

# **17<sup>th</sup> Judicial District**

## **VALE GRANT REPORTING GUIDELINES**

### **VALE Board**

Andrea Schiola, Board Chair  
Betsy Westbrook, Board Vice-Chair  
Steven Higgins, Board Member  
Kati Behrens, Board Member  
Jessica Jessen, Board Member

### **VALE Administrative Staff**

Tonya Isenbart, Director of Victim Programs  
Garrett Burling, 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 17<sup>th</sup> 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 17<sup>th</sup> JD VALE reporting requirements, you will need:

- ✓ a copy of your 17<sup>th</sup> 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](mailto:vale@da17.state.co.us)  
7:30 am - 4:0 pm, Monday through Friday

Garrett Burling, Victim Services and Support Assistant  
303-835-5761  
[vale@da17.state.co.us](mailto: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 'ZZZ Test profile'. It features 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'.

- 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 T

**Print Preview Prop**
17th JD VALE Grant Program  
2026 VALE Grant

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**Luke Skywalker**  
123 Main Street  
Anytown, CO 80212

Tel: 888-867-5309  
[printreview@printreview.com](mailto:printreview@printreview.com)

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**Invoice**  
[Instructions show/hide](#)

In order to complete this invoice, you will need a copy of your 2026 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.

**Invoice Status**  
Approved ▾ [Approve As Is](#)  
**Invoice Status**  
**Approved Amount To Pay** \$ 0.00  
**Approved Date (mm/dd/yyyy)**  
**Approved by**  
**Invoice Decision Comments**

---

**Date Submitted** Not submitted  
**Invoice Number** (your invoice number) 01

**Requested Amount**  
**Invoice Contact Name**  
**Invoice Contact Phone**  
**Invoice Contact Email**  
**Payment Instructions**

**Payment**  
(for this Invoice only) -none- **Total \$0.00**

**Current Funding Snapshot**  
(for this full Application only)

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

**Payment**  
(for this Invoice only)

Initial Award Amount	\$0.00
Pending	(-)
Approved	(-)
Paid	(-)
	<b>Still Available</b>
	<b>\$0.00</b>

[Change Log show/hide](#)

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**Section 1: Please enter your 2026 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

0.00 TOTAL

---

**Section 2: Please enter the cumulative amount expended TO DATE from your 2026 Approved VALE Grant**

Personnel: Salaries & Benefits

Supplies & Operating

In-State Training / Travel

Professional Services / Consultant

Equipment

0.00 TOTAL

---

**Section 3: Please break out this quarters Salaries & Benefits for each position.**

Position #1 SALARY

Position #1 BENEFITS

Position #2 SALARY

Position #2 BENEFITS

Position #3 SALARY

Position #3 BENEFITS

Position #4 SALARY

Position #4 BENEFITS

Position #5 SALARY

Position #5 BENEFITS

Position #6 SALARY

Position #6 BENEFITS

0.00 TOTAL

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**Section 4: Please enter the amount expended in the current quarter from your 2026 Approved VALE Grant (This will total the reimbursement request amount on this invoice)**

Personnel: Salaries & Benefits

Supplies & Operating

In-State Training & Travel

Professional Services / Consultation

Equipment

0.00 TOTAL

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**Documents Requested \***

Financial Invoice Signature Page

[download template](#)

**Required? Uploaded Documents \***

-none-

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

ZCID 65855

Receive a local ZoomGrants™ on Facebook  
 Problems? Contact us at [support@zoomgrants.com](mailto:support@zoomgrants.com)  
 ©2025 ZoomGrants. All rights reserved.  
 \*ZoomGrants™ and the ZoomGrants logo are trademarks of ZoomGrants.com, LLC.  
 All other trademarks are the property of their respective owners.

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

<b>Date Submitted</b>		<input type="button" value="Submit Invoice"/>
		<a href="#">[delete this Invoice]</a>
<b>Invoice Number</b> (your invoice number)	<input type="text"/>	Q2
<b>Requested Amount</b>	USD\$ <input type="text"/>	12525.00
<b>Invoice Contact Name</b>	<input type="text"/>	Jane Doe
<b>Invoice Contact Phone</b>	<input type="text"/>	303.555.5555
<b>Invoice Contact Email</b>	<input type="text"/>	janedoe@wonderful.victim.services.agency.org
<b>Payment Instructions</b>	<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 17<sup>th</sup> 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 17<sup>th</sup> 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](http://www.17vale.org) website and should be emailed to [vale@da17.state.co.us](mailto: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 2026 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="0.00"/>	TOTAL

For each of these budget line items, enter the exact amounts from your approved budget from your 17<sup>th</sup> 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 2026 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 / Consultant
<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"/>	Position #4 SALARY
<input type="text"/>	Position #4 BENEFITS
<input type="text"/>	Position #5 SALARY
<input type="text"/>	Position #5 BENEFITS
<input type="text"/>	Position #6 SALARY
<input type="text"/>	Position #6 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 17<sup>th</sup> JD VALE grant funds.

- Timesheet information including all hours each position received pay from 17<sup>th</sup> JD VALE grant funds, including sick, vacation, holiday, etc.
- The specific dollar amount of 17<sup>th</sup> JD VALE grant funds used to pay salary.
- The specific dollar amount of 17<sup>th</sup> 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.

<b>Section 4: Please enter the amount expended in the current quarter from your 2026 Approved VALE Grant (This will total the reimbursement request amount on this invoice)</b>	
<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"/>	<b>TOTAL</b>

- Enter the total amount expended in each line item during the current quarter from your 17<sup>th</sup> 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 17<sup>th</sup> JD VALE grant funds.
- The specific dollar amount of 17<sup>th</sup> 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

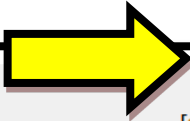
Documents Requested *	Required?	Uploaded Documents *	
Signature Page for Invoice Report <a href="#">download template</a>	<input checked="" type="checkbox"/>	-none-	<input type="button" value="Upload"/>
	<input type="checkbox"/>	-none-	<input type="button" value="Upload"/>

\* 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

<b>Date Submitted</b>		<input type="button" value="Submit Invoice"/>	<a href="#">[delete this Invoice]</a>
<b>Invoice Number</b> (your invoice number)			Q2
<b>Requested Amount</b>	USD\$		12525
<b>Invoice Contact Name</b>			Jane Doe
<b>Invoice Contact Phone</b>			303.555.5555
<b>Invoice Contact Email</b>			janedoe@wonderful.victim.services.agency.org
<b>Payment Instructions</b>	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.

## **Requesting Changes to an Approved 17<sup>th</sup> Judicial District VALE Grant Budget (Reallocation of Funds)**

To request a change to the use of approved 17<sup>th</sup> Judicial District VALE grant funds, please review the 17<sup>th</sup> JD VALE CONTRACT AGREEMENT and follow the applicable procedures outlined below.

- **Submission Requirement:**

The grant recipient agency must submit a completed **Project Change Request Form** to the VALE Board to request any reallocation or change in the use of funds as originally approved. The form must be submitted via email and ***approved by the 17<sup>th</sup> JD VALE Board prior to implementing any proposed change.***

The Project Change Request Form is available in the **Documents** section of the VALE website at [www.17vale.org](http://www.17vale.org). Completed forms must be emailed to [vale@da17.state.co.us](mailto:vale@da17.state.co.us).

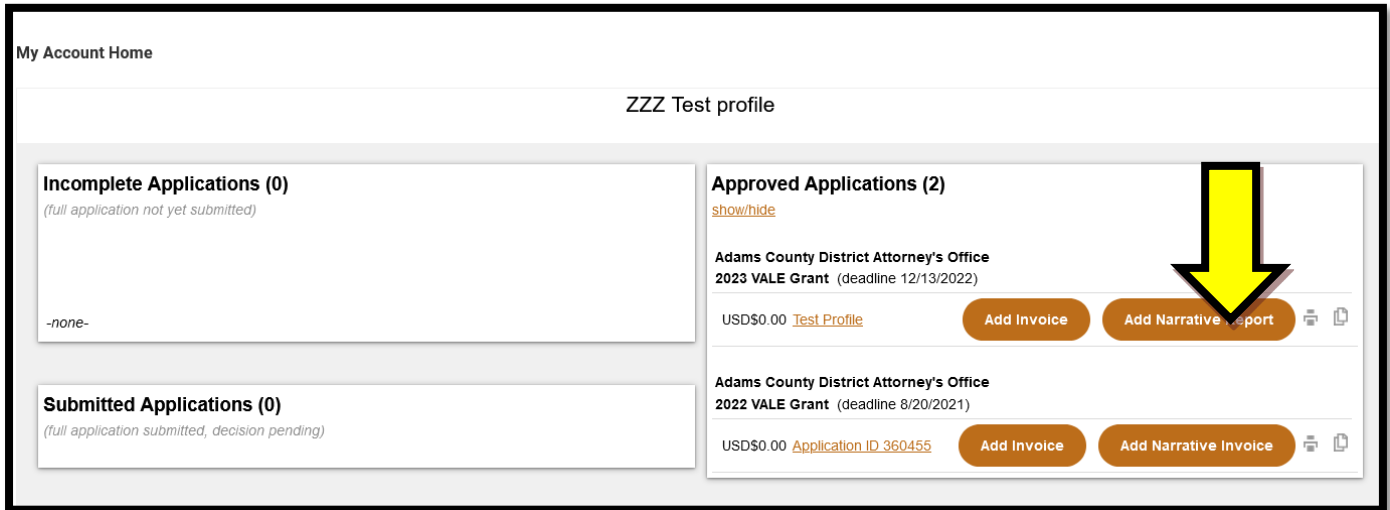
- **Limitations of Reallocations:**

The 17<sup>th</sup> JD VALE Board will only consider requests to reallocate funds between budget line items that are already approved and included in the Contract Agreement. Reallocations to unapproved or new budget line items will not be considered.

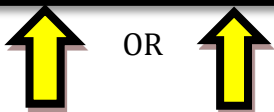
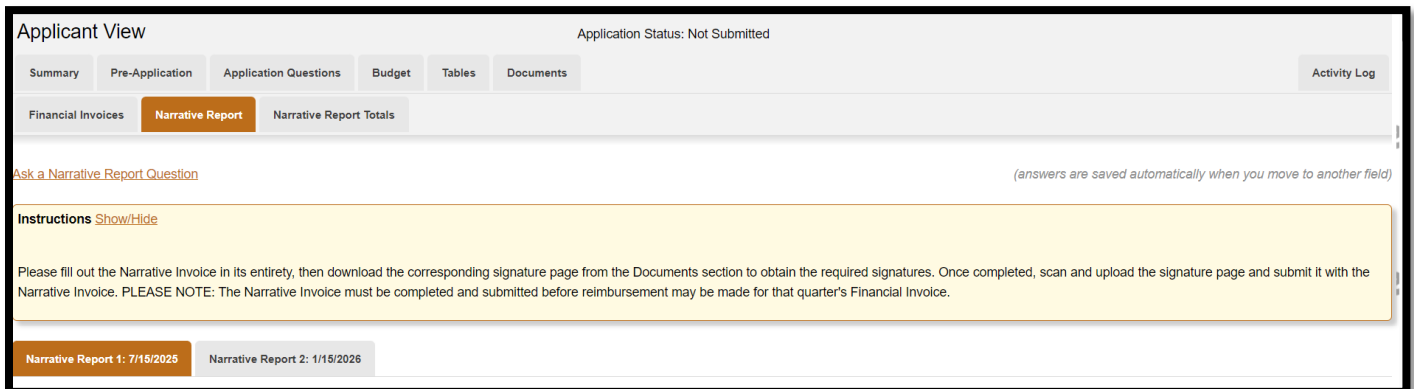
# NARRATIVE REPORT INSTRUCTIONS

Each Narrative Report must be submitted in ZoomGrants no later than 11:59 p.m. on the due date(s) listed in the grant contract agreement.

- Log into ZoomGrants.
- Select the current VALE grant for which you are reporting.
- Click "Add Narrative Report"



- On the following page, Click 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. Please refer to your grant contract for the specific due dates.

## Reporting on VALE Grant – Services and Activities

### **Question 1: Goal 1, Objective 1: Crime Types Report**

For this section, the grant recipient must report progress toward the number of victims and services provided as identified under Goal 1, Objective 1 in the approved grant application and Contract Agreement. Refer to these documents when completing this portion of the Narrative Report.

- Report the total number of victims served and grant-funded services provided during the applicable reporting period.
- Enter number of primary and secondary victims who received 17th JD VALE grant-funded services during the reporting period.
  - Each victim should be counted only once per incident.  
Example: If a person is a victim of multiple crimes arising from the same incident, count the victim once under the most egregious crime.
  - If a person is a victim of multiple, separate criminal incidents occurring on different dates, the victim may be counted more than once in this report.
- **"Other" victims (defined in question #8 of the grant application):**  
Report the number of victims served for crime types not specifically listed but identified by your agency in Question 8 of the grant application. Refer to your grant application and report progress toward the goal described in that section.

The screenshot shows a web-based form for reporting crime types. At the top, there are two tabs: 'Narrative Report 1: 7/15/2026' (selected) and 'Narrative Report 2: 1/15/2027'. The main heading is 'Narrative Report 1: 7/15/2026' with a 'Submit Narrative Report' link on the right. Below the heading is the instruction: '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.' A list of crime types follows, each with an input field: Homicide; Vehicular homicide; Assault, Menacing; Kidnapping; Sexual assault (over age 13); Sexual assault on a child; Robbery; Child Abuse; Domestic Violence; Stalking; Bias-motivated crime; Intimidating or tampering with a witness/victim; Human trafficking; First degree burglary; Protection order violation; Posting a private image for harassment; First degree arson; Crimes against At-Risk Adults or At-Risk Juveniles; and Other victims (as defined in question #8 of the grant application). A red arrow points to the 'Other victims' input field.

## Question 2: Other Victims

- For this section, report the "Other" crime types served during the reporting period, as reflected in the "Other Victims" category under Goal 1, Objective 1. Refer to your approved grant application and Contract Agreement to ensure you are reporting only the "Other" crime types identified as goals in your application.  
*Example: Arson – 1; Identity theft – 2.*

- If your grant application did **not** identify service to victims of "Other" crime types, enter 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 who received 17<sup>th</sup> JD VALE grant-funded services during the reporting period.
- Enter services type should be counted only once per victim.  
Example: If a victim receives three separate community referrals, count the victim once in the community referrals field, not three times.  
Example: A victim receives both crime scene response and a community service referral, count the victim once in each applicable service category.

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).*

<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"/>	Coordination of safety during the criminal justice process
<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"/>	Special Advocate services
<input type="text"/>	0 TOTAL

**Question 4: GOAL 1, OBJ 1B: SERVICES PROVIDED continued.**

- Continue entering the number of unduplicated primary and/or secondary victims who received 17<sup>th</sup> JD VALE grant-funded services during the reporting period.
- Total from Question #3: Calculate the total number of victims served as reported in **Question 3** of this report and enter this total in the first field of this section "Total from Question #3".
- **"OTHER" Services** Report the number of services provided that were identified by your agency in Question 11 of your grant application. Refer to your application, and report progress toward the goal established in that section.

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. IMPORTANT: Bring down your total from question #3 above for services to calculate correctly. Report service only once per victim (unduplicated).

<input type="text"/>	TOTAL from Question #3
<input type="text"/>	Telephone lines for victims and witness assistance
<input type="text"/>	Transitional housing services
<input type="text"/>	Translation and interpretation services
<input type="text"/>	Transportation
<input type="text"/>	Other Service(s) (as defined in question #11 of the grant application)
<input type="text"/>	0 TOTAL

**Question 5: OTHER SERVICES**

- Provide a breakdown of specific services that make up the total of "OTHER" services in Question 4.  
*Example: Coordination of safety during the criminal justice process – 4, Transportation – 8. In this example, the number reported in the "Other Services" field in Question 4 should be 12 (4+8).*
- Report only those "Other" services that were identified as a goal in Question 11 of the completed grant application. Do not include 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.

**Question 6-9: (Goal 2, Objective 2A&B; Goal 3, Objective 3A&B)**

- Report on 17<sup>th</sup> JD VALE grant-funded services and/or activities provided during the reporting period. Refer to the Goals and Objectives identified in your grant application, and report only on progress toward those goals set forth in your grant application.
- Include applicable details such as: Number of victims served, specific services provided and grant agency personnel who provided them, the number of

individuals trained, specific trainings conducted, and the 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 and report any challenges that you anticipated would impact the delivery of grant-funded services during this reporting period.
- Describe any challenges that have occurred during the reporting period and explain their specific impact on grant-funded service delivery. (e.g., personnel turnover, significant events, operational disruptions, etc.)
- Describe the unexpected challenges that occurred and explain their specific impact on grant-funded services or service delivery.
- Explain how the grant recipient agency has addressed, or plans to address, the identified challenges and mitigate impacts to services and/or service delivery.

**Question 11: 17<sup>th</sup> JD VALE GRANT FUNDED SERVICE COLLABORATION:**

- Refer to the three agencies identified as Collaborative Partners in your grant application. (see Question 21 of the application).
- Provide one detailed example of collaboration with one of these agencies during this reporting period and describe the positive impact this collaboration had on service delivery or outcomes.

**Question 12: REQUIRED VRA / 17<sup>th</sup> JD CVC TRAINING:**

- Provide the most recent date(s) on which all grant recipient agency personnel delivering 17<sup>th</sup> JD VALE grant-funded services participated in VRA and 17<sup>th</sup> JD CVC required training.
- Identify the specific training that corresponds to the date(s) provided.  
*Example: 17<sup>th</sup> JD CVC training – 2/13/2026*
- If training has not yet been completed, note this and provide the scheduled training date, if applicable.
- Training completed through a CVC program outside of the 17<sup>th</sup> JD CVC program will not be accepted.

**Question 13: SPECIAL CONDITION PROGRESS:**

For this section, grant recipients must report on the status of any special conditions included in their 17th Judicial District VALE grant contract. Review your grant contract agreement special conditions to determine which instruction below applies.

- **If your grant includes a special condition that requires completion of a task or deliverable:**  
Describe the progress made toward meeting the special condition. Include actions

completed to date, the current status, and the anticipated completion timeline, if applicable.

- **If your grant includes a special condition that restricts or limits allowable expenditures:**

Describe how your agency has ensured compliance with the spending restriction. Include examples of allowable expenditures made (or restricted expenditures avoided) and any internal controls, review processes, or approvals used to ensure compliance.

- **If your grant does not include any special conditions:**

Enter "N/A."

### **Question 14: 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 bottom of the Narrative Report Form, locate and download the Signature Page template. Once downloaded, print and complete the form.
- The Narrative Signature Page must be signed and dated by both the Agency Director and the Project Director. Alternate signatures will not be accepted. Please plan accordingly as Narrative Reports submitted without the required signatures are considered incomplete.
- After the Narrative Signature Page is complete, upload the document
- Narrative Reports submitted without a completed Narrative Signature Page, or with incorrect signatures, will be considered incomplete and will delay reimbursement of financial invoices.

Documents Requested *	Required?	Uploaded Documents *	Upload
Narrative Invoice - Signature Page <a href="#">Download template: Narrative Invoice Signature Page</a>	Required	-none-	

\* ZoomGrants™ is not responsible for the content of uploaded documents.

Submit Narrative Report 1

### **SUBMIT COMPLETED INVOICE/REPORT**

- Click "SUBMIT NARRATIVE REPORT" when you finish.

# GENERAL REMINDERS

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## **Printing an Invoice**

To print only an invoice (and not the entire grant), right-click on the appropriate invoice and select Print. This will generate a copy of the invoice only.

## **Requests for Reallocation of awarded funds**

- All requests to reallocate approved grant funds must be submitted using the **Project Change Request Form**, available on the **Documents** page of [www.17VALE.org](http://www.17VALE.org).
- Reallocation requests must be submitted **on or before the Request for Reconsideration deadline** listed on the **Meetings and Deadlines** tab of [www.17VALE.org](http://www.17VALE.org).
- Requests submitted **after the posted deadline will not be considered** by the VALE Board.

## **Change in Signing Authority (Impact on Invoice Reimbursement)**

- Any change in personnel listed on your grant contract who have signing authority must be reported promptly. A completed Change in Signing Authority Form must be submitted as soon as possible following the change. The form is available on the Documents tab of [www.17VALE.org](http://www.17VALE.org).
- If the signatures on a Financial Invoice Signature Page or Narrative Report Signature Page do not match the authorized signatories listed in the grant contract, the submission will be considered incomplete, and reimbursement will be delayed.