

17th Judicial District

VALE GRANT REPORTING GUIDELINES

VALE Board

Steven Higgins, Board Chair
Shalene Flynn, Board Vice-Chair
Thomas Trunnell, Board Member
Bill Teater, Board Member
Luz Maria Shearer, Board Member

VALE Administrative Staff

Tonya Isenbart, Director of Victim Programs
Jenny Johnson, Victim Services and Support Assistant

The formal 17 JD VALE Contract Agreement is provided to each grant recipient agency. The Contract Agreement outlines the terms of grant fund disbursement, reporting requirements and other conditions related to the use of 17th JD VALE grant funds.

Reporting guidelines, and optional training, are provided to help each grant recipient agency successfully comply with the Contract Agreement. These guidelines include invoice due dates, steps to complete and submit quarterly financial invoices, accounting system and timesheet documentation and steps to complete the Six Month and Year End Narrative reports.

To complete the 17th JD VALE reporting requirements, you will need:

- ✓ a copy of your 17th JD VALE CONTRACT AGREEMENT
- ✓ Your ZoomGrants Login information

QUESTIONS as you complete a Financial or Narrative Invoice can be addressed by program staff:

❖ **Contact VALE program staff**

Tonya Isenbart, Director of Victim Service Programs
303-835-5791
vale@da17.state.co.us
8:00 am - 5:00 pm, Monday through Friday

Jenny Johnson, Victim Services and Support Assistant
303-835-5605
vale@da17.state.co.us
12:30 pm – 4:30 pm, Monday through Friday

Quarterly Financial Invoice Instructions

Each FINANCIAL INVOICE is due IN ZOOMGRANTS no later than 11:59 p.m. on the date/s listed in the grant contract agreement.

- Log into ZoomGrants.
- Click on current VALE Grant that you are reporting on.
- Click on "Add INVOICE"

The screenshot displays the ZoomGrants interface for a user profile named "ZZZ Test profile". It is divided into three main sections: "Incomplete Applications (0)", "Submitted Applications (0)", and "Approved Applications (2)".

- Incomplete Applications (0):** Shows "(full application not yet submitted)" and "-none-".
- Submitted Applications (0):** Shows "(full application submitted, decision pending)".
- Approved Applications (2):** Lists two grants:
 - Adams County District Attorney's Office 2023 VALE Grant** (deadline 12/13/2022): Shows "USD\$0.00 [Test Profile](#)" with buttons for "Add Invoice" and "Add Narrative Report". A yellow arrow points to the "Add Invoice" button.
 - Adams County District Attorney's Office 2022 VALE Grant** (deadline 8/20/2021): Shows "USD\$0.00 [Application ID 360455](#)" with buttons for "Add Invoice" and "Add Narrative Invoice".

- Completion of all Financial Invoices require the approved budget from your 17th JD VALE Contract Agreement.
- Requested Amount is ALWAYS equal to the amount of 17th JD VALE grant funds expended in the quarter period.
- Complete the invoice based upon your accounting system documentation that substantiates 17th JD VALE grant expenses.
- At the bottom of the financial invoice, download the required Signature Page template; obtain Agency Director and Financial Officer signatures.
- Submit completed Financial Invoice AND completed Signature Page in ZoomGrants by the due date.

Image of a blank financial invoice from ZoomGrants is pictured below for your reference. The following instructions will break down each section of this invoice in more detail.

Test Profile	Adams County District Attorney's Office 2022 VALE Grant	
Test Profile 1111 , XX	Tel: Fax: EIN:	Project Contact Tonya Isenbart tisenbart@live.com Tel:

Invoice

Instructions [show/hide](#)

In order to complete this invoice, you will need a copy of your 2022 Contract Agreement. Once you complete the report, please print the signature page and have the Agency Director and Financial Officer sign the report. Then, submit the documents in ZoomGrants.

Date Submitted [Submit Invoice](#) [\[delete this Invoice\]](#)

Invoice Number (your invoice number)

Requested Amount USD\$

Invoice Contact Name

Invoice Contact Phone

Invoice Contact Email

Payment Instructions

Invoice Status

Invoice Status

Approved Amount To Pay

Approval Date (mm/dd/yyyy)

Approved by

Invoice Decision Comments

Payment
(for this Invoice only)

	-none-	
		Total USD\$0.00

Current Funding Snapshot
(for this full Application only)

Invoice		
Initial Award Amount		USD\$0.00
Pending		
Approved		
Paid		
	Still Available	USD\$0.00
	This Request	(-) USD\$0.00
	New Total	USD\$0.00

Payment

Initial Award Amount		USD\$0.00
Pending		(-)
Approved		(-)
Paid		(-)
	Still Available	USD\$0.00

Section 1: Please enter your 2022 approved VALE Budget (this can be found in your approved 17th JD VALE Grant Contract)

<input type="text"/> Personnel: Salaries & Benefits	
<input type="text"/> Supplies & Operating	
<input type="text"/> In-State Training / Travel	
<input type="text"/> Professional Services / Consultant	
<input type="text"/> Equipment	
<input type="text"/> 0.00 TOTAL	

Section 2: Please enter the cumulative amount expended TO DATE from your 2022 Approved VALE Grant

<input type="text"/> Personnel: Salaries & Benefits	
<input type="text"/> Supplies & Operating	
<input type="text"/> In-State Training / Travel	
<input type="text"/> Professional Services / Consultation	
<input type="text"/> Equipment	
<input type="text"/> 0.00 TOTAL	

Section 3: Please break out the cumulative Salaries & Benefits for each position. Enter a \$0 if you do not have the additional positions.

<input type="text"/> Position #1 SALARY	
<input type="text"/> Position #1 BENEFITS	
<input type="text"/> Position #2 SALARY	
<input type="text"/> Position #2 BENEFITS	
<input type="text"/> Position #3 SALARY	
<input type="text"/> Position #3 BENEFITS	
<input type="text"/> 0.00 TOTAL	

Section 4: Please enter the amount expended in the current quarter from your 2022 Approved VALE Grant (This will total the reimbursement request amount on this invoice)

<input type="text"/> Personnel: Salaries and Benefits	
<input type="text"/> Supplies & Operating	
<input type="text"/> In-State Training & Travel	
<input type="text"/> Professional Services / Consultation	
<input type="text"/> Equipment	
<input type="text"/> 0.00 TOTAL	

Documents Requested *	Required?	Uploaded Documents *	
Signature Page for Invoice Report download template	<input checked="" type="checkbox"/>	-none-	<input type="button" value="Upload"/>
	<input type="checkbox"/>	-none-	<input type="button" value="Upload"/>

* ZoomGrants™ is not responsible for the content of uploaded documents.
**Documents can not be deleted once the Invoice has been submitted.

1. Complete the below pictured section of the invoice

Invoice

Instructions [show/hide](#)

In order to complete this invoice, you will need a copy of your 2022 Contract Agreement. Once you complete the report, please print the signature page and have the Agency Director and Financial Officer sign the report. Then, submit the documents in ZoomGrants.

Date Submitted Submit Invoice

[\[delete this Invoice\]](#)

Invoice Number (your invoice number)	<input type="text"/>	Q2
Requested Amount	USD\$ <input type="text"/>	12525.00
Invoice Contact Name	<input type="text"/>	Jane Doe
Invoice Contact Phone	<input type="text"/>	303.555.5555
Invoice Contact Email	<input type="text"/>	janedoe@wonderful.victim.services.agency.org
Payment Instructions	<div style="border: 1px solid blue; padding: 5px;"><p>Please send check to: Wonderful Victim Services Agency Attn: Jane Doe PO Box 5555 Brighton, CO 80601 * If you have questions - please email Jane Doe</p></div>	

Invoice Number is the quarter period of 17th JD VALE grant expenditures.

- Invoice Number for First Quarter = Q1
- Invoice Number for Second Quarter = Q2
- Invoice Number for Third Quarter = Q3
- Invoice Number for Fourth Quarter = Q4

Requested Amount: Enter the amount of 17th JD VALE grant funds spent in the quarter period. This will equal the Total in section 4 of the financial invoice.

Invoice Contact Information: Enter the name of the person completing the financial invoice. *This must be one of the three persons who signed your VALE grant Contract, which could include Agency Director, Project Director, Financial Officer, or Authorized Official.*

If there is a change in the agency personnel who signed the grant contract, the agency must notify VALE Board of those changes by submitting a completed "CHANGE IN SIGNING AUTHORITY" form. This form can be found on VALE Documents page of the www.17vale.org website and should be emailed to vale@da17.state.co.us. Payment cannot be made without appropriate signatures on file.

Payment Instructions: Enter the address where the check should be sent and any other pertinent information that VALE staff will need to know to process your reimbursement.

2. SECTION 1: Approved VALE BUDGET:

Refer to the approved budget from your 17th JD VALE Contract Agreement to complete this section.

Section 1: Please enter your 2022 approved VALE Budget (this can be found in your approved 17th JD VALE Grant Contract)	
<input type="text"/>	Personnel: Salaries & Benefits
<input type="text"/>	Supplies & Operating
<input type="text"/>	In-State Training / Travel
<input type="text"/>	Professional Services / Consultant
<input type="text"/>	Equipment
<input type="text" value="0"/>	TOTAL

For each of these budget line items, enter the exact amounts from your approved budget from your 17th JD VALE contract agreement.

- If there is a line item listed that is not part of your agency budget, please place a 0 in the field. **All fields must be completed to submit your invoice for reimbursement.*
- If, during the course of the grant year, your agency has completed a budget reallocation by submitting a "Project Change Request" and it has been approved by the VALE Board, your revised budget should be entered into this section instead of the original approved budget.

The **TOTAL** will be automatically calculated and should equal the total grant amount awarded per the grant contract.

3. SECTION 2: CUMULATIVE EXPENDITURES

This section refers to the **TOTAL** dollar amount **EXPENDED TO DATE** for each of the budget line items approved in your 17th JD VALE Contract Agreement.

Section 2: Please enter the cumulative amount expended TO DATE from your 2022 Approved VALE Grant	
<input type="text"/>	Personnel: Salaries & Benefits
<input type="text"/>	Supplies & Operating
<input type="text"/>	In-State Training / Travel
<input type="text"/>	Professional Services / Consultation
<input type="text"/>	Equipment
<input type="text" value="0.00"/>	TOTAL

- As an example, if you are reporting for the second quarter, you will be reporting the total of both your first and second quarter expenses.

Quarter	Quarter
Q1 Financial Invoice	Q1 expenditures only
Q2 Financial Invoice	Q1 Expenditures + Q2 Expenditures
Q3 Financial Invoice	Q1 + Q2 + Q3 Expenditures
Q4 Financial Invoice	Q1 + Q2 + Q3 + Q4 Expenditures

- If there is a line item listed that is not part of your agency budget, please place a 0 in the field. **All fields must be completed to submit your invoice for reimbursement.*

The **TOTAL** will be automatically calculated and should be the total of all expenditures from the grant to date.

4. **SECTION 3: CUMULATIVE SALARY/BENEFITS**

This section refers to the **TOTAL** dollar amount of **SALARIES & BENEFITS EXPENDED TO DATE** for each position funded.

Section 3: Please break out the cumulative Salaries & Benefits for each position. Enter a \$0 if you do not have the additional positions.

<input type="text"/>	Position #1 SALARY
<input type="text"/>	Position #1 BENEFITS
<input type="text"/>	Position #2 SALARY
<input type="text"/>	Position #2 BENEFITS
<input type="text"/>	Position #3 SALARY
<input type="text"/>	Position #3 BENEFITS
<input type="text" value="0.00"/>	TOTAL

- For this section only, the Salary and Benefits are reported separately.
- **Separate dollar amount** for the salary / benefits of **EACH POSITION** 17th JD VALE grant funded.
- Enter \$0 if position # is not grant funded for agency.
**All fields must be completed to submit your invoice for reimbursement.*
- Salary and/or benefits reported cannot exceed amount approved in Contract Agreement.

The **TOTAL** will be automatically calculated and should be the total of all salaries and benefits paid the grant to date. **The total in this section should match the Personnel: Salaries and Benefits field in Section 2.**

GRANT FUNDS FOR SALARY / BENEFITS

- Grantees are responsible for maintaining internal accounting documentation used to determine the amounts invoiced, and must clearly identify:
- The specific position paid with the 17th JD VALE grant funds.
- Timesheet information including all hours each position received pay from 17th JD VALE grant funds, including sick, vacation, holiday, etc.
- The specific dollar amount of 17th JD VALE grant funds used to pay salary.
- The specific dollar amount of 17th JD VALE grant funds used to pay for each benefit, reported separately for each position.

5. **SECTION 4: QUARTER EXPENDITURES**

This section should include the amount expended in each budget line item for this Quarter only.

Section 4: Please enter the amount expended in the current quarter from your 2022 Approved VALE Grant (This will total the reimbursement request amount on this invoice)	
<input type="text"/>	Personnel: Salaries and Benefits
<input type="text"/>	Supplies & Operating
<input type="text"/>	In-State Training & Travel
<input type="text"/>	Professional Services / Consultation
<input type="text"/>	Equipment
<input type="text" value="0.00"/>	TOTAL

- Enter the total amount expended in each line item during the current quarter from your 17th JD VALE grant.
- Enter \$0 if category is not grant funded. **All fields must be completed to submit your invoice for reimbursement.*

The **TOTAL** will be automatically calculated and should be the total of all expenditures for the current quarter. **The total in this section should match the total reimbursement being requested this quarter.**

ACCOUNTING SYSTEM DOCUMENTATION

Grantees shall make, keep, and maintain all records pertaining to the grant and shall make that available upon request by the VALE Board.

Grantees are responsible for ensuring internal accounting system documentation used to determine invoice amount clearly identify:

- The specific line items paid with the 17th JD VALE grant funds.
- The specific dollar amount of 17th JD VALE grant funds used to each line item.
- Copies of invoices, bills, receipts which verify expenditures identified in accounting ledgers.

6. UPLOAD COMPLETED SIGNATURE PAGE

Documents Requested *	Required?	Uploaded Documents *	
Signature Page for Invoice Report download template	<input checked="" type="checkbox"/>	-none-	<input type="button" value="Upload"/>
	<input type="checkbox"/>	-none-	<input type="button" value="Upload"/>

** ZoomGrants™ is not responsible for the content of uploaded documents.
**Documents can not be deleted once the Invoice has been submitted.*

- At the very bottom of the Financial Invoice Form, find the link to download the Signature Page template. Once the template has been downloaded, print and complete the form.
- The form must be signed and dated by the Agency Director and Financial Officer. Alternate signatures will not be accepted. Please plan accordingly as invoices submitted without accurate signatures are considered incomplete and this will delay reimbursement.
- Once the Signature page is complete, upload the completed signature page.
- Financial Invoices submitted without an uploaded Signature Page or with incorrect signatures are incomplete. This will delay reimbursement.

7. SUBMIT COMPLETED INVOICE

Invoice

[Instructions show/hide](#)

In order to complete this invoice, you will need a copy of your 2022 Contract Agreement. Once you complete the report, please print the signature page and have the Agency Director and Financial Officer sign the report. Then, submit the documents in ZoomGrants.

Date Submitted		<input type="button" value="Submit Invoice"/>	[delete this Invoice]
Invoice Number (your invoice number)			Q2
Requested Amount	USD\$		12525
Invoice Contact Name			Jane Doe
Invoice Contact Phone			303.555.5555
Invoice Contact Email			janedoe@wonderful.victim.services.agency.org
Payment Instructions	Please send check to: Wonderful Victim Services Agency Attn: Jane Doe PO Box 5555 Brighton, CO 80601 * If you have questions - please email Jane Doe		

- Click "SUBMIT INVOICE" when you finish.

**TO REQUEST CHANGES to the APPROVED 17th JD VALE GRANT BUDGET
(REALLOCATION of FUNDS)**

To request changes in the use of approved 17th JD VALE grant funds, refer to the 17th JD VALE CONTRACT AGREEMENT and do the following, as appropriate:

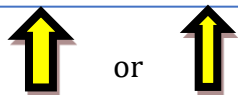
- The grant recipient agency must submit a completed Project Change Request form to the VALE Board for reallocation (change in use) of 17th JD VALE grant funds as originally approved by the 17th JD VALE Board. The Project Change Request Form must be submitted via e-mail **and must be approved by the 17th JD VALE Board prior to the implementation of any such change.** This form can be found in the Documents section of the VALE website: www.17vale.org and the completed form may be emailed to vale@da17.state.co.us.
- The 17th JD VALE Board will only consider reallocating 17th JD VALE grant funds from approved budget line item(s) to other approved budget line item(s) in the Contract Agreement.

NARRATIVE REPORT INSTRUCTIONS

Each NARRATIVE REPORT is due IN ZOOMGRANTS no later than 11:59 p.m. on the date/s listed in the grant contract agreement.

- Log into ZoomGrants.
- Click on current VALE Grant that you are reporting on.
- Click on “Add Narrative Report”

- On the following page, Click on the “Narrative Report” tab



- **Select the correct narrative report:**

Narrative reports are due semiannually. The first narrative report is due after the second quarter and the second narrative report is due after the fourth quarter. Refer to your grant contract agreement for the exact due dates.

1. REPORT on VALE GRANT APPROVED SERVICES / ACTIVITIES

Question 1: GOAL 1, OBJECTIVE 1: Crime Types Report

- For this section, the grant recipient is reporting the progress on the number of victims and services they indicated they would serve on their grant application for Goal 1, Objective 1. Refer to your approved APPLICATION and CONTRACT AGREEMENT to complete the NARRATIVE REPORT.
- In this section, list the number of victims served and grant funded services provided during the reporting invoice period.
- Enter number of primary and secondary victims served by 17th JD VALE grant funded services during the reporting period.
- Count victims one time only. Example: A person who is a victim of multiple crimes during the same incident will be counted once for the most egregious crime.
 - If a person is a victim for more than one criminal incident (occurring on separate dates) the victim may be counted more than once on this report.
- **"OTHER"** is number of victims served in crime types not listed but defined by the grant recipient in question 7 of their completed grant application. Again, refer back to your grant application and report on the goal you set forth in question 7 of that application.

Narrative Report 1: 7/15/2023 Submit Narrative Report 1

1. GOAL 1, OBJECTIVE 1A - CRIME TYPES: Enter the number of unduplicated Primary and Secondary victims served by 17th JD VALE Funded Project / Personnel during this reporting period. Please Note: "Other" refers to the "Other" victims listed on your grant application, question #7.

Count each victim only one time under the primary crime type. Please Note: "Other" refers to the "Other" victims listed on your grant application, question #7.

<input type="text"/>	Homicide, Attempted, Criminally Negligent, Manslaughter
<input type="text"/>	Vehicular Homicide, Vehicular Assault, Hit and Run Resulting in Death, Careless Resulting in Death, Failure to stop at an accident resulting in SBI or death
<input type="text"/>	Assault
<input type="text"/>	Menacing
<input type="text"/>	Kidnapping
<input type="text"/>	Sexual assault (over age 13); indecent exposure; Invasion of privacy for sexual gratification
<input type="text"/>	Sexual assault on a child; Incest; Sexual exploitation of a child; Child prostitution
<input type="text"/>	Robbery; Aggravated Robbery
<input type="text"/>	Child Abuse
<input type="text"/>	Domestic Violence
<input type="text"/>	Stalking
<input type="text"/>	Bias-motivated crime
<input type="text"/>	Intimidating or tampering with a witness/victim; Retaliation against a witness/victim/prosecutor
<input type="text"/>	Human trafficking of adult or child
<input type="text"/>	First degree burglary
<input type="text"/>	Protection order violation issued under section 18-1-1001, 18-3-402, 18-3-405, 18-3-405.3, or 18-3-602
<input type="text"/>	Posting a private image for harassment or pecuniary gain
<input type="text"/>	Other Victims (as defined in question 7 of the grant application)



Question 2: OTHER VICTIMS

- For this section, the grant recipient is reporting the "OTHER" crime types that were served during the reporting period as reflected in the *Other Victims* listed in Goal 1, Objective 1. Refer back to your approved APPLICATION and CONTRACT AGREEMENT to ensure you are reporting on the "Other" crime types that you set as your goal on the approved Application. (Example: Arson – 1; Identity theft - 2)
- If the grant recipient did not indicate that victims from "Other" crime types would be served in the grant application, write N/A in this field.

2. OTHER VICTIMS: List the "Other" victims that were defined in question 7 of the grant application and that you are reporting in question 1 of this report. If there were not "Other" victims listed in question 7 of the grant application, type N/A.

Maximum characters: 255. You have 255 characters left.

Question 3: Goal 1, Objective 1B:

- **DISREGARD QUESTION #3 – FORMATTING ERROR**

Question 4: GOAL 1, OBJ 1B: SERVICES PROVIDED

- Enter the number of unduplicated primary and/or secondary victims provided 17th JD VALE grant funded services in the reporting period.
- Enter services provided only once per victim.
Example: A victim is provided 3 separate community referrals, this victim will only be counted once in the community referrals field, not 3 times.
Example: A victim is provided crime scene response and a community service referral; this victim will be counted once in each of these service areas.

4. OBJECTIVE 1B: List the number of primary and secondary victims that received each service listed below during this reporting period by the grant funded Project/Personnel.
Report service only once per victim (unduplicated).

<input type="text"/>	Assistance completing Crime Victim Compensation application
<input type="text"/>	Assistance completing criminal justice forms
<input type="text"/>	Assistance with Emergency Financial Resources (outside agency)
<input type="text"/>	Civil legal information, support & advocacy
<input type="text"/>	Community referrals
<input type="text"/>	Crime scene response
<input type="text"/>	Criminal justice information, support & advocacy
<input type="text"/>	Crisis Hotline assistance
<input type="text"/>	Emergency financial or tangible assistance (within agency)
<input type="text"/>	Employer / Creditor Intercession
<input type="text"/>	Follow-up contact
<input type="text"/>	Forensic Exams
<input type="text"/>	Group Counseling
<input type="text"/>	Hospital / Clinic / Medical response
<input type="text"/>	Individual Counseling
<input type="text"/>	Property retrieval
<input type="text"/>	Shelter / Safehouse services
<input type="text"/>	Transitional housing services

Question 5: GOAL 1, OBJ 1B: SERVICES PROVIDED continued.

- Continue to enter the number of unduplicated primary and/or secondary victims provided 17th JD VALE grant funded services in the reporting period.
- Total from Question #4: Calculate the total number of victims served in question #4 of this report and enter the total number of services provided in the first field of this section.
- **"OTHER" Services** is the number of services provided that were defined by the grant recipient in question 10 of their completed grant application. Again, refer back to your grant application and report on the goal set forth in question 10 of that application.

5. OBJECTIVE 1B continued: List the number of primary and secondary victims that received each service listed below during this reporting period by the grant funded Project/Personnel.
Report service only once per victim (unduplicated).

<input type="text"/>	Total from question #4
<input type="text"/>	Coordination of safety during the criminal justice process
<input type="text"/>	Non-routine law enforcement training
<input type="text"/>	Non-routine law enforcement personnel
<input type="text"/>	Non-routine law enforcement equipment
<input type="text"/>	Special Advocate services
<input type="text"/>	Telephone lines for victims and witnesses assistance
<input type="text"/>	Translation and Interpretation services
<input type="text"/>	Transportation
<input type="text"/>	Other Service(s) (as defined in question 10 of the grant application)

Question 6: OTHER SERVICES

- Identify specific number of services provided for total of "OTHER" in question #5. (Example: Coordination of safety during the criminal justice process – 4, Transportation – 8. In this example, the number listed in the "Other services field in section 5 should be 12 because it is the total of 8+4)
- Only report on the "OTHER" services set as a goal in question 10 of the completed grant application. Do not report on non-grant funded services.

6. OTHER SERVICES: List the "Other" services that were defined in question 10 of the grant application and that you are reporting in question 5 of this report.. If there were not "Other" services listed in question 5 of the grant application, type N/A.

Maximum characters: 255. You have 255 characters left.

Question 7-10: (Goal 2, Objective 2A&B; Goal 3, Objective 3A&B)

- Indicate the 17th JD VALE grant funded service/activity for reporting period. (refer to your Goals and Objectives on your grant application) *Report only on the progress of the goals set forth in your grant application.
- Include number of victims served, specific service(s) provided and grant recipient agency personnel providing service; number of persons trained, specific training(s) conducted and grant recipient agency conducting training, etc.
- Enter N/A if not funded for Goal 2, Objective 2A, 2B or Goal 3, Objective 3A or 3B

Question 11: EXPECTED SERVICE DELIVERY CHALLENGES:

- Refer to question 18 of your grant application. Report on any challenges that you anticipated would have an impact of the delivery of grant funded services during this reporting period.
- Describe any challenge(s) that have occurred and the specific impact to 17th JD VALE grant funded service(s) and/or delivery of service(s); (example: personnel turnover, event that occurred, etc.)
- Describe how the grant recipient agency has, or plans to, address impact(s) to services and/or delivery of services.

Question 12: UNEXPECTED SERVICE DELIVERY CHALLENGES:

- Describe the unexpected challenge(s) that have occurred and the specific impact to 17th JD VALE grant funded service(s) and/or delivery of service(s); (example: personnel turnover, event that occurred, etc.)
- Describe how the grant recipient agency has, or plans to, address impact(s) to services and/or delivery of services.

Question 13: 17th JD VALE GRANT FUNDED SERVICE COLLABORATION:

- Refer to the three agencies listed as Collaborative Partners in your approved grant application.
- Provide a specific example in detail of collaboration with one of the agencies during this reporting period and the positive impact this collaborative approach made.

Question 14: REQUIRED VRA / 17th JD CVC TRAINING:

- Include most recent date(s) all grant recipient agency personnel providing 17th JD VALE grant funded services participated in VRA / 17th JD CVC required training.

- Identify the specific training that corresponds to the date(s) provided. (Example: 17th JD CVC training – 2/13/2023)
- Note if training has not yet been completed, and/or the date for which training has been scheduled.
- CVC training from a jurisdiction other than the 17th JD CVC program will not be accepted.

Question 15: NARRATIVE INVOICE CERTIFICATIONS:

- Read and check the statements which are true and accurate.

15. NARRATIVE INVOICE CERTIFICATIONS: Read and check each of the following statements which are true and accurate.
The Narrative Invoice Signature Page must be downloaded from the Document section of the agency's grant in ZoomGrants. Obtain the signatures and upload the signature page with the Narrative Invoice

The information contained in this Narrative Invoice is correct and complete.

The Agency Director and Project Director signatures have been uploaded as required.

2. UPLOAD COMPLETED SIGNATURE PAGE

- At the very bottom of the Narrative Report Form, find the link to download the Signature Page template. Once the template has been downloaded, print and complete the form.
- The form must be signed and dated by the Agency Director and Project Director. Alternate signatures will not be accepted. Please plan accordingly as Narrative Reports submitted without accurate signatures are considered incomplete and will delay reimbursement of quarterly financial invoices.
- Once the Signature page is complete, upload the completed signature page.
- Financial Invoices submitted without a Signature Page or with incorrect signatures are incomplete and will delay reimbursement of quarterly financial invoices.

Documents Requested *	Required?	Uploaded Documents *	
Narrative Invoice - Signature Page Download template: Narrative Invoice Signature Page	Required	-none-	<input type="button" value="Upload"/>
* ZoomGrants™ is not responsible for the content of uploaded documents.			<input type="button" value="Submit Narrative Report 1"/>

3. SUBMIT COMPLETED INVOICE/REPORT

- Click "SUBMIT NARRATIVE REPORT" when you finish.

GENERAL REMINDERS

PRINTING AN INVOICE

To print just an invoice, and not the entire grant, right click on the correct INVOICE and then select print. This should print out just the invoice.

REQUESTS FOR REALLOCATION OF AWARDED FUNDS

- Remember to submit any reallocation request on the Project change Request form found on the www.17VALE.org website's document page on or before the Request for Reconsideration deadline found on the *Meetings and Deadlines* tab of www.17vale.org. Reallocation requests submitted after the scheduled deadline will not be considered by the VALE Board.

CHANGE IN SIGNING AUTHORITY (IMPACT ON INVOICE REIMBURSEMENT)

- You must report any change in personnel who are included on your agency's grant contract (those who have signing authority under your grant for your agency), and complete a Change in Signing Authority form as soon as possible following said change. A Change in Signing Authority form can be found on the document tab of the www.17VALE.org.
- **If the signatures on your Financial Invoice Signature Page do not match those on your grant contract, reimbursement to your agency will be delayed.**