

**BYRNE JUSTICE ASSISTANCE GRANT (BYRNE JAG)
&
RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)
GRANTEE CHECKLIST**

Done	Action	Due Date
<input type="checkbox"/>	Accept contract with MSP (ADM-205).	30 days from date of award letter
<input type="checkbox"/>	Complete Program Income Waiver (ADM-208) in MAGIC+.	1st Quarter Progress Report (1/20)
<input type="checkbox"/>	Project must be initiated.	60 days from start date of contract
<input type="checkbox"/>	Submit subcontracts to Grants Management Section (ADM-207). <input type="checkbox"/> Grantee can apply to the Byrne JAG Section for an extension of time to obtain subcontracts.	60 days from execution of contract Written request to the Byrne JAG Section within 30 days from execution of contract
<input type="checkbox"/>	Submit Office of Civil Rights Compliance Training Form (ADM-221).	Employees must complete the training and ADM-221 within 90 days from start date of contract
<input type="checkbox"/>	Bureau of Justice Assistance Task Force Leadership and Integrity Training for grant-funded sworn personnel and all supervisors.	Form attached in MAGIC+ within 90 days from start of contract
	Submit Employee Time Certification (ADM-214): <input type="checkbox"/> 1st period (10/1-3/31) <input type="checkbox"/> 2nd period (4/1-9/30)	Semi-annually
<input type="checkbox"/>	Plan for submission of audit requirement. See Part VIII, Section C of your contract for clarification: <input type="checkbox"/> Submit Single Audit; or, <input type="checkbox"/> Submit Financial Statement Audit; or, <input type="checkbox"/> Submit Audit Notification Letter	Within 9 months after the end of contractor's fiscal year

FINANCIAL STATUS REPORTS			PROGRESS REPORTS		
Done	Report Period	Due Date	Done	Report Period	Due Date
<input type="checkbox"/>	10/1-10/31	11/30	<input type="checkbox"/>	10/1/-12/31	1/20
<input type="checkbox"/>	11/1-11/30	12/30	<input type="checkbox"/>	1/1-3/31	4/20
<input type="checkbox"/>	12/1-12/31	1/30	<input type="checkbox"/>	4/1-6/30	7/20
<input type="checkbox"/>	1/1-1/31	2/28	<input type="checkbox"/>	7/1-9/30	10/20
<input type="checkbox"/>	2/1-2/28	3/30	PROGRAM INCOME REPORTS (FOR THOSE AGENCIES REPORTING INCOME ONLY!)		
<input type="checkbox"/>	3/1-3/31	4/30			
<input type="checkbox"/>	4/1-4/30	5/30			
<input type="checkbox"/>	5/1-5/31	6/30			
<input type="checkbox"/>	6/1-6/30	7/30	<input type="checkbox"/>	10/1/-12/31	1/20
<input type="checkbox"/>	7/1-7/31	8/30	<input type="checkbox"/>	1/1-3/31	4/20
<input type="checkbox"/>	8/1-8/31	9/30	<input type="checkbox"/>	4/1-6/30	7/20
<input type="checkbox"/>	9/1-9/30	10/30	<input type="checkbox"/>	7/1-9/30	10/20