

17th Judicial District

VALE GRANT REPORTING GUIDELINES

VALE Board

Andrea Schiola, Board Chair
Betsy Westbrook, Board Vice-Chair
Jamie Kreiger, Board Member
Kati Behrens, Board Member
Jessica Jessen, 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 shows the 'My Account Home' page for a user named 'ZZZ Test profile'. The page is divided into three main sections: 'Incomplete Applications (0)', 'Submitted Applications (0)', and 'Approved Applications (2)'. The 'Approved Applications (2)' section is highlighted with a yellow arrow pointing to the 'Add Invoice' button for the 'Adams County District Attorney's Office 2023 VALE Grant'.

Application Status	Application Name	Deadline	Amount	Profile	Actions
Incomplete (0)	-none-				
Submitted (0)					
Approved (2)	Adams County District Attorney's Office 2023 VALE Grant	12/13/2022	USD\$0.00	Test Profile	Add Invoice, Add Narrative Report
Approved (2)	Adams County District Attorney's Office 2022 VALE Grant	8/20/2021	USD\$0.00	Application ID 360455	Add Invoice, 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.

ZOOMGRANTS

[How do I do this?](#) [Email This Invoice](#) [Save as PDF](#) [Print](#) [Close Window](#) [A.A.](#)

Print Preview Prop

Luke Skywalker
123 Main Street
Anytown, CO 80212

Adams County District Attorney's Office
2025 VALE Grant

Tel: 888-867-5309
printreview@printreview.com

Invoice

Instructions [show/hide](#)

In order to complete this invoice, you will need a copy of your 2025 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 Not submitted

Invoice Number (your invoice number)

Requested Amount

Invoice Contact Name

Invoice Contact Phone

Invoice Contact Email

Payment Instructions

Invoice Status

Invoice Status Approved

Approved Amount To Pay \$

Approval Date (mm/dd/yyyy)

Approved by

Invoice Decision Comments

Payment
(for this Invoice only)

Add Payment	-none-	Total \$0.00
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Current Funding Snapshot
(for this full Application only)

Invoice	
Initial Award Amount	\$0.00
Pending	
Approved	
Paid	
Still Available	\$0.00
Approved Amount To Pay	(-) \$ 0.00
New Total	\$ 0.00

Payment

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

Change Log [show/hide](#)

Section 1: Please enter your 2025 approved VALE Budget (this can be found in your approved 17th JD VALE Grant Contract)

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 2025 Approved VALE Grant

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 this quarters Salaries & Benefits for each position.

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 2025 Approved VALE Grant (This will total the reimbursement request amount on this invoice)

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 ***

Financial Signature page -none-

[download template](#)

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

ZGID 65855

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 (2025) | [Privacy](#)

1. **Complete the below pictured section of the invoice**

Date Submitted		Submit Invoice
		[delete this Invoice]
Invoice Number (your invoice number)		Q2
Requested Amount	USD\$	12525.00
Invoice Contact Name		Jane Doe
Invoice Contact Phone		303.555.5555
Invoice Contact Email		janedoe@wonderful.victim.services.agency.org
Payment Instructions	<div style="border: 1px solid blue; padding: 5px;">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</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 2025 approved VALE Budget (this can be found in your approved 17th JD VALE Grant Contract)

Personnel: Salaries & Benefits

Supplies & Operating

In-State Training / Travel

Professional Services / Consultant

Equipment

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 2025 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: SALARY/BENEFITS

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

Section 3: Please break out this quarters Salaries & Benefits for each position.	
<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 for the current quarter. **The total in this section should match the *Personnel: Salaries and Benefits* field in Section 4.**

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 2025 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

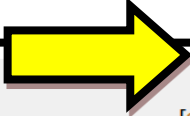
Documents Requested *	Required?	Uploaded Documents *	
Signature Page for Invoice Report download template	<input checked="" type="checkbox"/>	-none-	<input type="button" value="Upload"/>
	<input type="checkbox"/>	-none-	<input type="button" value="Upload"/>

** 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

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

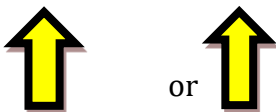
Each NARRATIVE REPORT is due IN ZOOMGRANTS no later than 11:59 p.m. on the date/s listed in the grant contract agreement.

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

The screenshot shows the 'My Account Home' page for a 'ZZZ Test profile'. It features three main sections: 'Incomplete Applications (0)', 'Submitted Applications (0)', and 'Approved Applications (2)'. The 'Approved Applications' section lists two grants from 'Adams County District Attorney's Office'. The first is a '2023 VALE Grant' with a deadline of 12/13/2022, showing a balance of USD\$0.00 and a 'Test Profile' link. A yellow arrow points to the 'Add Narrative Report' button next to it. The second grant is a '2022 VALE Grant' with a deadline of 8/20/2021, also showing a balance of USD\$0.00 and an 'Application ID 360455' link, with 'Add Invoice' and 'Add Narrative Invoice' buttons.

- On the following page, Click on the "Narrative Report" tab

The screenshot shows the 'Applicant View' page for a 'Narrative Report'. The page has a navigation bar with tabs for 'Summary', 'Pre-Application', 'Application Questions', 'Budget', 'Tables', 'Documents', and 'Activity Log'. The 'Narrative Report' tab is selected, showing a 'Narrative Report' button and a 'Narrative Report Totals' button. Below the navigation bar, there is a section for 'Ask a Narrative Report Question' and a large yellow box containing instructions for filling out the report. At the bottom, there are two buttons for 'Narrative Report 1: 7/15/2025' and 'Narrative Report 2: 1/15/2026'.



- **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.

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 8 of their grant application. Refer to your grant application and report on the goal you set forth in question 8 of that application.

Narrative Report 1: 7/15/2025 Submit Narrative Report

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 #8.
Count each victim only one time under the primary crime type.

<input type="text"/>	Homicide; Criminally negligent homicide; Manslaughter; Attempted homicide
<input type="text"/>	Vehicular homicide; Vehicular assault; Careless resulting in death; Leaving the scene of 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 victim/witness/prosecutor
<input type="text"/>	Human trafficking of an adult or child
<input type="text"/>	First degree burglary; Second degree burglary of a dwelling
<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 for pecuniary gain
<input type="text"/>	First degree arson
<input type="text"/>	Other victims (as defined in question #8)

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 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 8 of the grant application and that you are reporting in question 1 of this report.. If there were not "Other" victims listed in question 8 of the grant application, type N/A.

Maximum characters: 255. You have 255 characters left.

Question 3: 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.

3. 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).

Their Answer	Assistance completing Crime Victim Compensation application
Their Answer	Assistance completing criminal justice forms
Their Answer	Assistance with Emergency Financial Resources (outside agency)
Their Answer	Civil legal information, support & advocacy
Their Answer	Community referrals
Their Answer	Coordination of safety during the criminal justice process
Their Answer	Crime scene response
Their Answer	Criminal justice information, support & advocacy
Their Answer	Crisis Hotline Assistance
Their Answer	Emergency financial or tangible assistance (within agency)
Their Answer	Employer / Creditor intercession
Their Answer	Follow-up contact
Their Answer	Forensic exams
Their Answer	Group Counseling
Their Answer	Hospital / Clinic / Medical Response
Their Answer	Individual Counseling
Their Answer	Property retrieval
Their Answer	Shelter / Safehouse services
Their Answer	Special Advocate services
Their Answer	TOTAL

Question 4: 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 #3: Calculate the total number of victims served in question #3 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 11 of their completed grant application. Again, refer to your grant application and report on the goal set forth in question 11 of that application.

4. 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).

Their Answer	TOTAL from Question #3
Their Answer	Telephone lines for victims and witness assistance
Their Answer	Transitional housing services
Their Answer	Translation and interpretation services
Their Answer	Transportation
Their Answer	Other Service(s) (as defined in question #11 of the grant application)
Their Answer	TOTAL

Question 5: OTHER SERVICES

- Identify specific number of services provided for total of "OTHER" in question #4. (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 11 of the completed grant application. Do not report on non-grant funded services.

5. OTHER SERVICES: List the "Other" services that were defined in question 11 of the grant application and that you are reporting in question 4 of this report. If there were not "Other" services listed in question 11 of the grant application, type N/A.

Their Answer

Question 6-9: (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 10: EXPECTED OR UNEXPECTED SERVICE DELIVERY CHALLENGES:

- Refer to question 19 of your grant application. Report on any challenges that you anticipated would have an impact on 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 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 11: 17th JD VALE GRANT FUNDED SERVICE COLLABORATION:

- Refer to the three agencies listed as Collaborative Partners in your approved grant application. Refer to question 21 of your 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 12: 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 – 2/13/2024)
- 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 accepted.**

Question 13: NARRATIVE INVOICE CERTIFICATIONS:

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

13. 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.

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.

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.**