

Solid Waste Authority Board Member & Staff Grant Training

Grant Training Agenda

- **Grant Eligibility**
- **wvOasis Vendor Updates and Epay Registration**
- **Locating a GFO, Required Forms and Issues**
- **Grant Cycle, Awards and Revisions**
- **Bid Requirements**
- **Disposition of Property**
- **Reporting Requirements and Issues**

SWMB Grant Code and Rule

- The Solid Waste Management (SWMB) Board Grant program established by WV Code §22C-4-30.h.2.a
- SWMB Grant Rule - 54 Code of State Rules 5 (54CSR5)
 - Application Requirements
 - Participation Eligibility
 - Personnel Qualifications
 - Compliance Requirements
 - Authorized Use of Funds
 - Reporting Requirements
 - Grant Management
 - Equipment Disposition

SWMB Grant Eligibility

- Approved Comprehensive Litter and Solid Waste Control Plan & Commercial Solid Waste Facility Siting Plan
 - Updated every 5 years and approved by SWMB
- Audit, Review, or Small Government Monitoring report completed within the last three fiscal years
- Compliant with WV Code §12-4-14 Grant Reporting Requirements

wvOasis Vendor Self-Service

- **Update SWA Account Information**

- Account is set up with proper Tax ID (FEIN Number) for SWA
- Address, Contact Name, Phone Number, and Email
- Verify current SWA Officers and authorized users
- Perform regular maintenance and updates to account
- Oasis Helpdesk available Mon-Fri 7am _ 5pm helpdesk@wvoasis.gov or (855)-666-8823

Please notify the SWMB of address changes in VSS

myApps

myApps is a one stop shop for the agency end user community; providing access to wvOASIS Budget, Financial, HRM, Payroll and Kronos applications. It's also the access point to Employee Self Service (ESS), as well as training and meeting materials and the system maintenance calendar.

State Employees: How Do I Find My Paycheck Stub?

 [How to Find My Paycheck Stub.pdf](#)

[myApps](#)

The West Virginia Vendor Self Service (VSS) portal

Click on the VSS Training link at the top of this page for the latest VSS resources.

If you are registering for the **West Virginia CARES Act Small Business Grant Program**, you **DO NOT NEED TO PAY THE \$125 REGISTRATION FEE**. Simply click the Pay Later button to skip.

If you are a **current vendor** or you plan on **doing business with the State** within the next year, you will also need to [Register for Electronic Funds Transfer \(EFT\)](#). Otherwise, this is not required.

[VSS Portal](#)

myOASIS HelpDesk

Toll Free (855) 666-8823

Mon-Fri (7am to 5pm)

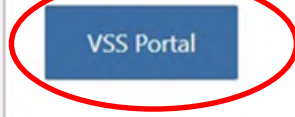
Excluding State Holidays

helpdesk@wvOASIS.gov



West Virginia Vendor Self Service (VSS)

- [A Glance at VSS 4.0 Homepage](#)
- [A Glance at VSS 4.0 as a User](#)
- [VSS 4.0 Pay Registration Fee Video Tutorial](#)



Grants

- [Locating a Grant Funding Opportunity in VSS](#)
- [Creating a Grant Funding Application in VSS](#)

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User ID: Password: [Sign In](#) [Sign Up](#) [Forgot Password?](#) [Need an Account?](#)

Welcome to State of West Virginia Vendor and Sub Recipient Self Service

[Helpdesk Info](#)

What would you like to do ?

- [View Latest Announcements](#)
- [Create Your Vendor Account](#)
- [Download Vendor Forms](#)
- [View Published Solicitations](#)
- [View Grant Opportunities](#)

Latest Announcements

1 - 3 of 3 Records

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Date	Message
12/19/2023	For security reasons, wvOASIS does not endorse the sharing of Vendor Self Service (VSS) user accounts. All VSS users should have their own account with User ID, name, email address, phone number and security settings. We will only assist the account administrator listed with accessing the VSS account.
11/16/2020	If you are using Vendor Self Service for the first time, please click on the 'SIGN UP' button to create your user account.
11/07/2020	Supported browsers: Mozilla Firefox, Microsoft Edge, Google Chrome, and Safari. Chrome and Edge users must update to the latest version.



Account Summary

Primary Account Administrator

Account Status

EFT Information

Prevent New Spending

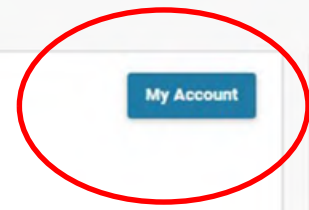
Prevent New Orders

Registration Fee Details

[Click here to renew vendor registration fees](#)

Vendor Compliance Holds

Payment Withholding



Announcements

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Edit My Account

[← Back](#)



Email: | Phone Number: | Vendor Status:

- Account Information
- Addresses & Contacts**
- Users
- Commodities
- Service Areas
- Business Types
- Disclosures

Addresses | **Contacts**

[Create Address](#)

CV10001
601 57TH ST SE
CHARLESTON, WV 253040000

-  Edit
-  Delete

[▶ Show more](#)

WVSAO E-Pay Registration

- **EFT Deposits for disbursements**
 - WVSAO limits paper check distribution
 - EFT Disbursement more secure
 - Financial institution verification and updates required
 - Verify correct banking information - grant-specific account
 - Wet signature required!
 - WVSAO E-Pay Division 800-500-4079



Document Search!



Meetings



myApps



VISTA



Transparency



Legal Notices



wvOASIS



VFD



Grant Oversight



Contact Us



Accounting



Auditing



Chief Inspector



Land / County
Collections



E-Payments



Central Payroll





Central Payroll

← Electronic Payments

Payroll Forms / Calendars



Vendor Forms

-  [eVendor Agreement \(Change\)](#)
-  [eVendor Agreement \(Setup\)](#)
-  [Letter to State Vendors](#)
-  [State Auditor Urges Vendors to File for Electronic Funds Transfer Payments](#)

Electronic Payments

Payroll Administrators/Employee Forms

Vendor Forms

Retirees

Workers' Compensation

WV Medicaid - WVCHIP Providers

PATH & FACTS Providers

Birth to Three

WV Works

VFD Surcharges

Political Subdivisions

West Virginia Pay Card

eVendor Agreement Setup Form Instructions

To ensure your request is not delayed, please carefully read and follow the form instructions below:

1. Vendor Name - Provide the individual or business name listed on your invoices.
2. FEIN/SSN - Provide the Federal Employer Identification Number or Social Security Number that was used to register with the State.
3. wvOasis Vendor # - Optional
4. **Payment Address:** The payment address is the same as your remit to address on your invoices.
List all payment addresses to be set up for EFT and sent to the account indicated on the form.
If you have multiple payment addresses and want each address to be sent to a different account, you will need to complete a separate form.
5. Contact Name & Phone Number - Please list an individual's name and number that can answer questions regarding this form. DO NOT list a department name and number.
6. Financial Institution Name - List the name of the financial institution on the attached account documentation.
7. Routing & Account Number - The information must match the attached account documentation. Please indicate if the account is Checking or Savings.
8. Include a voided check (Counter Checks are not acceptable.) or a letter from the financial institution (on Financial Institution letterhead) listing the account information, printed name, and signature of financial institution representative, title and contact information.
9. **Please read the IAT Question carefully before selecting Yes or No. You MUST select one.**
10. Email address will be necessary for notification of payment.
11. Select the method to receive your remittance information. If none is selected it will automatically default to the remittance advice email.
12. Authorized Signature and Date. - At this time, a wet signature is required. Electronic signatures are not allowed.
13. Print name and Title of Signatory.

Once the form has been completed, do not send via email. Please mail or fax along with the account documentation to:

West Virginia State Auditor's Office
ePayments Division
State Capitol, Bldg. 1, Room W-100
1900 Kanawha Blvd. E.
Charleston, WV 25305
Fax: (304) 340-5084

For any questions regarding this form, please contact the ePayments Division at 1-800-500-4079



eVendor Agreement Setup

West Virginia State Auditor's Office - ePayments Division
State Capitol Bldg. 1, Room W-100 • 1900 Kanawha Blvd. E. • Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvauditor.gov

Vendor Name: _____
FEIN/SSN: _____ wvOasis Vendor #: _____
Payment Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Contact Phone Number: _____

ACCOUNT INFORMATION

Financial Institution Name: _____
Routing Number: _____ Checking Savings
Account Number: _____

In order to process this agreement one of the following is required for the new account:

- Voided Check (Counter Checks or Starter Checks are not acceptable.)
 A letter from the financial institution (on FI letterhead) listing the account information, printed name and signature of financial institution representative, title and contact information.

IAT - International ACH Transaction - One box must be checked.

Are funds received being deposited in a U.S. financial institution and the amount subsequently forward to a financial institution in a foreign country?

Yes No

PAYMENT NOTIFICATION & REMITTANCE INFORMATION

Email Address: _____

Please select the method you wish to receive your remittance information:

- Remittance Advice Via Email
 CTX Format (ANSI ASC X12 820 Version 4010)

I hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) depository financial institution as indicated, hereinafter called Depository, and to credit the same to each account. I further authorize the State to initiate debit entries as adjustments for credit errors made in error. Also, I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA). The State will not be responsible for any loss that may arise solely by reason of error, mistake, omission, or fraud regarding information provided on this agreement. This agreement is to remain in full force and effect until the State has received a written notice of termination from me or a company representative in such time and manner to afford the State a reasonable opportunity to act on it.

Authorized Signature: _____ Date: _____
Print Name: _____ Title: _____





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VSS Portal

Grants

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Grant Opportunities

← Back

Grid Actions

1 - 20 of 20+ Records View per Page - 20 50 100 Page 1 of 1+

Description	Department / Coordinator	Grant Opportunity Number / Type / Category	Closing Date and Time/Status	
▶ FY 2025 SOLID WASTE MANAGEMENT BOARD (SWMB) GRANT PROGRAM	SOLID WASTE MANAGEMENT BOARD SOLID WASTE MANAGEMENT BOARD	GFO-0312-2400000000318-1 Grant Funding Opportunity (GFO)	04/30/2024 11:59 PM EDT 49 Days, 10:11:49 Open	Respond
▶ FY 2025 Child Advocacy Center (CAC) Grant Program	DIVISION OF ADMINISTRATIVE SERVICES JUSTICE AND COMMUNITY SERVICES	GFO-0623-2400000000334-1 Grant Funding Opportunity (GFO)	05/01/2024 05:00 PM EDT 50 Days, 03:12:49 Open	Respond
▶ Litter Control Grant Program Guidelines_Application FY2025	DEPARTMENT OF ENVIRONMENTAL PROTECTION DEPARTMENT OF ENVIRONMENTAL PROTECTION	GFO-0313-2400000000354-1 Grant Funding Opportunity (GFO)	05/31/2024 11:59 PM EDT 80 Days, 10:11:49 Open	Respond
▶ 604(b) Water Quality Management Planning Projects (WQMP)	DEPARTMENT OF ENVIRONMENTAL PROTECTION DEPARTMENT OF ENVIRONMENTAL PROTECTION	GFO-0313-2400000000344-1 Grant Funding Opportunity (GFO)	06/17/2024 05:00 PM EDT 97 Days, 03:12:49 Open	Respond
▶ BBH - FY24 - CMH - Early Diversion	DIVISION OF HEALTH BBH-CMH- Early Diversion	GFO-0506-2400000000350-1 Grant Funding Opportunity (GFO)	06/30/2024 05:00 PM EDT 110 Days, 03:12:49	Respond



Grant Opportunity View Page (GFO)

[Respond Online](#) [Back](#)

Document ID: GFO-0312-2400000000318-1 | Time Left : 49 Days, 10:10:58

General Information	Components	Attachments	Grant Opportunity Instructions	Evaluation Criteria	Grant Terms & Conditions	Events
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Coordinator Information

Coordinator Name SOLID WASTE MANAGEMENT BOARD	Coordinator Email Kelly.K.Vickers@ww.gov
Coordinator Phone -	Coordinator Fax -

Important Dates

Issue Date 02/01/2024	Application Close Date 04/30/2024 11:59 PM EDT
Application Open Date -	Last Amended -

Department Information

Category -	Type Grant Funding Opportunity
Document Department 0312	Status Open
Description	



Grant Opportunity View Page (GFO)

[Respond Online](#) [Back](#)

Document ID: GFO-0312-240000000318-1 | Time Left : 49 Days, 10:10:05

General Information	Components	Attachments	Grant Opportunity Instructions	Evaluation Criteria	Grant Terms & Conditions	Events
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1 - 3 of 3 Records

View per Page - 20 50 100

Page 1 of 1

File Name	Date	Attachment Type	Description
FY 2025 Grant App.pdf	02/01/2024	Standard	
FY 2025 Grant Booklet.pdf	02/01/2024	Standard	
Final_GFO_0312_240000000318_1_WV_ARFP_FORM.PDF	02/01/2024	Assembled Form	Assembled pdf file for document [GFO.0312,240000000318,1] - Agency Request For Proposal Form (PDF Format)



Grant Funding Application (GFA)

[Continue >](#) [Save & Close](#) [Exit](#)

GFA-0312-ESR0312240000004417

- 1 Select Lines
- 2 Respond To Lines
- 3 Application Details
- 4 Review & Submit

<input checked="" type="checkbox"/> Group 1 Default	Number of Lines: 1
<input checked="" type="checkbox"/> Line 1 FY 2025 SOLID WASTE MANAGEMENT BOARD GRANT PROGRAM	



Grant Funding Application (GFA)

[Previous](#) [Continue](#) [Save & Close](#) [Exit](#)

GFA-0312-ESR03122400000004417

1 Select Lines — 2 Respond To Lines — 3 Application Details — 4 Review & Submit

Group 1 Default Number of Lines: 1

Line Number	Commodity Line Details	My Request
1	Commodity Description FY 2025 GRANT - \$25,000 MAXIMUM AMOUNT	<p>Response Type: Applied</p> <p>Request Amount: <input type="text" value="\$25,000.00"/></p> <p>Comments: <input type="text" value=""/></p> <p>0/1500</p>

[Line Item Preference](#)



Grant Funding Application (GFA)

Previous Continue Save & Close Exit

GFA-0312-ESR03012400000004197

- 1 Select Lines
- 2 Respond To Lines
- 3 Application Details**
- 4 Review & Submit

Maximum file size for attachments is 50MB.

Contact Information

Documentation Requirements

Make sure this contact person is the correct person to complete forms, answer questions, and address issues!

I. CONTACT PERSON

Contact Name *

[Redacted] Kelly Vickers

Agency / Organization

Solid Waste Management Board

Telephone Number *

(304) 414-1120

Email Address *

[Redacted] Kelly.K.Vickers@wv.gov Send Email

Street or Box Number

[Empty field]

City

[Empty field]



Grant Funding Application (GFA)

Previous Continue Save & Close Exit

GFA-0312-ESR03012400000004197

- 1 Select Lines
- 2 Respond To Lines
- 3 Application Details**
- 4 Review & Submit

Maximum file size for attachments is 50MB.

Contact Information

Documentation Requirements

REQUIRED DOCUMENTS

Please review the grant instructions attached to the Funding Opportunity to obtain Required Attachments (Click on GFO number on Grant Opportunities Page) Use the below upload buttons to upload all required documentation for this opportunity.

Attachment 1 *

Upload Documents

Attachment 2

Upload Documents

Attachment 3

Upload Documents

Attachment 4

Upload Documents

Attachment 5

Upload Documents



Grant Funding Application (GFA)

Previous Continue Save & Close Exit

GFA-0312-ESR03012400000004197

- 1 Select Lines
- 2 Respond To Lines
- 3 Application Details**
- 4 Review & Submit

Maximum file size for attachments is 50MB.

Contact Information

Documentation Requirements

Select Files

Allowed file types: .csv, .doc, .docx, .jpeg, .jpg, .m4a, .mov, .mp3, .mp4, .msg, .pdf, .png, .ppt, .pptx, .txt, .xls, .xlsx
Maximum file size is 52429 KB/52 MB.

Select files...

CLOSE

Upload Documents

Attachment 3

Upload Documents

Attachment 4

Upload Documents

Attachment 5

Opportunity to obtain Required
(Page) Use the below upload buttons to

Grant Funding Application (GFA)

[Previous](#) [Submit Application](#) [Save & Close](#) [Exit](#)

GFA-0312-ESR03012400000004197

- 1 Select Lines
- 2 Respond To Lines
- 3 Application Details
- 4 Review & Submit**

ATTENTION: Attachments uploaded to the grant application form will NOT show on this page. Please review the Application Detail section to review attachments prior to submitting the Grant Funding Application (GFA).

Application Summary

Application ID ESR03012400000004197	Legal Name SOLID WASTE MANAGEMENT BOARD	
Grantee Code VC0000111271	Application Status Draft	Application Date 03/12/2024
Application Time 01:52 PM	Applied By User ID SWMB GRANT	
First Name Kelly	Last Name Vickers	
Email kelly.k.Vickers@wv.gov	Phone 304-414-1120	
Total Requested Amount \$0.00		

Line Response

Group	Default	Line
1		1

Grant Applications

SWMB Grant Applications must include:

- Application Cover Sheet
- Program Overview
- Grant Program Narrative
- Budget Form
- Budget Itemization Supplemental Form (If necessary)
- Grant Stipulation Form
- SWA Resolution Authorizing the Application
- Drug Free Workplace Form

Grant VSS and Application Issues

- Grant applications submitted online through VSS by April 30th at midnight
- Logged into VSS with Authority's vendor account
- Uploaded all required documents outlined on the Grant Application Checklist cover page and all signature pages
- Make sure your attachments load and open properly

Grant Cycle

- **Grant Award Date - August 1st**
- **Semi-annual Period Closes - February 1st**
- **Semi-annual Report Due - 15 Business Days after February 1st**
- **Grant Period Ends - July 31st**
- **Final Report Due - 30 Days after July 31st**

Grant Award Documentation

- *Grant Agreement (Signed by Chair)*
- *Grant Invoice (Signed by Chair)*
- *Sworn Statement of Confirmation (Signed by Chair and Notarized)*
- *Online Grant Training Quiz Instructions*
- *Grant Budget (Approved by SWMB)*
- *Bank Form*
- *Verbal Bid Quotation Summary (if applicable)*

MUST BE COMPLETED BEFORE GRANT FUNDS CAN BE RELEASED

Budget Revisions & Extensions

- Budget Revisions and Extensions require SWA Board approval and submission of the following:
 - Cover Letter
 - Resolution signed by Chair
 - Draft copy of board minutes
- Authority can request an extension of the grant period of up to 90 days
- Reallocation of unused funds is encouraged!!

ALL BUDGET REVISIONS AND EXTENSIONS

MUST BE RECEIVED BY JULY 1ST

Verbal and Sealed Bids

- Documented verbal bids on purchases between \$5,000-\$19,999
- Sealed written bids on purchases over \$20,000
- Sealed Bids should be solicited by: (54CSR-5.4.6)
 - Class II legal ad
 - Appears twice within 14 days prior to bid submission
 - Largest newspaper serving your area

Grant Equipment/Property Disposal

- Disposition requires approval of SWMB
- Equipment titles and property purchased with grant funds must remain with the SWA
- SWMB reserves the right to on-site inspections of all grant-funded equipment.

Semi-Annual and Final Report

- Semi-annual and Final reports should contain:
(54CSR-5.9.1.1)(54CSR-5.9.3)
 1. SWMB Grant Checklist
 2. SWMB Grant Detailed Expenditure - Check Register
 3. SWMB Award Recap
 4. SWMB Expenditure Schedule
 5. Program Narrative
 6. Grant Bank Statements
 7. Grant Invoices
 8. Grant Check Copies
 9. Grant Bids and Advertisement (if applicable)

WV Code §12-4-14 Grant Reporting Requirements

- Total FY State grant funding under \$50,000 - Sworn Statement of Expenditure
 - File, sign, and notarize a sworn statement of expenditure (SSOE) provided by SWMB
- Total FY State grant funding over \$50,000 - Audit/Agreed Upon Procedure (AUP)
 - Schedule of State Grant Receipts and Expenditures with an in-relation opinion
 - Submitted within two years after the end of the fiscal year the funds were received

Grant Reporting Issues

- Not including program narrative with semi-annual and final reports. (54CSR-5.9.1.1 and 54CSR-5.9.3)
- Non-compliance with requirements for sealed bids(54CSR-5.4.9)
- Unauthorized expenditures (54CSR-5.10.1)
- Insufficient documentation on semi-annual and final reports (54CSR-5.9.1.1 and 54CSR-5.9.3)
- Reimbursements to and from SWA account and grant account
- Do not include Social Security Numbers or other PII with reports

SWMB Contact Information

Solid Waste Management Board is here to assist you

If you have **ANY** questions regarding your grant,
please call us at **304-926-0448**
or toll free at **866-568-6649**.

Or contact the SWMB Grant Administrator directly:

Kelly.K.Vickers@wv.gov

304-414-1120