approve/Deny Requests
Deactivate Roles
Assign Officials
Indirect Costs

My Profile

Any information that is grayed out (read-only) is managed by your NCID account. Please visit the NCID website to update this information.

Organization *
– Select Existing Organization –

Salutation
Name
Andrea Russo

Job Title

Phone

Email
andrea.russo@ncdps.gov

Street Address 1

Street Address 2 (optional)

City

State

Zip

SAVE MY PROFILE
MY PROFILE – REQUEST ORGANIZATION ROLES

Request Organization Roles

Select one or more of the following roles, write a justification for needing this role, and click Submit. This request will be reviewed by your GEMS Organization Administrator and you will be notified by email.

- **Organization Administrator**: Maintains organization information and manages GEMS users, organization roles and projects roles. There can be multiple Organization Administrators. This is not the same as a Project Director. This role is at the Organization level.
- **Financial Officer**: Approves the project budget and has final approval of all financial documentation. For non-profits, this person must be your Board Treasurer.
- **Authorizing Official**: Can enter into a contract on behalf of your agency. For non-profits, this must be the Board President or Board Chair.

Justification *

Submit Request
MY PROFILE – REQUEST PROJECT ACCESS

Request Project Access

Select a project from the drop-down list, write a justification and click Submit. This request will be approved by your GEMS Organization Administrator. If approved, you will be able to edit project application, create or edit reimbursements, budget adjustments, reports etc.

Select appropriate project.

Enter justification here.

SUBMIT REQUEST
MY ORGANIZATION – APPROVE/DENY ROLE REQUESTS

Approve/Deny Requests

Select the users you want to approve or deny and click 'Approve/Deny Request(s)' button.

Previous Requests

<table>
<thead>
<tr>
<th>Organization Role</th>
<th>Requestor</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorizing Official</td>
<td>Test User 2</td>
<td>Approved</td>
</tr>
<tr>
<td>Project Role</td>
<td>Project ID</td>
<td>Requestor</td>
</tr>
<tr>
<td>Project Editor</td>
<td>PROJ111111</td>
<td>Test User 2</td>
</tr>
<tr>
<td>Name</td>
<td>Test Project 2</td>
<td>Test User 2</td>
</tr>
<tr>
<td>Requestor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MY PROFILE – DEACTIVATE ROLES

Deactivate Roles

Search for Person/Role to Deactivate

Select the users and click 'Deactivate Roles' button.

Organization Roles

<table>
<thead>
<tr>
<th>Select</th>
<th>User</th>
<th>Organization Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Test User 2</td>
<td>Authorizing Official</td>
</tr>
</tbody>
</table>

Project Roles

<table>
<thead>
<tr>
<th>Select</th>
<th>User</th>
<th>Project Role</th>
<th>Project ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Test User 1</td>
<td>Project Editor</td>
<td>PROJ9999999</td>
<td>Test Project 1</td>
</tr>
</tbody>
</table>
MY PROFILE – ASSIGN OFFICIALS

Assign Officials
Use this page to change the project officials when someone leaves the organization.

- Select Project
- Select Category
- Select Director
- Select Official
- Click
- Click
- SAVE
MY PROFILE – MY ORGANIZATION/SAMS UPDATE

Enter organization Name

Select “NEW” Date

Choose PDF Only

Click

SAVE ORGANIZATION
Indirect Costs

Select appropriate Option

Only the ‘financial officer’ of your organization can select the indirect cost option.

Unless otherwise allowed, all costs attributed to a grant must be directly related to the objective of that grant. If your grant allows you to charge indirect costs, please select from the choices below. If your grant does not allow for indirect costs, the default (direct costs) option will be shown and no other elections are possible.

- Option 1: Direct (Allocated) Costs Only.
  All costs will be treated as direct costs and will be allocated proportionally.

- Option 2: De Minimis Indirect Cost Rate.
  By selecting this option, you MUST attach a completed Indirect Cost Rate Certification Form for Agencies Using the 10% De Minimis Rate.
  Applicant agency is eligible for and elects to use the 10 percent de minimis rate per 2 CFR 200.414(f) for Modified Total Direct Costs (MTDC) as outlined under 2 CFR 200.68. MTDC means all program related direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the project). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs (i.e., office supplies, copier rental and supplies, telephone, utilities, accounting and payroll costs, etc.) and the portion of each subaward in excess of $25,000.

- Option 3: Federally Negotiated Indirect Cost Rate.
  If you have a federally negotiated indirect cost rate, you MUST attach a copy of your negotiated rate letter from your federal cognizant agency.
  Our agency has a federally negotiated indirect cost rate.
OPENING OF PROJECT

PRESENTED BY: Jackie Ray
ATTACHMENTS

Attachments

Reimbursement receipts should not be uploaded as project attachments. Documents that are relevant to the entire project i.e., contracts, agreements etc. should be uploaded here.

File

Choose File...

Find PDF file to upload

Description

Name file accordingly

SAVE

Click
NOTICE OF IMPLEMENTATION

Select all boxes that apply

- Acceptance of Referrals
- Hiring of Project Personnel
- Other

Enter description of next steps for project to proceed/begin

We are in the middle of logistical strategies to start the project.

*Reviewing Contracts.
PROJECT REPORTING

PRESENTED BY: Arienne Cheek
**VOCA REPORTING – INITIAL SUBAWARD REPORT**

FOR VOCA PROJECTS ONLY - Complete when opening project

**Initial Subgrant Award Report**

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09/05/2018</td>
<td>Submitted to GCC</td>
</tr>
</tbody>
</table>

All VOCA reports except the ‘Initial Subgrant Award Report’ are now entered through the OVC PMT Reporting System, which can be found at [https://www.ojpsso.org](https://www.ojpsso.org). Please go to that site, log in and enter the performance data for your project.

Quarterly OVC-PMT reports are due as follows:
- October, November, December: January 30
- January, February, March: April 30
- April, May, June: July 30
- July, August, September: October 30

Click link to compete part 2 of SAR – Sub-Award Report
Sample Pages: Select each option appropriate to your project and submit

Initial Subgrant Award Report

Purpose of the funded project *

- Start up a new victim services project
- Continue a VOCA funded victim project funded in a previous year
- Expand or enhance an existing project not funded in a previous year
- Start up a new Native American victim services project
- Enhance an existing Native American project

These VOCA funds will primarily be used to *

- Expand services into a new geographic area
- Offer new types of services
- Serve additional victim populations
- Continue existing services to crime victims
- Other

Within the victim services program, which includes the VOCA funds and match, indicate the number of paid staff and volunteers

Use FULL TIME EQUIVALENTS (FTEs) FOR BOTH PAID STAFF AND VOLUNTEERS (based on the universal 2,080 hours per year = 1 FTE). Round any fractions to the nearest whole number. For example, 2.5 FTEs become 3 FTEs, and 1.3 FTEs becomes 1 FTE.

Number of paid staff (FTEs) 8
Number of volunteers (FTEs) * 46
Sample Pages: Select each option appropriate to your project and submit

Select the type of Implementing Agency *

Criminal 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
- 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).

- Child Abuse
- DUI/DWI Crashes: $ 154560.00
- Domestic Violence
- Adult Sexual Assault
- Elder Abuse
- Adults Molested as Children
- Survivors of Homicide Victims
- Robbery
Check the box(es) that identify the types of services that will be provided by the VOCA funded project, as described below *

- ASSISTANCE IN FILING COMPENSATION CLAIMS includes making victims aware of the availability of crime victim compensation, assisting the victim in completing the required forms, gathering needed documentation, etc. It may also include follow-up contact with the victim compensation agency on behalf of the victims. ALL PROJECTS SHOULD BE DOING THIS; AND THEREFORE CHECK THIS BOX. *

- CRISIS COUNSELING refers to in-person crisis intervention, emotional support, guidance and counseling provided by advocates, counselors, mental health professionals, or peers. It may occur at the crime scene, immediately after a crime or be provided on an on-going basis.

- FOLLOW-UP CONTACT refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on a victims progress, etc.

- THERAPY refers to intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members to provide emotional support in crisis arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.

- GROUP TREATMENT refers to coordination and provision of supportive group activities and includes self-help, peer, social support, etc.

- CRISIS HOTLINE COUNSELING typically refers to the operation of a 24/7 telephone service, which provides counseling, guidance, emotional support, information and referral, etc.

- SHELTER/SAFE HOUSE refers to offering short and long term housing and related support services to victims and families following a victimization.

- INFORMATION & REFERRAL refers to in-person contacts with victims during which time services and available support are identified.

- CRIMINAL JUSTICE SUPPORT/ADVOCACY refers to support, assistance, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.

- EMERGENCY FINANCIAL ASSISTANCE refers to cash outlays for transportation, food, clothing, emergency housing and support.
## VAWA Reports

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Due Date</th>
<th>Submitted On</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 VAWA Annual Progress Report (01/01/2017 - 12/31/2017)</td>
<td>01/31/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018 VAWA Annual Progress Report (01/01/2018 - 12/31/2018)</td>
<td>01/31/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019 VAWA Annual Progress Report (01/01/2019 - 12/31/2019)</td>
<td>01/31/2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020 VAWA Annual Progress Report (01/01/2020 - 12/31/2020)</td>
<td>10/30/2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This form must be completed every calendar year for each VAWA Grant. Click on the link below to open the report. After you have completed and validated the report, you must save and upload your report.

- VAWA Report
- Reporting Instructions

Click to download VAWA Report
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.

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

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

STOP Violence Against Women Formula Grant Program

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,
1. 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).
2. 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.

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A: General Information</td>
<td>1</td>
</tr>
<tr>
<td>A1: Grant Information</td>
<td>1</td>
</tr>
<tr>
<td>A2: Staff Information</td>
<td>3</td>
</tr>
<tr>
<td>Section B: Purpose Areas</td>
<td>4</td>
</tr>
<tr>
<td>Section C: Function Areas</td>
<td>6</td>
</tr>
<tr>
<td>C1: Training</td>
<td>6</td>
</tr>
<tr>
<td>C2: Education</td>
<td>10</td>
</tr>
<tr>
<td>C3: Coordinated Community Response</td>
<td>12</td>
</tr>
<tr>
<td>C4: Policies and Legislation</td>
<td>14</td>
</tr>
</tbody>
</table>
 UPLOAD VAWA REPORT

2020 VAWA Annual Progress Report (01/01/2020 - 12/31/2020)

Click

File
Choose File...

Upload Validated PDF Version

SAVE ATTACHMENT
PROJECT PROGRESS REPORT – OBJECTIVE

Project Progress Report (10/01/2019 - 09/30/2020)

Only the Project Director can submit this report to GCC.

Objective 1

Project Objective
sdgh

Performance Measure
sdh

Evaluation Method
sdh

Results For This Report Period (Max 0/2000 characters)

Enter detailed description for project results

Click SAVE
### Project Progress Report (10/01/2019 - 09/30/2020)

Only the Project Director can submit this report to GCC.

<table>
<thead>
<tr>
<th>Objective 1</th>
<th>Activities</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Timeline Of Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>test</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Results For This Report Period (Max 0/2000 characters)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter detailed description for project activity results

Click

**SAVE**
PROJECT PROGRESS REPORT - COMMENTS

Enter detailed comments regarding project.
NON- BUDGETARY ADJUSTMENTS

PRESENTED BY: Samuel Conyers
NON – BUDGETARY ADJUSTMENT

Non-Budgetary Adjustment

No non budget adjustments have been created.

Click to select option:
- Grant Period Extension
- Project Personnel Adjustment
- Project Adjustment
Click "New" proposed Extension date

Enter detailed justification for grant extensions

Click SAVE
NON-BUDGETARY ADJUSTMENT

Non-Budgetary Adjustment

No non budget adjustments have been created.

Select Option

Click

- Grant Period Extension
- Project Personnel Adjustment
- Project Adjustment
# Personnel Adjustment

## Personnel Adjustment Table

<table>
<thead>
<tr>
<th>Budget Type</th>
<th>Description</th>
<th>Year</th>
<th>Budget Amount</th>
<th>Employee/Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACTUAL</td>
<td>Phone Service</td>
<td>Year 1</td>
<td>$10,000.00</td>
<td></td>
</tr>
<tr>
<td>PERSONNEL</td>
<td>Programmer</td>
<td>Year 1</td>
<td>$57,600.00</td>
<td>John Doe</td>
</tr>
</tbody>
</table>

Click to edit.
PERSONNEL ADJUSTMENT – EDIT JOB INFORMATION

Add/Edit Job Information

- Budget Line
- Salaries: Programmer

Job Title:
- Programmer

Employee/Contractor Name:
- Emily Bright replacing John Doe

Position Type:
- Personnel

Professional Licensure

Job Duties (Max 2,000 Characters):

Describe all job duties and functions of position.

Fringe Benefits (Max 500 Characters):
Add Fringe benefit details.

Job Type:
- Full Time
- Part Time

Options:
- Select Appropriate option

Enter Employee/s name/s

Enter Position title

Select Position Type

Detailed job functions

Add Fringe Information

Click:
- SAVE
- CANCEL
BUDGET ADJUSTMENTS

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

<table>
<thead>
<tr>
<th>ID</th>
<th>Total Adjustment</th>
<th>Submitted On</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJ0000025781</td>
<td>$0.00</td>
<td>03/31/2020</td>
<td>Completed</td>
</tr>
<tr>
<td>ADJ0000026383</td>
<td>$0.00</td>
<td>07/29/2020</td>
<td>Completed</td>
</tr>
</tbody>
</table>

- **Budget Adjustments**
- **Non Budgetary Adjustment**
- **Project Progress Report**
- **VOCA Reports**
- **PMT Reports**
Creating a Budget Adjustment

Enter detailed description to describe reasoning for submitting the budget adjustment request.
BUDGET ADJUSTMENTS FUNCTIONS

Budget Adjustment

Minimum federal award per year is $25,000.00.

Adjustment ID
ADJ0000026317

Status
New

Description
EDIT
We need an adjustment

Click to add new line
Click to freeze entire year

Sort categories

Budget Summary

<table>
<thead>
<tr>
<th>Surplus</th>
<th>Budget Total</th>
<th>Fed Share</th>
<th>Match Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Project Budget

Click to add new line
Click to freeze entire year

Sort categories

Governor’s Crime Commission
ADD A BUDGET LINE ITEM

Click to select appropriate category:

- CONTRACTUAL
- EQUIPMENT
- INDIRECT COST
- PERSONNEL
- SUPPLIES
- TRAVEL

Click SAVE or CANCEL.
ADD BUDGET LINE – CATEGORY SELECTIONS

Cost Category:
PERSONNEL

Personnel Type:
Select personnel type

- Salaries
- Overtime
- Fringe Benefits:FICA (7.65%)
- Fringe Benefits:Retirement
- Fringe Benefits:Hospitalization
- Fringe Benefits:Workers Comp
- Fringe Benefits:Unemployment
- Fringe Benefits:Dental
- Fringe Benefits:Other
ADD BUDGET LINE ITEM - SALARY

Enter Position Title

Quantity in months

Enter name/s

Select position type

Select job type

Enter accurate percentage of time worked on project

Enter detailed job duties obtaining to personnel position
ADD BUDGET ADJUSTMENT

- Cost Category: PERSONNEL
- Personnel Type: Salaries
- Description: COURT ADVOCATE
- Quantity: 12
- Cost Per Item: $2000
- Budget Total: $24,000.00
- Cash Match (0%)
- In-Kind Match: $0
- Federal Share: $24,000.00
- Employee Name(s): ANNA MARLOW
- Position Type: Personnel
- Job Type: Full Time
- % Time Spent On Project: 80
- Job Duties (Max 2000 Characters)
- Detailed Job Performance Tasks
FUND SPENT = FREEZE OPTION
Funds not spent = Delete Option

Budget Summary

Surplus: $4,510.07
Budget Total: $213,999.84
Fed Share: $213,999.84
Match Allocated: $0.00
Match Required (0%): $0.00
Over Matched/Under Matched: $0.00

Project Budget: ALL

Budget Line:
- Contractual
  - Quantity: 480.00, Unit Cost: $48.00
  - Fed Share: $23,040.00, In-Kind Match: $0.00, Cash Match: $0.00
- Legal Services
  - Quantity: 25.00, Unit Cost: $80.00
  - Fed Share: $2,000.00, In-Kind Match: $0.00, Cash Match: $0.00
EDIT BUDGET LINE

Description: Human Trafficking Task Force Coord.

- Quantity: 480
- Cost Per Item: $48.00
- Budget Total: $23,040.00

Cash Match: $0.00

In-Kind Match: $0.00

Federal Share: $23,040.00

Quantity Spent: 154.50
Match Spent: $0.00
Fed Share Spent: $6,620.00

Click SAVE or CANCEL.
REQUESTING ADDITIONAL FEDERAL SHARE

Budget Adjustment

You are requesting additional federal funds in the amount of $412.50

Requesting Additional Federal Share Requires Prior Approval!

When Ready to submit

Budget Summary

<table>
<thead>
<tr>
<th>Surplus</th>
<th>Budget Total</th>
<th>Fed Share</th>
<th>Match Allocated</th>
<th>Match Required (%)</th>
<th>Over Matched/Under Matched</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>After Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Project Budget

<table>
<thead>
<tr>
<th>Name</th>
<th>Quantity</th>
<th>Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court Advocate RV2: 2nd year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Court Advocate: 2nd year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus</td>
<td>0.00</td>
<td>$1.00</td>
</tr>
<tr>
<td>Printer: 2nd Year</td>
<td>1.00</td>
<td>$500.00</td>
</tr>
</tbody>
</table>
REIMBURSEMENT REQUESTS

PRESENTED BY: Jayne Langston
REIMBURSEMENT REQUESTS

Notice of implementation has not been reviewed by GCC.
No reimbursements have been created.
CREATE REIMBURSEMENT

Enter time period by month

Click
REIMBURSEMENT FUNCTIONS

Transaction ID

Total requested

Edit reimbursement Dates

Add Document

Reimbursement Request

Transaction ID

Period
07/01/2019 - 07/31/2019

Total Requested
$0.00

Reimbursement Requested
$0.00

Status
New

Match Contribution
$0.00

Documentation

Please upload all relevant documentation that support the costs and expenditures that are recorded for this online GEMS Reimbursement Request. For easier document management, please scan multiple receipts and timesheets into a single document. For instructions specific to each budget category Click Here.
UPLOAD REIMBURSEMENT FILE

LABEL DOCUMENT AS PERSONNEL, SUPPLIES, ETC. LABEL PAGE NUMBERS. ENTER PAGE NUMBERS INTO DOC # BOX AFTER UPLOAD.
ADD REIMBURSEMENT LINE ITEM
DROP DOWN AND SELECT LINE ITEM

Select cost category

Select lines for reimbursement
FOLLOW INSTRUCTIONS BELOW

Enter description Title
Name of Employee/Contractor
Enter Quantity = 1
Enter page #. EX: P1-P3
QUESTIONS

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

GCC Point of Contact email:
GCC_Grants_Management@ncdps.gov