



TN Strong Families Grant

New Grantee Orientation Training

Introductions

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TN Strong Families

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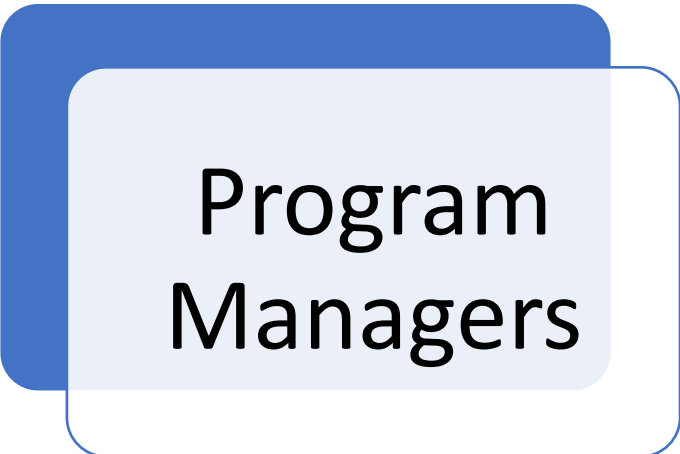
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Technical Assistance



Program
Managers



SWORPS



Fiscal
Department

Have Questions? Start Here.

[OCJP Grants Manual \(tn.gov\)](https://www.tn.gov/ocjp/grants-manual)

Find it here:

The screenshot shows the OCJP Grants Manual website. A red arrow points from the text 'Find it here:' to the 'OCJP Grants Manual' link in the left sidebar. Another red arrow points from the text 'Tip: Use pdf version, ctrl + F to search' to the 'Click Here' link in the main content area. The website header includes navigation links like 'Looking For', 'Financial', 'F&A News', 'Employee Resources', 'Local Government Financial', 'OEI', and 'Careers at F&A'. The main content area has the title 'OCJP Grants Manual' and a paragraph of introductory text. Below the text is a link to the PDF version and a note about the dynamic nature of the document. The footer indicates the page was last updated on August 18, 2023.

Tip: Use pdf version, ctrl + F to search

Managing Contracts



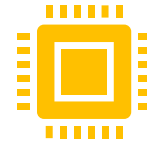
April 15th – Services to clients can start.

Documenting starts when services start. All clients are new on 4/15.



Grant file started- paper or electronic

Executed contract, emails, certifications, receipts, purchase orders, inventory list, grant funded staff employee paperwork



System to track data needs to be in place.

Can be any system that works to pull needed data



Survey ready to distribute

Provided to each client 1x each year

Documenting Client Services

- Each individual served should have a client file (electronic or paper) documenting any and all grant funded services received.
- Database, excel sheet, word document, OneNote, etc.
- Each file should have a contact or notes sheet to facilitate this documentation.
- Identify who will be managing the database, client files, and grant files.

See Grants Manual, Chapter XX. Retention of and Access to Records for more information.

Required Forms

- All clients should receive and sign the **Acknowledgement of Consent** form at intake.
- A signed **Release of Information (ROI)** form is required in order to share any information of a client.

I, _____, understand the following:
[client name]

“Religious/faith-based activities” may include a wide variety of activities, meetings, or programs that express or encourage religious doctrine or beliefs held by the organization and/or staff. These activities include worship, religious instruction, or similar activities.

I cannot be required to participate in religious/faith-based activities to receive free Tennessee grant-funded goods and services from the agency.

I can consent to participate in religious/faith-based activities or I can choose not to participate and still receive grant-funded goods or services.

I Acknowledge and Understand:

Signed: _____ Date: _____

Staff: _____ Date: _____

Maintaining a Grant File

- Executed contracts- All signatures
- Emails from FAU- memos, authorizations, approvals, etc.
- Signed Certifications
- Supporting documentation for invoices
- Inventory List



Maintaining a Grant File Cont.

Personnel File

- Character/employment reference check
- Completed agency application and a resume.
- A signed consent form granting the organization permission to obtain a background check and to conduct reference checks
- Job description
- Documentation of training/certification received such as the topic, presenter, length of training, dates.
- Documentation of minimum qualifications including verification/confirmation of all educational diplomas or degrees.
- Documentation of background checks according to agency policy.

System to Track Data

Can be anything... so long as it works!

Must be able to:

- Distinguish services provided with TSF funds from other fund sources
- Pull data based on date/quarter/fiscal year
- Track demographics
- Count individual services provided to each client.

Quarterly Reports

- Due Dates:
 - July 15th
 - October 15th
 - January 15th
 - April 15th

Agency:	Person Completing Report:				
	Quarter 1 July - Sept	Quarter 2 Oct - Dec	Quarter 3 Jan - Mar	Quarter 4 Apr - June	Total
Numbers					
Total Number of Individuals Served					0
Number of New Individuals Served					0
Number of Services Provided					0
Material/Financial Assistance					
Number of Individuals who received these services:					0
Assistance with baby equipment, furniture, etc.					0
Assistance with supplies for maternity care and/or postnatal care					0
Childcare assistance paid for by agency (i.e. daycare expenses)					0
Co-pay or other medical/healthcare bills paid for by agency					0

Annual Report- Due July 31st

- Compilation of quarterly reports
- Total number of clients served during the FY
- Total number of services provided
- Total number of services provided for each subcategory
- Total numbers for:
 - Race/Ethnicity
 - Gender
 - Age
 - Special Classifications

Surveys

- **Determine:**
- Who will distribute?
- Who will collect?
- Where will they be kept?
- Who will tally?
- Who will review them?

Client Outcome Survey

Please help us improve our services by sharing your experience with us.

Please indicate your level of agreement with the following statements about our service.

1. My wellbeing or my family or children's wellbeing has improved as a result of the services/support I received from this organization.

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. I am more knowledgeable of the services and community resources available during and after pregnancy.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. I feel support from this organization.

Strongly Disagree Disagree Neutral Agree Strongly Agree

4. I am satisfied with the services I have received through this organization.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Invoicing



An invoicing workbook (excel document) and InvCertify.doc will be emailed within the 1st quarter by “OBF Grants” to the Project Director and Fiscal Director.



Subrecipients are strongly encouraged to invoice monthly and *at least quarterly*.



Quarterly is required (30 days after end of the quarter), for all expenses in prior quarter.

Invoicing Cont.



To invoice, subrecipients will add expenditures to Column D (This Month's Actual Expenditures).



All expenditures may be included in the same tab.



Email the signed invoice workbook (excel document) and completed InvCertify document to OBF.Grants@TN.gov after your Program Manager has approved it.



Receipts, POs, delivery slips, etc. should be maintained in the grant file but **not** sent to OBF with the invoice.

Blank Invoice Workbook

This section will be filled in by OBF before emailed.

A	B	C	D	E	F	G	H
4							
5	NAME & ADDRESS OF CONTRACTOR / SUB-RECIPIENT PROGRAM CONTRACT #			RECEIVED DATE:			
6				INVOICE DATE:	4/30/2024		
7				CONTRACT PERIOD: 07/01/23 TO 06/30/24			
8				CONTACT PERSON		TELEPHONE NUMBER	
9							
10		TOTAL CONTRACT BUDGET	YTD ACTUAL EXPENDITURES THRU 4/30/24	THIS MONTH'S ACTUAL EXPENDITURES	REIMBURSEMENT PERCENTAGE	FOR STATE USE ONLY	
11					100%		
12	BUDGET LINE-ITEM CATEGORY						
13							
14	1 & 2 Salaries, Benefits & Taxes	0.00	0.00	0.00			
15	4 & 15 Professional Fee, Grant & Award	0.00	0.00	0.00		INVOICE #	0 0424
16	5 to 10 Supplies, Phone, Postage, Rent, Print	0.00	0.00	0.00			
17	11 & 12 Travel, Conferences & Meetings	0.00	0.00	0.00			
18	14 Insurance	0.00	0.00	0.00			
19	16 Specific Assistance to Individuals	0.00	0.00	0.00		RECEIPT #	
20	17 Depreciation	0.00	0.00	0.00			
21	18 Other Non-Personnel	0.00	0.00	0.00			
22	20 Capital Purchase	0.00	0.00	0.00			
23	22 Indirect Cost	0.00	0.00	0.00		PO #	
24							
25	TOTAL DIRECT & ADMIN EXPENSES	0.00	0.00	0.00			
26							
27	24 In-Kind Expenses	0.00	0.00	0.00		VENDOR #	
28						LOCATION	
29	TOTAL EXPENSES	0.00	0.00	0.00	A		
30							

Add expenditures for the month here

Blank Invoice Workbook

36	Encumbrance Balance	0.00	AMOUNT DUE	0.00	A TIMES B		
37							
38							
39	In-Kind Expense Test:	-				AMOUNT DUE	MATCH
40			B	100%		0.00	-
41	I certify to the best of my knowledge and belief that the above is correct and that all expenditures were						
42	made in accordance with the contract conditions and that payment is due and has not been previously paid.						
43							
44	CONTRACTOR'S / SUB-RECIPIENT'S			RECOMMENDED FOR PAYMENT			
45	AUTHORIZED SIGNATURE			STATE AGENCY'S AUTHORIZED CERTIFICATION			
46							
47	NAME			NAME			
48	TITLE			TITLE	Accountant		
49	DATE			DATE			
50							Revised for FY2013
51							
52							
53							

1. Sign Invoice
2. Email to Program Manager for approval
3. After approval, email to OBF.Grants@TN.gov.

20% Rule

- Organizations can make changes to the budget using the 20% rule without prior approval.
- Can be applied to all line-items except Salaries, Indirect Cost, and Specific Assistance.

Must follow these rules:

1. The cumulative amount that a budget line-item is increased or decreased within a fiscal year cannot exceed 20% of that budget line-item total.
2. Movement of dollars does not include line-items with zero-dollar amounts.
3. Any increase made to a budget line-item must be off-set by an equal reduction of one or more approved budget line-item(s).
4. Movement of dollars does not change the project purpose/goals or intended outcomes.
5. Movement of funds using this process must adhere to all other OCJP grant requirements that may apply.

Staff

Time and Attendance Records

- Accurate time and attendance records are required to be maintained for all personnel whose salary is charged to the project. Records must contain:
- Date (day, month and year)
- Employee's name
- Position Title
- Total daily hours charged to project
- Grant allowable activities conducted during the hours charged
- Employee's signature
- Project Director or supervisor's signature
- Grant Number

Sample Time Documentation

Personnel Activity Report				
Date	Fund Source	Time	Activity	Notes
4/17/24	TSF	2.00	Case Management	
	General	6.00		
	Total	8.00		
4/18/24	TSF	1.00	Grant Admin	Q4 Report
	TSF	1.00	Training	SWORPS Training
	General	6.00		
	Total	8.00		

Common Questions

Q: If staff are paid less than 10% from a grant-funded source, do they need to document their time?

A: 10% and under needs a timesheet which shows the total number of hours charged to the project each day, but the specific activities performed are not required.

Q: Do I look at my budgeted percentage and divide my time out based on that?

A: No, the percentage is a rough estimate of time working on a project, time charged to the grant must be actual time worked.

Q: Do I need to tell my Program Manager if my percentage changes with time worked?

A: If it is within 5-10% or so, approval and notification are not needed. If your time worked is trending much higher or lower than that, then you would want to talk to your FAU PM.

Supplies, Specific Assistance, & Travel



Save Receipts



Inventory List for equipment



Follow travel guidelines and
conus rates

Chapter IX. Travel, Conferences, & Meetings

Subcontracts

All subcontracts must be AUTHORIZED by OCJP prior to starting.

1. Subcontractee provides/purchases services and/or supplies. These services and/or supplies must be paid by the Subcontractee.
2. Subcontractee invoices the subrecipient and provides supporting documentation.
3. Subrecipient pays invoice amount.
4. Subrecipient invoices OCJP and provides supporting documentation.
5. OCJP reimburses subrecipient.

Indirect
Costs

Allowable/Unallowable

How to invoice

Printed Material

- All reports, studies, notices, informational pamphlets, press releases, signs, billboards, DVDs, public awareness kits, training curricula, webinars, websites and similar public notices (written, visual or sound) prepared and released by the Grantee
- **“This project is funded under an agreement with the State of Tennessee.”**
- Must be approved by the FAU Program Manager
- [XI. Printing, Publications and Media \(tn.gov\)](#)

Questions





Thank you

Family Advocacy Unit Team