WELCOME TO GEMS
STEP BY STEP GUIDE
GEMS TRAINING 101

ORGANIZATION ROLES, NOTICE OF GRANT IMPLEMENTATION, SAMS, REIMBURSEMENTS, BUDGET ADJUSTMENTS, NON-BUDGETARY ADJUSTMENTS, AND MORE
GEMS TRAINING CONTENTS

4-10 ORGANIZATION ROLES

- 11 - 15 GEMS – OPENING GRANT:
  - NOGI – NOTICE OF GRANT IMPLEMENTATION
  - SAR – SUBAWARD REPORT
  - SAMS

- 16 – 23 REIMBURSEMENTS

- 24 – 30 BUDGET ADJUSTMENTS

- 31 – 40 NON - BUDGETARY ADJUSTMENTS
  - GRANT PERIOD EXTENSION
  - PERSONNEL ADJUSTMENT

- 41 QUESTIONS
**ORGANIZATION ROLES**

*(All persons needing GEMS access must obtain an NCID through [https://ncid.nc.gov](https://ncid.nc.gov)):

- **Authorizing Official (AO).**
  - Signatory to grant award.
  - Chief point of oversight for project.

- **Financial Officer (FO).**
  - Provides financial oversight to project
  - Agency financial policies and procedures
  - Federal financial policies and procedures

- **Project Director (PD).**
  - Signatory to grant award.
  - Responsible for execution of project.
  - Primary point of contact with GCC.

- **Organization Administrator.**
  - Submits all SAM updates to GEMS.
  - Approves all requests for organization roles (AO, FO, PD)
  - Assigns AO, FO and PD to open projects.
  - Approves/Denies requests for project access
  - Deactivates access/roles, if needed.
MY ORGANIZATION/SAMS UPDATE

NAME OF ORGANIZATION
FEDERAL TAX ID NUMBER
TYPE OF BUSINESS
NEW! SAM EXPIRATION DATE
UPLOAD SAM FILE SHOWING ACTIVE STATUS

MAKE SURE TO CLICK SAVE!
SAVE ORGANIZATION
SELECT TO REQUEST ORGANIZATION ROLE

Request Organization Roles

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

- **Organization Administrator**: Maintains organization information and manages GEMS users, organization roles and projects roles. There can be multiple Organization Administrators. This is not the same as a Project Director. This role is at the Organization level.

- **Financial Officer**: Approves the project budget and has final approval of all financial documentation. For non-profits, this person must be your Board Treasurer.

- **Authorizing Official**: Can enter into a contract on behalf of your agency. For non-profits, this must be the Board President or Board Chair.

Justification *

[Submit Request]
REQUESTING PROJECT ACCESS

GEMS

Request Project Access

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

Select Project

Please enter a detailed justification description for requesting project access, including position title.

Submit Request
DEACTIVATING ROLES

GEMS

My Projects  My Profile  Workshops

My Profile
Request Organization Roles
Request Project Access
My Organization
Approve/Deny Requests

Deactivate Roles

Search...

SEARCH FOR NAME

Select the users and click 'Deactivate Roles' button.

Organization Roles

Select  User  Organization Role

Test User 2  Authorizing Official

DEACTIVATE ROLES

Project Roles

Select  User  Project Role  Project ID  Name

Test User 1  Project Editor  PROJ999999  Test Project 1

DEACTIVATE ROLES

SELECT TO DEACTIVATE ENTIRE ORGANIZATION ROLE

SELECT TO DEACTIVATE SPECIFIC PROJECT ROLES
APPROVE/DENY REQUESTS

GEMS

My Projects  My Profile  Workshops

Approve/Deny Requests

Search...

Approve  Deny  User  Organization  Role  Justification

Approve  Deny  Test User 1  Financial Officer  Test

Approve  Deny  Test User 1  Project Editor  PROJ999999  Test Project 1

Previous Requests

Organization Role  Requestor  Status

Authorizing Official  Test User 2  Approved

Project Role  Project ID  Name  Requestor  Status

Project Editor  PROJ111111  Test Project 2  Test User 2  Approved

CLICK TO SUBMIT SELECTION

APPROVE/DENY REQUEST(S)
ASSIGN OFFICIALS

MAKE SURE TO SAVE!!

SELECT PROJECT

SELECT PROJECT DIRECTOR ROLE

SELECT FINANCIAL OFFICER ROLE

SELECT AUTHORIZING OFFICIAL ROLE

PLEASE ENTER DETAILED DESCRIPTION OF THE REASON FOR THIS CHANGE.
ATTACHMENTS

Attachments

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

File *
Choose File...

Description *

SAVE
GEMS OVERVIEW

Project Overview

- Project ID
- Start Date: 06/30/2017
- Your Grant Manager
- Financial Officer

Project Name
- Project Director
- Authorizing Official

Budget Summary
- Categories
- Total Budget
- Total Budget Match Funds

North Carolina Department of Public Safety
# BUDGET NAVIGATION OVERVIEW

<table>
<thead>
<tr>
<th>Name</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Federal Share</th>
<th>Match Share</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTRACTUAL</strong></td>
<td></td>
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</tr>
<tr>
<td>Phone Service</td>
<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Phone Service::2nd Year</td>
<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>EQUIPMENT</strong></td>
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<tr>
<td>Computers</td>
<td></td>
<td></td>
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<tr>
<td>Computers::2nd Year</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>xyz</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PERSONNEL</strong></td>
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<tr>
<td>Court Advocate</td>
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<td>Court Advocate::2nd year</td>
<td></td>
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</tr>
<tr>
<td><strong>SUPPLIES</strong></td>
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</tr>
<tr>
<td>Stationary</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Stationary::2nd Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TRAVEL</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>In-State:Registration Fees:Car</td>
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<td></td>
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<tr>
<td>In-State:Registration Fees:Car::2nd Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SURPLUS</strong></td>
<td></td>
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<tr>
<td>Surplus</td>
<td></td>
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</table>
# BUDGET DROP DOWN MENU

![Budget Drop Down Menu](image)

- **Drop Menu for filtering**

## Budget Breakdown

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Budgeted</th>
<th>Remaining</th>
<th>Fed Share</th>
<th>Match Share</th>
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<tbody>
<tr>
<td><strong>Contrac</strong></td>
<td></td>
<td></td>
<td></td>
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<td><strong>Personnel</strong></td>
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<td><strong>Travel</strong></td>
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<td><strong>Supplies</strong></td>
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<tr>
<td><strong>Computers</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Year 1</strong></td>
<td>1,000</td>
<td>10.00</td>
<td>10,000</td>
<td>10,000</td>
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<td>0.00</td>
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<tr>
<td><strong>Year 2</strong></td>
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<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>XYZ</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Court Advocate**
- **Court Advocate: 2nd year**
INITIAL SUBAWARD REPORT

VOCA Reports

Report Name: Initial Subgrant Award Report
Submitted On: 01/29/2018
Due Date: 
Status: Reviewed by GCC

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

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

Initial Subgrant Award Report

Purpose of the funded project

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

These VOCA funds will primarily be used to

Check the box that indicates how the VOCA funds will primarily be used. If it will be used equally for two or more items, select 'Other'

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

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

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

Number of paid staff (FTEs) 3

Number of volunteers (FTEs) 1
**INITIAL SUBAWARD REPORT**

![Image of GEMS software interface](image)

Select the type of Implementing Agency:
- Private, Non-Profit: Other

Report the total budget available to the victim services program for the grant award period (Total must be greater than or equal to $108,36)

Do not report the entire agency budget, unless it is all devoted to direct victim services. FEDERAL, STATE and LOCAL refer to government funds. FEDERAL are any funds other than this VOCA funded project. OTHER are any non-governmental funds like United Way, fundraisers, individual donors, etc.

<table>
<thead>
<tr>
<th>Federal</th>
<th>$ 0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

(Excluding this project)

Check the box(es) that identify the types of victims the VOCA funded project will serve and indicate the dollar amount devoted to each type (Total must be equal to $182,560.02).

- [ ] Child Abuse
- [x] DU/ODI Crimes
- [ ] Domestic Violence
- [ ] Adult Sexual Assault
- [ ] Elder Abuse
- [ ] Adults Molested as Children
- [ ] Survivors of Homicide Victims

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td></td>
</tr>
<tr>
<td>Adults Molested as Children</td>
<td></td>
</tr>
<tr>
<td>Survivors of Homicide Victims</td>
<td></td>
</tr>
</tbody>
</table>
INITIAL SUBAWARD REPORT

**Check the box(es) that identify the types of services that will be provided by the VOCA funded project, as described below:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- PERSONAL ADVOCACY refers to assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workers' compensation, unemployment benefits, welfare, etc.; accompanying the victim to the hospital, etc.

- TELEPHONE CONTACTS refers to contacts with victims during which time services and available support are identified.

- OTHER refers to other VOCA allowable services and activities not listed.
REIMBURSEMENT REQUESTS

GEMS
My Projects  My Profile

Reimbursements

Notice of implementation has not been reviewed by GCC.

No reimbursements have been created.
CREATE REIMBURSEMENT

Enter Dates from beginning to end of month.
REIMBURSEMENT FUNCTIONS

- Trans ID Populates
- Total Requested
- Reimbursement Period dates
- Add Document
LABEL DOCUMENT AS PERSONNEL, SUPPLIES, ETC. LABEL PAGE NUMBERS. ENTER PAGE NUMBERS INTO DOC # BOX AFTER UPLOAD.
ADD REIMBURSEMENT LINE ITEM

Reimbursement Request

Transaction ID: TRAN0000

<table>
<thead>
<tr>
<th>Period</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>07/01/2019 - 07/31/2019</td>
<td>New</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Requested</th>
<th>Reimbursement Requested</th>
<th>Match Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Documentation

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

Doc # | Name
---|---
1 | S2019 Grants Management Guide – GEMSR Step 3.png

Add Reimbursement

Reimbursement Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Total</th>
<th>Match Contribution</th>
<th>Reimbursement Requested</th>
</tr>
</thead>
</table>
DROP DOWN AND SELECT LINE ITEM
FOLLOW INSTRUCTIONS BELOW
SUBMIT TO FINANCIAL OFFICER

Reimbursement Request

Transaction ID: TRAN0000
Period: 07/01/2019 - 07/31/2019
Total Requested: $1.00
Reimbursement Requested: $1.00
Status: New
Match Contribution: $0.00

Click to Submit

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

Doc #   Name
1       S2019 Grants Management Guide – GEMSR Step 3.png

Reimbursement Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Total</th>
<th>Match Contribution</th>
<th>Reimbursement Requested</th>
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</thead>
<tbody>
<tr>
<td>Court Advocate: 2nd Year</td>
<td>1</td>
<td>$1.00</td>
<td>$1.00</td>
<td>$0.00</td>
<td>$1.00</td>
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## Budget Adjustments

<table>
<thead>
<tr>
<th>ID</th>
<th>Total Adjustment</th>
<th>Submitted On</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>ADJ0000023903</td>
<td>$0.00</td>
<td>03/25/2019</td>
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</tr>
<tr>
<td>ADJ0000023922</td>
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<td>Completed</td>
</tr>
<tr>
<td>ADJ0000021792</td>
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<td>11/13/2017</td>
<td>Completed</td>
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</table>
Creating a Budget Adjustment

Make sure to include complete budget breakdown
Original Budget and New Budget details

Create Budget Adjustment

Briefly describe the specific changes to your budget and a justification for those changes. (Max 1000 characters) *

Enter enough detail here to completely describe why adjustment is necessary. Include financial breakdowns and other supporting information, as needed.

SAVE
SELECT THE APPROPRIATE TABS TO MAKE CHANGES

Budget Adjustment
Adjustment ID

Description EDIT
Enter enough detail here to completely describe why adjustment is necessary. Include financial breakdowns and other supporting information, as needed.

Budget Summary

<table>
<thead>
<tr>
<th>Surplus</th>
<th>Budget Total</th>
<th>Fed Share</th>
<th>Match Allocated</th>
<th>Match Required (0%)</th>
<th>Over Matched/Under Matched</th>
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<tr>
<td>$87.50</td>
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<td>$0.00</td>
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</table>

Project Budget ALL

Name

- Court Advocate 2: 2nd Year
- Court Advocate: 2nd Year

Filter Categories

Add New Line
Freeze All Lines

Federal Share Only
Add New Line
SELECT CATEGORY – COMPLETE FORM

Adding A New Budget Line Item

Select Category for line Item

Month only

Enter Match

Make sure to save!

SAVE CANCEL
EDITING A BUDGET LINE ITEM

Enter Month only

Edit Budget Line Item

Cost per month

Total Cost for line item

Enter Match

Make Sure to Save!
REQUESTING ADDITIONAL FEDERAL SHARE

Budget Adjustment

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

Adjustment ID
ADJ00000

Status
New

Description
Enter enough detail here to completely describe why adjustment is necessary. Include financial breakdowns and other supporting information, as needed.

SUBMIT TO FINANCIAL OFFICER

Budget Summary

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<th>Surplus</th>
<th>Budget Total</th>
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<td>$0.00</td>
<td>$0.00</td>
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Project Budget

Project Name

Contractual

Court Advocate RV2: 2nd year

Court Advocate: 2nd year

Other Expenses

Surplus

Printer: 2nd Year

Requesting Additional Federal Share Requires Prior Approval!

When Ready to submit
Non-Budgetary Adjustment

<table>
<thead>
<tr>
<th>Request Name</th>
<th>Request Status</th>
<th>Submitted On</th>
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</thead>
<tbody>
<tr>
<td>Project Personnel Adjustment</td>
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<td>02/12/2018</td>
</tr>
<tr>
<td>Project Personnel Adjustment</td>
<td>Approved</td>
<td>04/09/2019</td>
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</table>
## Non-Budgetary Adjustment

<table>
<thead>
<tr>
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<th>Request Status</th>
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<td>Approved</td>
<td>02/12/2018</td>
</tr>
<tr>
<td>Project Personnel Adjustment</td>
<td>Approved</td>
<td>04/09/2019</td>
</tr>
</tbody>
</table>

- **Click for Drop-down Menu**
  - Grant Period Extension
  - Project Personnel Adjustment
  - Project Adjustment

- **Requires Prior Approval**
REQUIRES PRIOR APPROVAL FROM YOUR GRANT MANAGER
PERSONNEL ADJUSTMENT

**Personnel Adjustment**

- **Budget Type**: CONTRACTUAL
- **Description**: Court Advocate 1
- **Budget Type**: CONTRACTUAL
- **Description**: Court Advocate 2

**Fields**:
- Category
- Job Title
- Award Year
- Budget
- Employee Name/s
- Edit Name

**Add Job Information - Volunteers Only**

**Non Budgetary Adjustment**

- Project Overview
- Attachments
- Notice of Implementation
- Reimbursements
- Budget Adjustments
- Project Progress Report
- PMT Reports

**North Carolina Department of Public Safety**

Governor’s Crime Commission 9/30/2019
SELECT CATEGORY – COMPLETE FORM

Choose Category

Full Name/s

Select Job Type

Accurate Time Spent on Project

Job Description

Make Sure to Save!

SAVE CANCEL
EDIT JOB INFORMATION – NAME, ETC.

Enter Job Title

Make sure all contracts are approved by your Grant Manager, Signed, and uploaded into GEMS.

Multiple names can be used when transitioning to new employees.

Part time/Full Time?

What percentage of time is spent on this Project?

Make sure to hit save!
### PMT Reports

**Performance Measurement Tool – OVC PMT**

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Report Year</th>
<th>Submitted On</th>
<th>Status</th>
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<tbody>
<tr>
<td>Quarterly PMT Report (10/01/2017 - 12/31/2017)</td>
<td>2018</td>
<td>04/04/2018</td>
<td>Reviewed by GCO</td>
</tr>
<tr>
<td>Quarterly PMT Report (01/01/2018 - 03/31/2018)</td>
<td>2018</td>
<td>04/04/2018</td>
<td>Reviewed by GCO</td>
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<td>07/10/2018</td>
<td>Reviewed by GCO</td>
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<td>04/09/2019</td>
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<td>Quarterly PMT Report (07/01/2019 - 09/30/2019)</td>
<td>2020</td>
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- **Quarterly PMT Report**
  - **Quarterly Time Period**
  - **Year of Report**
  - **Date Submitted**
  - **Status:** New Submitted Or Reviewed

*Export from OVC Website and upload into Project Here!*
**PROJECT PROGRESS REPORT**

### Project Progress Report (10/01/2018 - 09/30/2019)

<table>
<thead>
<tr>
<th>Objective 1</th>
<th>Objective 2</th>
<th>Objective 3</th>
<th>Objective 4</th>
<th>Activities</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Project Objective</strong></td>
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<tr>
<td>Upgrade back-end from Microsoft Dynamics CRM 2011 to latest version.</td>
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<td><strong>Performance Measure</strong></td>
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<td>System is deployed and functioning properly.</td>
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<td><strong>Evaluation Method</strong></td>
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<td>User Acceptance Testing</td>
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<td><strong>Results For This Report Period (Max 2000 characters)</strong></td>
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- **Reporting Time Period – Make Sure the Document**
- **Click to complete**
- **Summarize the Progress of Your Project in Detail.**
- **Summarize Results for this report**
- **Make Sure to Hit**

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North Carolina Department of Public Safety

Governor's Crime Commission 9/30/2019

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QUESTIONS

THANK YOU FOR ATTENDING THE GCC ANNUAL WORKSHOPS