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MISSOURI CRIME LABORATORY UPGRADE PROGRAM (MCLUP) 2017 LOCAL SOLICITATION

CFDA #N/A

Project Period:

June 1, 2016 to May 31, 2017

Application Deadline:

Applications must be submitted no later than 5:00 p.m. on April 22, 2016

<https://dpsgrants.dps.mo.gov>

Contact Information:

For assistance with the requirements of this funding opportunity or for technical assistance with submitting an application, contact one of the following DPS staff:

Name	Title	Phone Number
Heather Haslag	Program Manager	(573) 751-1318
Laura Robinson	Program Representative	(573) 526-1928
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GENERAL PROGRAM GUIDELINES

I. OVERVIEW:

The goal of the MCLUP Program is to provide financial assistance to defray expenses of crime laboratories. Such funds are distributed to the crime laboratories serving the courts of the State making analysis of a controlled substance or analysis of blood, breath, or urine in relation to court proceedings.

II. FUNDING ALLOCATION:

Funds are appropriated and collected pursuant to [Section 488.029 RSMo](#), which requires a surcharge of \$150 be assessed and collected in all criminal cases for any violation of Chapter 195, RSMo in which a crime lab makes analysis of a controlled substance. These fees are deposited in the State Forensic Laboratory Account. Each year, the Missouri Department of Revenue forwards a report outlining the Chapter 195 fees.

In addition, pursuant to [Section 595.045 RSMo](#), which created the "Crime Victims' Compensation Fund", a surcharge of \$7.50 shall be assessed as costs in each court proceeding filed in any court in the State in all criminal cases including violations of any county ordinance or any violation of criminal or traffic laws of the State, including an infraction and violation of a municipal ordinance. An annual deposit of \$250,000 is made to the State Forensic Laboratory Account from these fees.

A crime laboratory's share of the sum of Chapter 195 fees and the dividend of the annual State Forensic Laboratory Account deposit is the total award amount available to the eligible applicants.

III. ELIGIBLE APPLICANTS:

Crime laboratories that serve the courts of this State, making analysis of a controlled substance or analysis of blood, breath, or urine in relation to a court proceeding are eligible for assistance from the MCLUP funding opportunity.

To serve the courts of Missouri, the crime laboratory must be accredited to the standards established in ISO/IEC 17025 "General requirements for the competence of testing and calibration laboratories".

The applicant agency for the crime laboratory must be its respective unit of state or local government.

Units of state or local government must ensure their law enforcement agency, where applicable, is compliant with the following state statutes:

[Section 43.505 RSMo](#) – **Uniform Crime Reports**

Pursuant to 43.505.3 RSMo, every law enforcement agency in the state shall (1) submit crime incident reports to the department of public safety on forms or in the format prescribed by the department; and (2) submit any other crime incident information which may be required by the department of public safety.

NOTE: It is the responsibility of the applicant to check the status and submission of such reports with the Missouri State Highway Patrol (MSHP) prior to submitting an application. Failure to submit and/or unresolved issues (issues resulting in the report not being approved) with 3 or more months of UCRs will result in the automatic denial of the application. A copy of such reports need not be submitted with the application.

Section 590.650 RSMo – Racial Profiling Report

Pursuant to 590.650.3 RSMo, (1) every law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and (2) each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.

NOTE: It is the responsibility of the applicant to verify the submission of this report with the Attorney General’s Office prior to submitting an application. Failure to submit the 2015 Racial Profiling Report will result in the automatic denial of the application. A copy of such report need not be submitted with the application.

Section 513.653 RSMo – Federal Forfeiture Report

Pursuant to 513.653.1 RSMo, law enforcement agencies involved in using the federal forfeiture system under federal law shall file a report regarding federal seizures and the proceeds therefrom. Such report shall be filed annually by January thirty-first for the previous calendar year with the department of public safety and the state auditor’s office.

NOTE: The form is available at <http://dps.mo.gov/dir/federal-forfeiture-reporting.php>. It is the responsibility of the applicant to verify the submission of this report prior to submitting an application. Failure to submit a 2015 “Missouri Law Enforcement Report: Equitable Sharing Proceeds from Federal Forfeitures” will result in the automatic denial of the application. A copy of such report need not be submitted with the application.

Section 590.700 RSMo – Recording of Custodial Interrogations

Pursuant to 590.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of this section.

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy need not be submitted with the application.

Section 577.005 RSMo – Forwarding Intoxication-Related Traffic Offenses

Pursuant to 577.005.1 RSMo, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository as required by [Section 43.503 RSMo](#) and shall certify adoption of such policy when applying for any grants administered by the department of public safety.

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy need not be submitted with the application.

IV. ELIGIBLE BUDGET CATEGORIES:

Eligible applicants may request funding under the following approved budget categories:

- Personnel
- Personnel Benefits
- Personnel Overtime
- Personnel Overtime Benefits
- Travel/Training

- Equipment
- Supplies/Operations
- Contractual

V. ELIGIBLE ACTIVITIES AND COST ITEMS:

The MCLUP grant is intended to provide financial assistance to defray the costs of a crime laboratory serving the courts of the State making analysis of a controlled substance or analysis of blood, breath, or urine in relation to court proceedings. As such, examples of eligible activities and cost items include, but are not limited to, the following:

- Salary, Overtime, and Fringe Benefits of Lab Technicians and Scientists
- Training and Travel-Related Expenses for Lab Technicians and Scientists
- Lab Equipment
- Lab Furniture
- Computers and Hardware
- Cameras
- Books/References
- Lab Chemicals and Reagents
- Quantification Kits, Gloves, and other Lab Supplies
- Memberships/Subscriptions
- Accreditation/Recertification Costs
- Outsourcing/Contracted Personnel
- Service Contracts for Instruments

VI. INELIGIBLE ACTIVITIES AND COST ITEMS:

Ineligible activities and cost items include, but are not necessarily limited to, the following:

- Aircraft
- Bonuses or Commissions
- Construction/Renovation Projects
- Daily Subsistence within Official Domicile
- Entertainment Expenses & Bar Charges
- Finance Fees/Late Charges for delinquent payments
- First Class Travel
- Indirect Costs
- Less-than-lethal Weapons
- Lobbying or Fundraising
- Military-Type Equipment
- Personal Incentives for Employment
- Pre-Paid Gas/Phone Cards
- Vessels
- Weapons and Ammunition

VII. PROJECT PERIOD:

The 2017 MCLUP project period is June 1, 2016 through May 31, 2017. Requests for extensions to this project period are not allowed.

All funds must be obligated and all proposed activities must be performed within this project period. Funds are considered “obligated” when a legal liability to pay a determinable sum(s) for services is incurred, which will require payment during the same or future period.

Funds which have been properly obligated (or can be pro-rated) should then be expended within 10 days following the project period end date. Funds are considered “expended” when payment is made.

Any funds not properly obligated or properly expended will lapse and revert back to the Missouri Department of Public Safety.

VIII. LOCAL MATCH REQUIREMENT:

There is no local match requirement on the MCLUP funding opportunity.

IX. SUPPLANTING:

Supplanting is defined as taking the place of or replacing with something else.

Supplanting, or shifting money to avoid the issue of supplanting, is strictly prohibited. MCLUP funds must be used to supplement existing funds for program activities and may not be awarded towards budget items that are and will continue to be funded by another source of money. MCLUP funds shall be used to fund new projects, expand/enhance existing projects, or continue a previously funded project.

Subrecipients shall not use MCLUP funds to pay for programs or expenses that they already are obligated to pay or has funded in previous years without proper and adequate justification. If an existing personnel position receives grant funding, the position must be back-filled as the agency has an obligation to continue funding the same number of employees.

Refer to the Application Instructions-Supplanting section of this solicitation for more information and for examples of supplanting and non-supplanting.

APPLICATION INSTRUCTIONS

I. **HOW TO APPLY:**

Applications for MCLUP funding must be submitted online via the Missouri Department of Public Safety WebGrants System at <https://dpsgrants.dps.mo.gov>. WebGrants is a web-based computer application that will support the application and administration of grants available from the Missouri Department of Public Safety, Office of the Director.

Once an organization is registered, login with the User ID and Password previously provided to you during the registration process. If you have misplaced or forgotten your login information, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation.

The following steps should be completed in WebGrants for an organization to start an application:

1. **Verify your Work Information**

Under the 'My Profile' module, review all work-related information provided. Click 'Edit' where necessary to update or correct any of your work information.

2. **Verify your Organization Information**

Under the 'My Profile' module, click on your Associated Organization's name and review all information provided for your applicant agency. Click 'Edit' where necessary to update or correct any organization information.

NOTE: Do NOT change the entry of your Applicant Agency name as it has been entered in such a manner to distinguish your project from other projects by the same applicant agency.

3. **Verify the Registered Users Associated with your Organization**

Under the 'My Profile' module, click on your Associated Organization's name and review the registered users associated with your organization. If it is necessary to update or correct any information provided for a user, be sure to make those changes.

If it is necessary to add additional registered users from your organization, click 'Add' under the 'Registered Users' table. Additional users added by an already registered user are not subject to approval by the Missouri Department of Public Safety.

NOTE: As users are added to WebGrants, they are not automatically associated as a contact to your organization's grant(s). Therefore, if you have an open grant(s) and want the additional registered user to receive notifications from WebGrants regarding the grant(s), you are required to submit a *Change of Information Form (Appendix A)* to your DPS Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

If it is necessary to remove a registered user from your organization, notify a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation so the individual can be properly removed from contact lists and deactivated.

NOTE: For security reasons, do not share your UserID and Password with other users. Each individual should maintain his or her own login information. In addition, do not reuse the profile of a previously employed individual as it affects the record keeping within WebGrants for previous

grants. Finally, if you have an open grant(s) and need to remove a registered user from WebGrants, you are required to submit a *Change of Information Form (Appendix A)* to your DPS Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

4. Create an Application

Once the above process has been completed, you are ready to start your application. On the Main Menu screen, select the 'Funding Opportunities' module and then select the appropriate funding opportunity.

Returning applicants have the option to 1) Copy an Existing Application or 2) Start a New Application. As presumed, copying an existing application will allow the applicant to copy forward information from a previously submitted MCLUP application, thus reducing time re-entering same or similar information, and starting a new application will allow the applicant to create an application from scratch.

Please keep the following tips and instructions in mind while completing an application:

- ✓ **Do not use CAPS when filling out the application forms. The use of CAPS makes it difficult to review the application and creates issues when data is extracted from WebGrants and merged into external documents, reports, etc.**
- ✓ **Each form has required fields indicated by a red asterisk (*). Forms can be saved without completing each required field, but the form cannot be marked complete without completing each required field**
- ✓ **The MCLUP application consists of 11 forms. Each form must be 'Marked as Complete' before the application may be submitted.**

NOTE: A form that has been marked complete is still editable until the application is submitted. A checkmark in the 'Complete' column will not prevent you from editing information on the form. An application may not be submitted, however, until a checkmark exists in the 'Complete' column for every form.

II. APPLICATION FORMS:

FORM #1: GENERAL INFORMATION

The purpose of this form is to identify the primary contact, project title, and organization.



- **Primary Contact:** this drop-down box will pre-populate with the name of the individual associated with the login information. This individual may be any person associated with the proposed project and will be the general point of contact regarding the written and submitted application.

NOTE: This individual will be the ONLY recipient of emails generated by WebGrants during the application, review, and negotiation (revision) phases so chose carefully.

- **Project Title:** enter a carefully chosen, brief descriptive title for the proposed project.

NOTE: Do not use the funding opportunity or grant title as your project title. If the project is a continuation of a previously funded project, use the same project title as the previous year.

- **Organization:** this drop-down box will pre-populate based on the organization associated with the selected primary contact person. If an individual is registered in WebGrants and is associated with multiple organizations (e.g. grant writer), the user may see more than one option for this question and will need to select the respective organization.

FORM #2: CONTACT INFORMATION

The purpose of this form is to collect the names and contact information for the individuals that will be responsible for the oversight and administration of the proposed project.

NOTE: The only exception to the requirement for Authorized Official, Project Director, and Fiscal Officer is Kansas City due to the Board of Police Commissioners organization.

- **Authorized Official:** the individual who has the authority to legally bind the applicant into a contract.
 - If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official.
 - If the applicant agency is a county, the County Commissioner or County Executive shall be the Authorized Official.
 - If the applicant agency is a state department, the department head shall be the Authorized Official.

Authorized Official

The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract (e.g. Presiding Commissioner, Mayor, City Administrator, State Department Director).

Name:*
Title First Name Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:*
City State Zip

Email:*

Phone:*
Ext.

Fax:*

- **Name:** enter the Title (e.g. Mr., Ms., Dr., Colonel), the First Name, and the Last Name of the proper Authorized Official.
- **Job Title:** enter the Job Title (e.g. Presiding Commission, Mayor, City Administrator, Colonel) of the identified Authorized Official.
- **Agency:** enter the Agency name (e.g. Cole County Commissioner’s Office, City of Columbia) of the identified Authorized Official.

- Mailing Address: enter the mailing address of the Authorized Official. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
 - Street Address 1: if a PO Box was entered in the Mailing Address field, enter the physical street address of the Authorized Official. If the physical street address was entered in the Mailing Address field, leave this field blank.
 - Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
 - City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
 - Email: enter the Email address of the identified Authorized Official.
 - Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Authorized Official. Leave the Ext. field blank if the phone number is a direct line.
 - Fax: enter the Fax number of the identified Authorized Official.
- **Project Director**: the individual who will have direct oversight of the proposed project.
 - If the Project Agency is a law enforcement agency, the Project Director must be the Chief or Sheriff of the law enforcement agency.

NOTE: For grant purposes, the Project Director cannot be the same person as the Authorized Official. If the Project Director is listed as the same person as the Authorized Official, the application may be denied.

Project Director

The Project Director is the individual that will have direct oversight of the proposed project. If the project agency is a law enforcement agency, the Project Director must be the Chief, Sheriff, or Director of Public Safety.

Name:*
Title First Name Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:*
City State Zip

Email:*

Phone:*
Ext.

Fax:*

- Name: enter the Title (e.g. Chief, Sheriff, Mr., Ms.), the First Name, and the Last Name of the proper Project Director.
- Job Title: enter the Job Title (e.g. Chief, Sheriff, Director) of the identified Project Director.
- Agency: enter the Agency name (e.g. Cole County Sheriff’s Office, Columbia Police Department, Missouri State Highway Patrol Crime Laboratory) of the identified Project Director.
- Mailing Address: enter the mailing address of the Project Director. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.

- Street Address 1: if a PO Box was entered in the Mailing Address field, enter the physical street address of the Project Director. If the physical street address was entered in the Mailing Address field, leave this field blank.
 - Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
 - City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
 - Email: enter the Email address of the identified Project Director.
 - Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Project Director. Leave the Ext. field blank if the phone number is a direct line.
 - Fax: enter the Fax number of the identified Project Director.
- **Fiscal Officer**: the individual who has responsibility for accounting and audit issues at the applicant agency level.
 - The Fiscal Officer shall be the City Clerk, County Treasurer, Director of Finance, or person of similar position.

NOTE: For grant purposes, the Fiscal Officer cannot be the same person as the Authorized Official or Project Director. If the Fiscal Officer is listed as the same person as the Authorized Official or Project Director, the application may be denied.

Fiscal Officer
The Fiscal Officer is the individual who has responsibility for accounting and audit issues at the applicant agency level (e.g. City Clerk, County Treasurer, Director of Finance).

Name:*
Title First Name Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:* Missouri
City State Zip

Email:*

Phone:*
Ext.

Fax:*

- Name: enter the Title (e.g. Mr., Ms.), the First Name, and the Last Name of the proper Fiscal Officer.
- Job Title: enter the Job Title (e.g. City Clerk, County Treasurer, Director of Finance) of the identified Fiscal Officer.
- Agency: enter the Agency name (e.g. Columbia City Clerk’s Office, Cole County Treasurer’s Office) of the identified Fiscal Officer.
- Mailing Address: enter the mailing address of the Fiscal Officer. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- Street Address 1: if a PO Box was entered in the Mailing Address field, enter the physical street address of the Fiscal Officer. If the physical street address was entered in the Mailing Address field, leave this field blank.

- Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
 - City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
 - Email: enter the Email address of the identified Fiscal Officer.
 - Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Fiscal Officer. Leave the Ext. field blank if the phone number is a direct line.
 - Fax: enter the Fax number of the identified Fiscal Officer.
- **Officer in Charge**: the individual that will act as the supervisor or director of the project (if different than the Project Director listed above). This individual will be the primary contact for day-to-day questions regarding the grant project and operations.

NOTE: The Officer in Charge may be the same person as the Project Director, and in that case, this section would not need to be completed again.

Officer in Charge

The Officer in Charge is the individual that will act as the supervisor of the proposed project, if different than the Project Director listed above. This individual will be the primary contact for day-to-day questions regarding the grant project and operations.

Name:
Title First Name Last Name

Job Title:

Agency:

Mailing Address:
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip: Missouri
City State Zip

Email:

Phone:
Ext.

Fax:

- Name: enter the Title (e.g. Mr., Ms., Sgt., Lt., Capt.), the First Name, and the Last Name of the proper Officer in Charge.
- Job Title: enter the Job Title of the identified Officer in Charge.
- Agency: enter the Agency name of the identified Officer in Charge.
- Mailing Address: enter the mailing address of the Officer in Charge. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- Street Address 1: if a PO Box was entered in the Mailing Address field, enter the physical street address of the Officer in Charge. If the physical street address was entered in the Mailing Address field, leave this field blank.
- Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- Email: enter the Email address of the identified Officer in Charge.
- Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Officer in Charge. Leave the Ext. field blank if the phone number is a direct line.
- Fax: enter the Fax number of the identified Officer in Charge.

FORM #3: PROJECT SUMMARY

The purpose of this form is to collect general information regarding the proposed project, such as:

The screenshot shows a web form with the following fields and options:

- Application Type:** A dropdown menu.
- Current Subaward Number(s):** A text input field.
- Program Category:** A dropdown menu with "N/A" selected. Below it is the instruction "Please use Ctrl + Click to select multiple items".
- Project Type:** A dropdown menu.
- Geographic Area:** A scrollable list box.
- Brief Summary:** A scrollable text area.
- Program Income Generated:** Radio buttons for "Yes" and "No".

- **Application Type**- indicate the type of application based on the following:
 - NEW = the application is not currently being funded by the Missouri Department of Public Safety
NOTE: This option would be true if the project is not a continuation or expansion of a previously-funded project.
 - RENEWAL = the application is being submitted as part of a renewal funding opportunity and is currently being funded by the Missouri Department of Public Safety
NOTE: This option is not applicable to MCLUP and therefore should not be selected.
 - CONTINUATION = the application is being submitted to continue a program currently funded by the Missouri Department of Public Safety
NOTE: This option would be true if the project is an exact continuation of a previously-funded project with no additions.
 - EXPAND/ENHANCE AN EXISTING PROJECT = the application is being submitted to specifically expand or enhance an existing project currently funded by the Missouri Department of Public Safety
NOTE: This option would be true if the project is a continuation of a previously-funded project but additions are included to expand or enhance the original project.
- **Current Subaward Number(s)** - indicate the subaward number issued by the Missouri Department of Public Safety if the same project is currently funded by a DPS grant (i.e. the Application Type is identified as Continuation or Expand/Enhance an Existing Project). Leave this question blank or enter N/A if the project is not currently funded (i.e. the Application Type is identified as New).
- **Program Category** – select N/A

NOTE: You must physically select and highlight the option N/A. If left un-highlighted, the field will not be recognized as being completed and the form will not save.

- **Project Type** – select if the scope of the project will be statewide, regional, or local.
- **Geographic Area** – provide a general overview of the geographical area to be served by the proposed project. For example, a project in Cole County may be listed as “Cole County, located in central Missouri”, and a project in Columbia may be listed as “City of Columbia, located in Boone County in central Missouri”.
- **Brief Summary of the Project** – provide a brief description of the services to be offered by the proposed project, the types of budget items included in the project, and/or a general overview of the outcome of the proposed project. Please do not repeat information verbatim from your narrative.
- **Program Income Generated** – indicate if program income will be generated. Program Income is defined as income generated as a direct result of an agency-funded project. For example, if the purpose of the grant is to conduct conferences, any training fees that are generated as a result of conducting conferences would be considered program income.

FORM #4: BUDGET

The purpose of this form is to identify all costs associated with the proposed project for which funding is requested.

A. PERSONNEL:

Include the salaries of all individuals working on the proposed project for which funding is requested.

Personnel

1. Include all personnel to be funded on the proposed project. If the project includes more than one individual, repeat this step for each person.
2. The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Funding Requested.

Provide the name of the individual for which grant funding is requested. If the name is unknown, put TBH.

Name*

Provide the position title of the individual.

Title*

Select whether the position is a Created (new) position that currently does not exist within the agency or a Retained (existing) position that does currently exist with the agency.

Position*

Select the employment status based on the individual's status with the organization (not on this project).

Employment Status*

Enter the actual (or anticipated) salary per pay period for the individual. Do not round! If the individual will experience a salary increase during the contract period, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Salary per Pay Period*

Enter the number of pay periods for which funding is being requested at the above Salary per Pay Period amount. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Number of Pay Periods*

Indicate the percentage for which funding is being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following is an example to aid in the completion of the Personnel budget form:

EXAMPLE 1 – Full-time, retained position paid bi-weekly (26 pay periods a year) at a salary of \$1,200.00 each pay period with no salary increase expected during the 12 month project period.

Name	Title	Position	Employment Status	Salary per Pay Period	Number of Pay Periods	% of Funding Requested	Total Cost
John Smith	Chemist	Retained	FT	1,200.00	26	100	31,200.00

NOTE: The text entered under the **NAME** column and the percentage entered under the **% OF FUNDING REQUESTED** is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a salary increase may occur during the project period, a budget line item should be included to reflect the initial salary and to reflect the increase in salary. The following is an example to aid in the completion of the Personnel budget form:

EXAMPLE 2 – Full-time, created position paid monthly at a salary of \$2,000 each pay period, but expected to receive a \$100 salary increase after 6 months of successful employment.

Name	Title	Position	Employment Status	Salary per Pay Period	Number of Pay Periods	% of Funding Requested	Total Cost
John Smith (June - Nov)	Chemist	Created	FT	2,000.00	6	100	12,000.00
John Smith (Dec - May)	Chemist	Created	FT	2,100.00	6	100	12,600.00

B. PERSONNEL JUSTIFICATION:

Personnel Justification

Personnel Justification

If personnel is not included in the budget, skip this section.

If personnel is included in the budget, provide the following justification for each position (preferably in the same order as the position is listed in the budget category):

*If the position is **new (created)**:*

- Provide a description of the job responsibilities the individual will be expected to perform
- Where applicable to the posted position, identify any experience and/or training/certification that will be expected of the individual

*If the position **exists (retained)**:*

- Provide a description of the job responsibilities
- Provide a description of the experience possessed by the individual
- Identify any training/certification the individual possesses as it relates to the position

If a salary change is included, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

If personnel are included in the budget, provide the following justification for each position (preferably in the same order as the position is listed in the budget category):

If the position is new (created), provide the following information per position:

- a description of the job responsibilities the individual will be expected to perform
- where applicable to the posted position, identify any experience and/or certification that will be expected of the individual

If the position exists (retained), provide the following information:

- a description of the job responsibilities
- the experience possessed by the individual
- any certification the individual possesses as it relates to the proposed project

If a salary change is included, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel budget category to avoid discrepancies in the budget category and the budget justification.

C. PERSONNEL BENEFITS:

Include the fringe benefits of any individuals working on the proposed project for which funding is requested.

Personnel Benefits

1. Identify the fringe benefits for which funds are requested. If an individual is eligible for multiple benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as Salary/Premium x Percentage/# of Periods x % of Funding Requested.

Select the applicable fringe benefit to be included in the budget. This field is necessary for DPS reports.

Category*

Enter text based on how the fringe benefit will be displayed on the Claim report, often just repeating the option selected in the Category field. Where applicable, may need to clarify the individual(s) eligible for the selected fringe benefit where not all individuals are eligible. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

If the cost basis is a percentage of salary, enter the individual's salary. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the contract period, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Salary/Premium*

If the cost basis is a percentage of salary, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Percentage/# of Periods*

Indicate the percentage of funding being requested for the specified benefit. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Personnel Benefits budget form:

EXAMPLE 1 – Based on the previous Example1 for Personnel, John Smith’s grant-funded salary is \$31,200. If the applicant agency is requesting 100% funding of employer fringe benefits as well, some examples may include:

- Dental Insurance - \$5.00 per month for the 12-month project period
- FICA/Medicare – 7.65% of salary (of \$31,200)
- Life Insurance - \$10.00 per month for the 12-month project period
- Medical Insurance - \$100.00 per month for the 12-month project period
- Pension (LAGERS) – 8% of salary (of \$31,200)
- Unemployment Comp – 1.2% of the first \$13,000 of salary
- Workers Comp – 2.44% of salary (of \$31,200)

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% of Funding Requested	Total Cost
Dental Insurance	Dental Insurance	5.00	12	100	60.00
FICA/Medicare	FICA/Medicare	31,200.00	0.0765	100	2,386.80
Life Insurance	Life Insurance	10.00	12	100	120.00
Medical Insurance	Medical Insurance	100.00	12	100	1,200.00
Pension/Retirement	LAGERS	31,200.00	0.08	100	2,496.00

Unemployment Comp	Unemployment Comp	13,000.00	0.012	100	156.00
Workers Comp	Workers Comp	31,200.00	0.0244	100	761.28

NOTE: The text entered under the ITEM column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a premium rate or fringe benefit percentage is expected to change during the project period, a budget line item should be included to reflect the initial rate/percentage and to reflect the change. The following is an example to aid in the completion of the Personnel Benefits budget form:

EXAMPLE 2 – John Smith’s annual salary is \$30,000 (\$2,500/month). His Pension LAGERS rate is expected to increase from 8% of salary to 9% of salary at the first of the year (January). In addition, his Medical Insurance premium is expected to increase from \$100/month to \$120/month at the first of the year (January).

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% of Funding Requested	Total Cost
Pension/Retirement	LAGERS (June to Dec)	17,500.00	0.08	100	1,400.00
Pension/Retirement	LAGERS (Jan to May)	12,500.00	0.09	100	1,125.00
Medical Insurance	Medical Insurance (June to Dec)	100.00	7	100	700.00
Medical Insurance	Medical Insurance (Jan to May)	120.00	5	100	600.00

D. PERSONNEL BENEFITS JUSTIFICATION:

Personnel Benefits Justification

Benefits Justification

If personnel benefits are not included in the budget, skip this section.

If personnel benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the position is listed in the budget category) to identify the cost and why it is needed.

If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.

If personnel benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the fringe benefit is listed in the budget category) by identifying the cost and why it is needed.

If your agency anticipates a premium or rate change during the project period, indicate the effective date of change and the reasoning for such change.

For example:

- Dental Insurance is contributed by the employer to Delta Dental at a rate of \$5.00 per month per employee to provide coverage for oral care.

- FICA/Medicare is contributed by the employer at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.
- Life Insurance is contributed by the employer to Assurant Insurance at a rate of \$10.00 per month per employee to provide coverage in the event of death of the insured person.
- Medical Insurance is contributed by the employer to United Healthcare at a rate of \$100.00 per month per employee to provide coverage in the event of illness or injury to the insured person. Premiums are based on the calendar year and are expected to increase to \$120.00 per month per employee on January 1, 2017.
- Pension is contributed by the employer to the Missouri Local Government Employees Retirement System (LAGERS) at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase on January 1, 2017 to 9%.
- Unemployment Comp is contributed by the employer to the Division of Unemployment Security at a rate of 1.2% of the first \$13,000 wages in the calendar year to provide employees, whose jobs have been terminated through no fault of their own, monetary payments for a given period of time or until they find a new job.
- Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.44% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.

NOTE: While important to clarify the percentage or premium per employee, it is recommended that agencies refrain from repeating the calculations outlined in the Personnel Benefits budget category to avoid discrepancies in the budget category and the budget justification.

E. PERSONNEL OVERTIME:

Include any overtime for individuals working on the proposed project for which funding is requested.

Personnel Overtime	
<p>1. Include all personnel-overtime to be funded on the proposed project. Repeat this step for each individual receiving overtime. 2. The Total Cost will automatically calculate as Hourly Overtime Pay x Hours on Project x % of Funding Requested.</p>	
<p>Provide the name of the individual for which overtime funding is requested. If the name is unknown, put TBH.</p>	
Name*	<input type="text"/>
<p>Provide the position title of the individual.</p>	
Title*	<input type="text"/>
<p>Enter the hourly overtime pay rate for the individual. Do not round! If an individual expects a salary increase during the contract period, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.</p>	
Hourly Overtime Pay*	<input type="text" value="\$0.00"/>
<p>Enter the number of anticipated hours the individual will spend on the project at the above Hourly Overtime Pay rate. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.</p>	
Hours on Project*	<input type="text"/>
<p>Indicate the percentage of funding being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.</p>	
% of Funding Requested*	<input type="text"/>

The following is an example to aid in the completion of the Personnel Overtime budget form:

EXAMPLE 1 – John Smith will work approximately 200 hours of overtime on the proposed project. His overtime hourly pay rate is \$22.00, and the applicant agency is requesting 100% reimbursement of the cost.

Name	Title	Hourly Overtime Pay	Hours on Project	% of Funding Requested	Total Cost
John Smith	Chemist	22.00	200	100	4,400.00

NOTE: The text entered under the **NAME** column and the percentage entered under the **% OF FUNDING REQUESTED** is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a salary increase may occur during the project period, a budget line item should be included to reflect the initial overtime hourly pay and to reflect the increase in overtime hourly pay. The following is an example to aid in the completion of the Personnel Overtime budget form:

EXAMPLE 2 – John Smith expects a salary increase at the beginning of the new calendar year (January). It is anticipated that he will work 100 hours during the first 7 months of the project period (June to December) at an hourly rate of \$22.00/hour, and that he will work another 80 hours during the next 5 months of the project period (January to May) at a an hourly rate of \$24.00/hour. The applicant agency is requesting 100% reimbursement of the cost.

Name	Title	Hourly Overtime Pay	Hours on Project	% of Funding Requested	Total Cost
John Smith (June to Dec)	Chemist	22.00	100	100	2,200.00
John Smith (Jan to May)	Chemist	24.00	80	100	1,920.00

F. PERSONNEL OVERTIME JUSTIFICATION:

Personnel Overtime Justification

Overtime Justification

If overtime is not included in the budget, skip this section.

If overtime is included in the budget, provide the following justification:

- description of the job responsibilities, experience possessed, and any certification possessed as it relates to the proposed project for any personnel positions not included in the Personnel budget category
- description of why overtime funding is necessary to the project
- rationale for the number of hours budgeted for overtime, per position where applicable

If a change in overtime pay rate is included, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

If overtime is included in the budget, provide the following justification:

- a description of the job responsibilities, experience possessed, and any certification the individual possesses as it relates to the proposed project for any personnel positions not included in the Personnel budget category
- description of why overtime funding is necessary to the project
- rationale for the number of hours budgeted for overtime, per position where applicable

If an overtime pay rate change is included, address the individual's eligibility for such change, the percentage of change, and the effective date of the change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel Overtime budget category to avoid discrepancies in the budget category and the budget justification.

G. PERSONNEL OVERTIME BENEFITS:

Include the overtime fringe benefits of any individuals working on the proposed project for which funding is requested.

Personnel Overtime Benefits

1. Identify the overtime fringe benefits for which funds are requested. If an individual is eligible for multiple benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as Overtime/Premium x Percentage/# of Periods x % of Funding Requested.

Select the applicable overtime fringe benefit to be included in the budget. This field is necessary for DPS reports.

Category*

Enter text based on how the fringe benefit will be displayed on the Claim report, often just repeating the option selected in the Category field. Where applicable, may need to clarify the individual(s) eligible for the selected fringe benefit where not all individuals are eligible. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

If the cost basis is a percentage of overtime, enter the individual's overtime total. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the contract period, refer to the Grant Solicitation for further instructions and examples.

Overtime/Premium*

If the cost basis is a percentage of overtime, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Percentage/ # of Periods*

Indicate the percentage of funding being requested for the specified benefit. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Personnel Overtime Benefits budget form:

EXAMPLE 1 – Based on the previous Example1 for Personnel Overtime, John Smith’s grant-funded overtime is \$4,400. If the applicant agency is requesting 100% funding of employer fringe benefits as well, some examples may include:

- FICA/Medicare – 7.65% of overtime salary (of \$4,400)
- Pension (LAGERS) – 8% of overtime salary (of \$4,400)
- Workers Comp – 2.44% of overtime salary (of \$4,400)

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% of Funding Requested	Total Cost
FICA/Medicare	FICA/Medicare	4,400.00	0.0765	100	336.60
Pension/Retirement	LAGERS	4,400.00	0.08	100	352.00
Workers Comp	Workers Comp	4,400.00	0.0244	100	107.36

NOTE: The text entered under the ITEM column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a premium rate or fringe benefit percentage is expected to change during the project period, a budget line item should be included to reflect the initial rate/percentage and to reflect the change. The following is an example to aid in the completion of the Personnel Overtime Benefits budget form:

EXAMPLE 2 – John Smith’s total overtime salary is \$4,400. His Pension LAGERS rate is expected to increase from 8% of overtime salary to 9% of overtime salary at the first of the year (January). Presuming overtime salary will be \$2,200 for June – December and \$2,200 for January – May, the applicant agency is requesting 100% reimbursement for this employer fringe benefit.

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% of Funding Requested	Total Cost
Pension/ Retirement	LAGERS (June to Dec)	2,200.00	0.08	100	176.00
Pension/ Retirement	LAGERS (Jan to May)	2,200.00	0.09	100	198.00

H. PERSONNEL OVERTIME BENEFITS JUSTIFICATION:

Personnel Overtime Benefits Justification

Overtime Benefits Justification

If overtime benefits are not included in the budget, skip this section.

If overtime benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the position is listed in the budget category) to identify the cost and why it is needed.

If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.

If overtime benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the fringe benefit is listed in the budget category) by identifying the cost and why it is needed.

If your agency anticipates a premium or rate change during the project period, indicate the effective date of change and the reasoning for such change.

For example:

- FICA/Medicare is contributed by the employer to the IRS at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.
- Pension is contributed by the employer to the Missouri Local Government Employer Retirement System (LAGERS) at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase on January 1, 2017 to 9%.
- Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.44% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.

NOTE: While important to clarify the percentage or premium per employee, it is recommended that agencies refrain from repeating the calculations outlined in the Personnel Overtime Benefits budget category to avoid discrepancies in the budget category and the budget justification.

I. TRAVEL/TRAINING:

Include any travel or training related costs for which funding is requested. Costs should be estimated based on the most restrictive travel policy (state or local).

Travel or training related costs may include, but not be limited to: airfare/baggage, airport parking, lodging, hotel parking, meals, registration fees, rental car and fuel, mileage, shuttles, taxis, tolls, etc.

Due to the uncertainty of shuttles, taxis, toll roads, and parking, a “Miscellaneous” line tied to a particular travel event can be included within the budget to lump these variable expenses. However, the travel justification must explain the “Miscellaneous” line.

Travel should be in the most direct, practical route with prudence to the use of state funds! Travel is often part of the job and travel arrangements and payments are intended to be neutral to the Subrecipient with no advantage or benefit to the Subrecipient.

Subrecipients of a State must follow their state’s travel policy, in terms of grant expenditures. Therefore, Subrecipients shall adhere to their local travel policy per their department guidelines, but Subrecipients may be reimbursed based on the current “DPS Subrecipient Travel Guidelines”, which can be found at <http://dps.mo.gov/dir/programs/cjle/mclup.php>.

Travel/Training

1. Itemize travel or training expenses by event or type. Repeat this step to include each expense.
2. Tuition or registration fees should be included on this form, but Consultant or Trainer Fees must be included under the Contractual budget category.
3. Travel must be by the most direct, practical route. The amount of mileage allowance shall not exceed the state's mileage allowance rate, which can be found at www.ao.mo.gov. Lodging expenses shall adhere to federal per diem rates, which can be found at www.gsa.gov. Meal expenses shall adhere to state per diem rates, which can be found at www.ao.mo.gov. Incidentals will not be allowed. Local travel policy will apply if such is more restrictive than those mentioned herein.
4. The Total Cost will automatically calculate as Unit Cost x Duration x Number x % of Funding Requested.

Select the applicable travel-related cost to include in the budget. This field is necessary for DPS reports.

Category*

Identify the type of expense. If requesting training, enter the name of the training or conference followed by the cost type. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

Enter the amount or rate per month, mile, day, ticket etc. being requested. For airfare/baggage, enter the ticket price. For lodging, enter the daily room rate. For meals, enter the daily per diem rate. For fuel, enter the anticipated cost per day or month of travel. For mileage, enter the mileage rate. For further examples and instructions, refer to the Grant Solicitation identified in the above form instructions.

Unit Cost*

Enter the number of months, miles, days, etc to represent the duration or frequency of the requested expense. If the expense is a one-time fee (e.g. airfare, registration fee), enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Duration*

Enter the number of vehicles, people, rooms, etc. being requested for the expense.

Number*

Indicate the percentage of funding being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following is an example to aid in the completion of the Travel/Training budget form:

EXAMPLE – As a chemist, John Smith is requesting to attend the 3-day Missouri Association of Forensic Sciences (MAFS) training:

- o lodging for 4 nights at the federal GSA rate of \$95.00/day + approximately \$10.00/day in taxes and surcharges for a total of \$105.00/day

- meals for 4 days at a state per diem rate of \$39.00/day
- mileage allowance for driving his personal vehicle for 100 miles at \$0.37/mile
- registration costing \$130

Category (Select from drop down box)	Item	Unit Cost (Amount or rate per mile, month, day, ticket)	Duration (Number of months, miles, days)	Number (Number of vehicles, people, rooms)	% of Funding Requested	Total Cost
Lodging	MAFS - Lodging	105.00	4	1	100	420.00
Meals	MAFS - Meals	39.00	4	1	100	156.00
Mileage	MAFS – Mileage	0.37	100	1	100	37.00
Registration	MAFS – Registration	130.00	1	1	100	130.00

NOTE: The text entered under the ITEM column, the number entered under the NUMBER column, and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

J. TRAVEL/TRAINING JUSTIFICATION:

Travel/Training Justification

Travel/Training Justification

If travel/training is not included in the budget, skip this section.

If non-training/non-meeting travel costs are included in the budget, address the following information for each cost (preferably in the order listed in the budget category):

- description of why the cost is necessary to the success of the proposed budget
- rationale for the budgeted cost

If training/meeting travel costs are included in the budget, at a minimum, address the following information for each training/meeting (preferably in the order listed in the budget category):

- the location of the training/meeting (if unknown, clearly identify the location of the training/meeting is TBA)
- the date(s) of the training/meeting (if unknown, clearly identify the date(s) of the training/meeting is TBA)
- who will be attending the training/meeting
- a synopsis of the training/meeting
- anticipated benefit of the training/meeting, making sure to clarify why the training/meeting is pertinent to the person(s) attending

If the person attending the training/meeting is not budgeted within the Personnel or Personnel Overtime budget category, be sure to also clarify who the person is, their role/job responsibilities with the proposed project, and any training they currently possess as it relates to the proposed project.

If **non-training/non-meeting travel costs** are included in the budget, address the following information for each cost (preferably in the order listed in the budget category):

- description of why the cost is necessary to the success of the proposed project
- rationale for the budgeted cost (e.g. clarifying the number of vehicles if the number exceeds the number of budgeted/known personnel, clarifying how the unit cost for fuel was derived)

If **training/meeting travel costs** are included in the budget, at a minimum, address the following information for each course (preferably in the order listed in the budget category):

- the location of the training/meeting (if unknown, clearly identify that the location of the training/meeting is TBA)
- the date(s) of the training/meeting (if unknown, clearly identify that the dates of the training/meeting is TBA)
- who will be attending the training/meeting
- a synopsis of the training

- ❑ anticipated benefit of attending the training/meeting, making sure to clarify why the training/meeting is pertinent to the person(s) attending.

If the person attending the training/meeting is not budgeted within the Personnel or Personnel Overtime budget category, be sure to also clarify who the person is, their role/job responsibilities with the project, and any training they currently possess as it relates to the proposed project.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Travel/Training budget category to avoid discrepancies in the budget category and the budget justification.

K. EQUIPMENT:

Include any equipment related to the proposed project for which funding is requested.

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit.

Items included in the Equipment budget category must be recorded and tracked in an inventory control list and tagged to reflect its source of funding, where possible.

NOTE: An applicant may use its own definition of equipment provided that the definition would, at a minimum, include the equipment described above.

Equipment

1. Itemize equipment by item. To include more than one item, repeat this step for each budget item.
 2. Equipment is defined as tangible property, having a useful life of more than one year. Equipment must be recorded and tracked in an Inventory Control Listing and tagged to reflect its source of funding, where possible. Items not meeting these guidelines should be listed in the Supplies/Operations budget category.
 3. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.

Identify the equipment item being requested. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

Provide any necessary details, if applicable, to describe the item, such as brand, model number, size, capability, included accessories, etc.

Description

Provide the price of the item, including shipping, installation, etc., if applicable.

Unit Cost*

Provide the requested number of items to be purchased.

Quantity*

Provide the name of the vendor from which you obtained the unit pricing. If your application is approved, you will not be obligated to purchase the item from this vendor.

Source of Bid

Indicate the percentage of funding being requested for the equipment item. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Equipment budget form:

EXAMPLE 1 – John Smith requests to purchase a replacement Digital Camera from Best Buy at a cost \$660.00 each, including accessories such as a carry case and extra battery. The applicant agency requests 100% reimbursement from the grant.

EXAMPLE 2 – The crime laboratory has quoted a HP Color Laser Jet Printer from HP Online at a cost of \$1,250.00. The cost of shipping is estimated at \$40 and the cost of one extra set of ink cartridges will cost \$60. Total cost for this item equals \$1,350.00. The applicant agency requests 100% reimbursement from the grant.

Item	Description	Unit Cost	Qty	Source of Bid	% of Funding Requested	Total Cost
Digital Camera	Includes carrying case & extra battery	660.00	1	Best Buy	100	660.00
Color Laser Jet Printer	Unit cost includes shipping and extra ink cartridges	1,350.00	1	HP Online	100	1,350.00

NOTE: The text entered under the ITEM column, the number entered under the QUANTITY column, and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

L. EQUIPMENT JUSTIFICATION:

Equipment Justification

Equipment Justification

If equipment is not included in the budget, skip this section.

If equipment is included in the budget, provide the following for each budget line item (preferably in the same order listed in the budget category):

- What is the item?
- How will the item be used?
- Who will use the item?
- Is the item a replacement to current equipment, in addition to current equipment, or something the agency doesn't currently have?

If equipment is included in the budget, provide justification for each budget line (preferably in the same order listed in the budget category). Make sure, at a minimum, to address the following information:

- what is the equipment item
- how will the equipment item be used
- who will use the equipment item
- whether the equipment item is a replacement to current equipment, in addition to current equipment, or something the agency doesn't current have

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Equipment budget category to avoid discrepancies in the budget category and the budget justification.

M. SUPPLIES/OPERATIONS:

Include any supplies or operational costs for which funding is requested.

Supplies/Operations

1. List by type of supply or operational expense. To include more than one supply or operational expense, repeat this step for each budget item.
 2. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.

List each budget item by type of supply or operational expense. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

Select the basis for cost estimate to reflect the frequency of the unit cost.

Basis for Cost Estimate*

Enter the amount or rate per day, month, quarter, year, person, etc. based on the frequency selected under Basis for Cost Estimate. If your agency expects a rate change during the contract period in any operational expense, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Unit Cost*

Enter the requested number of days, months, people, units, etc. If the expense is a one-time cost, enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Quantity*

Indicate the percentage of funding being requested for the supply/operational expense. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Supplies/Operations budget form:

EXAMPLE 1 – John Smith is a member of the American Society of Crime Laboratory Directors (ASCLD) and request to renew his annual membership at a cost of \$100.

EXAMPLE 2 – The crime laboratory needs to replenish their supply of DNA Quantification Kits. The lab wishes to purchase 5 kits at an estimated cost of \$1,030 each.

EXAMPLE 3 –The crime laboratory wishes to renew its 12-month subscription to *The Microscope* at a monthly rate of \$5.50.

EXAMPLE 4 – Finally, the crime laboratory will need to replenish its lab chemicals and regents at an average cost of \$500 each quarter of the project period.

Item	Basis for Cost Estimate <i>(Select from drop down box)</i>	Unit Cost	Quantity	% of Funding Requested	Total Cost
ASCLD Membership	Annually	100.00	1	100	100.00
DNA Quantification Kits (5)	One-Time	1,030.00	5	100	5,150.00
Subscription – The Microscope	Monthly	5.50	12	100	66.00
Lab Chemicals/Regents	Quarterly	500.00	4	100	2,000.00

NOTE: The text entered under the ITEM column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful. Therefore, be sure, if requesting multiple quantities of an item, to include the quantity in the Item column.

N. SUPPLIES/OPERATIONS JUSTIFICATION:

Supplies/Operations Justification

Supplies/Operations Justification

If supplies/operations are not included in the budget, skip this section.

If supplies/operations are included in the budget, provide the following justification for each expense (preferably in the same order listed in the budget category):

- *why the supply or operational cost is necessary for the proposed project, making sure to clearly identify how the item will be used*
- *who will use (or benefit from) the supply or operational cost*

If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.

If supplies/operations are included in the budget, provide justification for each expense (preferably in the same order listed in the budget category). Make sure, at a minimum, to address the following information:

- why the supply or operational cost is necessary for the proposed project, making sure to clearly identify how the item will be used
- who will use (or benefit from) the supply or operational cost

If your agency anticipates a rate change during the project period for an operating expense, indicate the effective date of change and the reasoning for such change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Supplies/Operations budget category to avoid discrepancies in the budget category and the budget justification.

O. CONTRACTUAL:

Include any contractual support or consultant services for which funding are requested.

Compensation for consultant services must be reasonable and consistent with that paid for similar services. Travel costs for a consultant should be included in the Travel/Training budget category.

Contractual

1. List by type of contractual support or consultant service. To include more than one type of contractual expense, repeat this step for each item.
 2. Compensation for consultant services must be reasonable and consistent with that paid for similar services.
 3. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.

Identify the type of contractual or consultant service. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

Select the basis for cost estimate to reflect the frequency of the unit cost.

Basis for Cost Estimate*

Enter the amount or rate per hour, day, month, quarter, year, person, etc. based on the frequency selected under Basis for Cost Estimate. If your agency expects a rate change during the contract period in any contractual expense, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Unit Cost*

Enter the requested number of months, quarters, hours, sessions, etc. If the expense is a one-time cost, enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Quantity*

Indicate the percentage of funding being requested for the contractual expense. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Contractual budget form:

EXAMPLE 1 – The crime laboratory anticipates outsourcing their DNA cases. The anticipated cost of the consultant services would be \$52/hour for an estimated 500 hours of work.

EXAMPLE 2 – The crime laboratory currently leases 2 crime scene vans at a rate of \$225 each per month (\$450 total per month) and wishes to continue to lease these vehicles for the duration of the project period.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost
Consultant – DNA Cases	Hourly	52.00	500	100	26,000.00
Vehicle Lease – Crime Scene Vans (2)	Monthly	450.00	12	100	5,400.00

NOTE: The text entered under the ITEM column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful. Therefore, be sure, if requesting multiple quantities of an item to include the quantity in the Item column.

P. CONTRACTUAL JUSTIFICATION:

Contractual Justification

Contractual Justification

If contractual or consultant services are not included in the budget, skip this section.

If contractual or consultant services are included in the budget, provide the following justification for each expense (preferably in the same order listed in the budget category):

- why the item is necessary for the proposed project, making sure to clearly identify how the item is used
- who will benefit from the item

If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.

If contractual or consultant services are included in the budget, provide justification for each expense (preferably in the same order listed in the budget category):

- why the item is necessary for the proposed project, making sure to clearly identify how the item is used
- who will benefit from the item

If your agency anticipates a rate change during the project period for a contractual service, indicate the effective date of change and the reasoning for such change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Contractual budget category to avoid discrepancies in the budget category and the budget justification.

FORM #5: STATEMENT OF THE PROBLEM

The purpose of this narrative form is to define the problem you will be attempting to impact with the project for which you are requesting funds. This information provides the grantor with a basic understanding of the problem(s) that the Project Agency faces and the issue(s) that will be addressed, as well as to provide facts to support the problem references.

On this form, provide the following information:

- Identify the problem(s) being addressed by the use of the requested funds.
- Include facts and statistics on lab activity (e.g. number of cases processed, types of cases processed, and number of backlogged cases).
- Identify existing resources (or lack thereof), demographic and geographic specifications, etc. to demonstrate a need for funding.

Statement of the Problem

Statement of the Problem*

Provide the following information to define the problem that you will be attempting to impact with the project for which you are requesting funds:

- Identify the problem(s) being addressed by the use of funds being requested.
- Include current facts and statistics on lab activity.
- Identify existing resources (or the lack thereof), demographic and geographic specifications, etc. to demonstrate a need for funding.

FORM #6: TYPE OF PROGRAM

The purpose of this narrative form is to provide information regarding the crime laboratory and the general program that will be implemented as a result of the requested funding. The details provided should be specific. Flow charts and outlines to support this narrative description may be included under the “Other Attachments” application form but shall not substitute for the completion of this narrative form.

On this form, provide the following information:

- Information about the crime laboratory and its status of accreditation, including the effective date and expiration date of accreditation

- Define the disciplines/services provided by the crime laboratory and how they are provided, as well as clarifying which discipline(s)/section(s) will benefit from the requested funding.
- Identify the total number of employees in the crime laboratory, as well as the specific number of employees in the particular discipline/section for which funding is requested.

Type of Program

Type of Program*

Provide the following information about your crime laboratory and the general program that will be implemented:

- *Information about the crime laboratory and its status of accreditation, including the effective date and expiration date of accreditation.*
- *Define the disciplines/services provided by the crime laboratory and how they are provided, as well as clarifying which discipline(s)/section(s) will benefit from the requested funding.*
- *Identify the total number of employees in the crime laboratory, as well as the specific number of employees in the particular discipline(s)/section(s) for which funding is requested.*

FORM #7: SUPPLANTING

The purpose of this narrative form is to address the issue of supplanting. Supplanting is defined as taking the place of or replacing with something else. Supplanting is strictly unallowable under this grant program. State funds cannot be awarded towards budget items that are and will continue to be funded by another source of money. State funds shall only be used to supplement existing funds for program activities, and as a result, the grantor must collect this information to ensure supplanting does not exist. Potential supplanting will be the subject of justification provided in the grant application and monitoring by the Missouri Department of Public Safety.

On this form, describe whether or not other federal, state, or local funds are available to the applicant agency for the purpose of the requested funding. Be specific!

If any of the following factors apply to the proposed project, provide information to address those that apply:

- If other federal, state, or local monies are available for the requested costs (e.g. DNA grants, General Revenue), please address why MCLUP funding is being requested.
- If the application includes existing costs (i.e. funded by an existing source of monies), explain how those costs are currently being funded and if and when that funding source will cease.
- If program income is anticipated or could be generated as a result of the grant-funded project, explain how those monies will not supplant MCLUP funds.

Supplanting

Supplanting*

Describe whether or not other federal, state, or local funds are available to the applicant agency for the purpose of the project. Be specific!

If any of the following factors apply to the proposed project, provide information to address the factors that apply:

- *If other federal, state, or local monies are available, please address why MCLUP funding is being requested.*
- *If the application includes existing costs, explain how those costs are currently being funded and if and when that funding source will cease.*
- *If program income is anticipated or could be generated as a result of the grant-funded project, explain how those monies will not supplant MCLUP funds.*

Examples of non-supplanting:

1. For FY17, City A appropriates a total of \$500,000 for crime laboratory activities, including salary and benefits for 30 lab personnel. In FY17, City A is awarded state MCLUP funds, which it uses to hire 1 lab personnel, in addition to the 2 lab personnel hired with local funds. City A expends all of the \$500,000 in local funds appropriated for FY17 for crime laboratory activities.

In this scenario, City A has not used MCLUP funds to supplant local funds, but rather has used the funds “to increase the amount of funds that would, in the absence of state funds, be made available for crime laboratory activities”.

2. For FY17, City B appropriates a total of \$500,000 in local funds for crime laboratory activities, of which \$15,000 is budgeted for upgraded equipment. In FY17, City B is awarded state MCLUP funds. It uses the state funds to purchase the upgraded equipment and uses the \$15,000 in local funds originally budgeted for equipment to hire a part-time latent print examiner. Total expenditures of local funds for crime laboratory activities remain constant.

Despite the fact that local funds were shifted from equipment to hiring, the amount of local funds that would, in the absence of state funds, be made available for crime laboratory activities has not changed.

3. State X’s initial FY17 appropriation for crime laboratory activities is sharply reduced due to an across-the-board cut in the State budget. This results in a hiring freeze. When State X receives state MCLUP funds, it uses the funds to fill 4 lab personnel positions that were included in the initial budget but were vacant due to the hiring freeze.

The total amount of State funds available for crime laboratory activities in State X has been reduced, but not because of the availability (or anticipated availability) of MLCUP funds.

Examples of supplanting:

1. For FY17, State Y budgeted \$50,000 in state funds to be used for renovation of the crime laboratory. Later in FY17, in response to the availability of MCLUP funds, the State determines that it will use MCLUP funds for the crime laboratory renovation, and will use the funds the State had budgeted for the crime laboratory renovation instead to provide health services for infants and children. No additional state funds were added to the State’s budget in any other crime laboratory category.

There would have been a decrease in the amount of funds that would, in the absence of MCLUP funds, be made available for crime laboratory activities.

2. For FY17, County A budgeted \$500,000 in local funds to be used for crime laboratory activities, including salary and benefits of 30 lab personnel. Later in FY17, in response to the availability of MCLUP funds, the County determines that it will use MCLUP funds for the salaries and benefits of 3 of the existing lab personnel, and will use the funds the County had budgeted for salaries and benefits instead to purchase new voting machines in preparation for the upcoming election.

There would have been a decrease in the amount of funds that would, in the absence of MCLUP funds, be made available for crime laboratory activities.

Documentation and Record Retention: If circumstances raise a question of possible supplanting, the state or unit of local government should retain whatever documentation is produced during the ordinary course of government business that will help substantiate that supplanting has not occurred. Depending on the circumstances, relevant documents might include annual appropriation acts, executive orders directing broad reductions of operating budgets, or city or county council resolutions or meeting minutes concerning budget cuts and layoffs.

FORM #8: COMMUNITY IMPACT

The purpose of this narrative form is to identify how the proposed project will affect the community(s) that the program will serve, whether directly or indirectly. This information is necessary to the grantor to understand how the proposed project may have a bearing on other issues not directly being addressed by the requested funds.

On this form, describe how the proposed project will affect the community(s) that your program will serve and the public safety and crime-related issues within those community(s). The community may include the local law enforcement agencies that your crime laboratory serves but must also include the citizens in the community served by your crime laboratory.

For example, adequate staffing, fully-trained staff, and/or new technology can impact the backlog of cases and the timeliness and extent of services provided by the crime laboratory. This result can have a direct impact on the identification of criminals in pending cases, the release of non-criminals upon further examination of evidence, the prosecution of criminals based on the examination of evidence, etc, and when a criminal is removed from the community, public safety and crime-related issues are affected.

Community Impact

Community Impact*

Describe how the proposed project will affect the community(s) that your program will serve and the public safety and crime-related issues within the community(s).

FORM #9: AUDIT REQUIREMENTS

The purpose of this form is to gather general audit information relating to your agency. As a recipient of state funds, applicants are expected to have financial responsibility in the usage of monies and the record keeping of documentation.

This form will collect information pertaining to the date of the applicant agency’s last audit, the amount of federal and/or state financial assistance (i.e. grant monies, loan guarantees, property, cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance) received during the last audited period, and the anticipated date of the next audit.

Audit Requirements	
Date last audit was completed:*	<input type="text"/>
Date(s) covered by last audit:*	<input type="text"/>
Last audit performed by:*	<input type="text"/>
Phone number of auditor:*	<input type="text"/>
Date of next audit:*	<input type="text"/>
Date(s) to be covered by next audit:*	<input type="text"/>
Next audit will be performed by:*	<input type="text"/>
<small>Total amount of financial assistance received from all entities, including the Missouri Department of Public Safety, during the date(s) covered by your agency's last audit, as indicated above.</small>	
<small>The Federal Amount refers to funds received directly from the Federal Government or federal funds passed through state agencies in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.</small>	
<small>The State Amount refers to funds received directly from the State of Missouri, not including federal pass-thru funds, in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.</small>	
Federal Amount:*	<input type="text" value="\$0.00"/>
State Amount:*	<input type="text" value="\$0.00"/>

Pursuant to grant policies developed by the Missouri Department of Public Safety, units of local government are required to have an organization-wide, independent audit if their unit of state or local government has expended \$375,000 or more in state funds (including, but not limited to, MCLUP monies) within the organization’s 12 month fiscal year.

NOTE: Do not attach a copy of the audit at the time of application. A copy must be submitted once the grant status changes to “underway” via the ‘Correspondence’ component of WebGrants if the total reported in the ‘State Amount’ equals or exceeds \$375,000.

Refer to the “DPS Financial and Administrative Guide”, which can be found at: <http://dps.mo.gov/dir/programs/cjle/mclup.php>, for more information regarding audit responsibilities.

FORM #10: OTHER ATTACHMENTS

The purpose of this form is to allow the applicant to attach any other documents applicable to the proposed project or available to support information provided within an application form. Other attachments may include, but not be limited to, vendor quotes for equipment, letters of support, etc.

If your project does not have “other attachments”, just click ‘Mark as Complete’ and proceed with the submission of the application.

Other Attachments			Mark as Complete Go to Application Forms
Description	File Name	File Size	Delete?
<small>Last Edited By:</small>			

The Missouri Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

FORM #11: CERTIFIED ASSURANCES

This component of the application requires the Authorized Official to attest to the compliance of all conditions relating to the grant program and the proposed project, as applicable. The typed name, in lieu of a signature at the time of application, represents the legal binding acceptance of the terms of the application and statement of the veracity of the representations made in the application.

Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

2017 MCLUP Certified Assurances

I am aware that failure to comply with any of the Certified Assurances could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance. Where the Authorized Official is unable to certify to any of the statements in the Certified Assurances, he or she shall provide an explanation below and may attach documentation under the 'Other Attachments' form where needed.

I have read and agree to the terms and conditions of the grant.* Yes No

If you marked No to the question above, please explain:

Your typed name as the applicant authorized official, in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.

Authorized Official Name:*

Job Title:*

Date:*

NOTE: The name provided on this form must match the name listed as the Authorized Official on the Contact Information form to constitute a valid application. In addition, the Date must be current and reflective of the funding opportunity year. An application may automatically be declined if an applicant indicates ‘No’ to the terms and conditions of the grant unless an acceptable explanation is provided, the incorrect Authorized Official name is provided, and/or the Date is not current as these constitute an invalid application.

III. SUBMITTING AN APPLICATION:

The applicant shall submit all data as requested and required within the application forms. Failure to submit all required, requested data could disqualify the proposal from further consideration. **Applicants will not be contacted if they fail to submit all required, requested data.**

Once all the application components are ‘Marked as Complete’, please review the application by clicking the ‘Preview’ button. You may print a copy of the application from the preview screen or save an Adobe PDF copy of the application. Once you feel the application is ready for submission, click the ‘Submit’ button. A confirmation screen will appear which may be printed for your records if you feel it necessary. The individual

selected as the Primary Contact in the General Information component of the application will receive a confirmation email of submission from dpswebgrants@dps.mo.gov.

Applications must be submitted through WebGrants no later than 5:00 p.m. on Friday, April 22, 2016.

Proposals cannot be submitted after this date and time so applicants are encouraged to begin the process immediately to meet the application deadline. Applications submitted through any means other than WebGrants will not be considered for funding.

If the applicant determines prior to the application deadline that **revisions are necessary to any component** of the application, the applicant must **contact the Missouri Department of Public Safety by email prior to the deadline** to have the application unlocked. The email should be sent to dpswebgrants@dps.mo.gov and should clearly indicate which form(s) to be re-opened for the necessary change(s). The applicant should ensure the application is resubmitted by the stated deadline. Once the application deadline has lapsed, the resubmitted application may be disqualified from further consideration.

If the applicant experiences unforeseen **technical WebGrants issues** beyond the applicant's control that prevent submission of its application by the deadline, the applicant must **contact the Missouri Department of Public Safety staff by email within 24 hours after the deadline** and request approval to submit the application. The email should be sent to dpswebgrants@dps.mo.gov and must include a description of the technical difficulties, a timeline of submission efforts, screen shot of the error code, and other information as necessary. The Missouri Department of Public Safety will consider all submitted information to determine if the application will be accepted.

POST-APPLICATION PROCESS

I. APPLICATION REVIEW:

A review panel of internal staff members of the Missouri Department of Public Safety, Office of the Director, Criminal Justice/Law Enforcement (CJ/LE) Unit will evaluate all applications. In evaluating each application, CJ/LE will consider the following factors:

- Demonstration the proposed project fits within the parameters of the MCLUP Program.
- Demonstration of need including geographic location, local demographics, local statistics, other programs and/or resources available to the applicant agency, etc.
- Adequate correlation between the cost of the project and the objective(s) to be achieved.
- Overall description of the intended use of the grant funds.
- Demonstration that the MCLUP funds will not be used to supplant other federal, state, or local funds.
- Compliance with state statutory reporting requirements, where applicable, to include, but not limited to, UCRs, Racial Profiling, and Federal Forfeiture reporting.
- Legally binding signature by the proper Authorized Official on the Certified Assurances form of the submitted application.

II. FUNDING NOTIFICATION:

Applicants will be notified via WebGrants approximately 1-2 weeks following the application deadline. The notification will be sent from dpswebgrants@dps.mo.gov to the person listed as the Primary Contact on the General Information form of the application.

Applications may be approved as requested, approved with revisions, or disapproved. Applicants will be provided with the rationale behind the CJ/LE's decisions.

Please be patient as the review process can be rather tedious and time consuming. Funding notifications will not be released through any other means than WebGrants so do not contact the Missouri Department of Public Safety to try to obtain information before it is released!

PROGRAM-SPECIFIC GRANT GUIDELINES

I. DPS FINANCIAL AND ADMINISTRATIVE GUIDE

Subrecipients must adhere to the applicable guidelines outlined in the “DPS Financial and Administrative Guide”, which can be found at <http://dps.mo.gov/dir/programs/cjle/mclup.php>.

II. DPS SUBRECIPIENT TRAVEL GUIDELINES

If travel/training costs are approved within the budget, the Subrecipient must adhere to the applicable guidelines outlined in the “DPS Travel Guidelines”, which can be found at <http://dps.mo.gov/dir/programs/cjle/mclup.php>.

III. CHANGE IN PERSONNEL:

Notification of personnel changes must be communicated to the Missouri Department of Public Safety via the Correspondence component of WebGrants using the *Change of Information Form* (Appendix A).

The completed *Change of Information Form* must be submitted as an attachment to the Correspondence. Additional information not captured in the *Change of Information Form* may be supplied in the message of the Correspondence, but the message of the Correspondence shall not substitute for the Subrecipient’s requirement to complete the *Change of Information Form*.

A. My Profile

1. Removing an Individual

If an individual needs to be removed as a registered user for the Organization, please notify the Missouri Department of Public Safety, within a timely manner, so the individual can be properly disassociated with the organization’s profile and removed from all contact lists.

Do not remove a registered user, and do not re-use a prior employee’s profile!

The Missouri Department of Public Safety will make the necessary change(s) and will notify the Subrecipient when the change(s) have been completed.

2. Adding an Individual

If an individual needs to be added as a registered user for the Organization, first complete the registration form in the My Profile module of WebGrants. Do not re-use a prior employee’s profile!

Notify the Missouri Department of Public Safety once the registration is complete so the individual can be added to the proper contact lists.

The Missouri Department of Public Safety will make the necessary change(s) and will notify the Subrecipient when the change(s) have been completed.

B. Contact Information form

Changes in or temporary absence of the Authorized Official, Project Director, Fiscal Officer, and/or Officer in Charge as listed on the Contact Information component of the grant must be communicated to the Missouri Department of Public Safety, within a timely manner.

The Missouri Department of Public Safety will edit the Contact Information form based on the notification and will notify the Subrecipient when the change(s) has been completed.

C. Budget form

Changes in grant-funded personnel as listed on the Budget component of the grant must be communicated to the Missouri Department of Public Safety, in a timely manner.

The Missouri Department of Public Safety will edit the Budget form based on the notification and will notify the Subrecipient when the change(s) has been completed.

IV. REPORTING REQUIREMENTS:

A. Claims

Recipients of MCLUP funds are required to submit a monthly Claim report in WebGrants to verify actual (employer) cash expenditures and request reimbursement of those expenditures. A Claim report must be submitted each month even if there are no expenditures to claim. Only one Claim report may be submitted per month.

Claim reports are due no later than the 10th day of each month. This deadline is subject to change only if the 10th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the Claim report schedule:

Claim ID Number	Reporting Period	Due Date
001	06/01/2016 – 06/30/2016	July 11, 2016
002	07/01/2016 – 07/31/2016	August 10, 2016
003	08/01/2016 – 08/31/2016	September 12, 2016
004	09/01/2016 – 09/30/2016	October 11, 2016
005	10/01/2016 – 10/31/2016	November 10, 2016
006	11/01/2016 – 11/30/2016	December 12, 2016
007	12/01/2016 – 12/31/2016	January 10, 2017
008	01/01/2017 – 01/31/2017	February 10, 2017
009	02/01/2017 – 02/28/2017	March 10, 2017
010	03/01/2017 – 03/31/2017	April 10, 2017
011	04/01/2017 – 04/30/2017	May 10, 2017
012	05/01/2017 – 05/31/2017	June 12, 2017

Failure to submit the required report on a monthly basis, by the due date, may result in delay of reimbursement until the following month and/or cancellation of the subaward if the delinquency becomes problematic.

The Claim report will consist of the following five (5) forms:

- **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (monthly)
- **Reimbursement** - - used to identify the State Share per budget line; the totals identified on this form are aggregate totals from the Detail of Expenditure form

- **Detail of Expenditure** - - used to identify the pay check number, pay date, payee, description, total cost, percent of funding requested, and amount claimed to grant for reimbursement per cost activity; this data is collected on an Excel spreadsheet and the file uploaded to the report form
- **Program Income** - - used to identify any monies earned and/or expended as a result of the grant-funded project. Program income is revenue/income generated as a direct result of an agency-funded project. Program income must be used for the purposes of and under the conditions applicable to the award. Unless specified otherwise, program income shall be expended within the project period.
- **Attachments** - - used to upload copies of documentation to support the expenditures, as required. The following documentation is required:
 - If requesting reimbursement for personnel, personnel benefits, personnel overtime, or personnel overtime benefits, documentation of such costs must be provided. This includes, but is not limited to, 1) a payroll report or paystub outlining the paid wages and employee deductions and/or employer benefits and 2) a rate sheet for any fringe benefit for which reimbursement is requested but not displayed on the payroll report or paystub.
 - If requesting reimbursement for travel/training costs, receipts must be provided. For meals incurred during travel, which do not require receipts under the state travel policy, a substitute document could be an employee expense report detailing the meal costs per day. In addition, a copy of the 'certificate of attendance' or similarly issued attendance record must be provided for training costs. If a certificate is not provided by the trainer, a memo or letter must be provided as a substitute.
 - If requesting reimbursement for equipment, a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the quantity, the item description, and the unit cost and/or extended cost.
 - If requesting reimbursement for supplies, operating costs, contractual costs, or consultant services, a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the nature of the costs, and the unit cost and/or extended cost.

NOTE: The Missouri Department of Public Safety may request additional documentation be submitted with the Claim report for purposes of desk monitoring the reimbursement of expenditures. Each MCLUP Subrecipient will receive a site visit during the project period (or shortly thereafter, where applicable), but any documentation that can be submitted with the Claim will lessen the site visit burden at a later date.

Reimbursement funds will be disbursed approximately the 25th day of each month. Recipients may track payments within the WebGrants system but obtain exact payment information through the Missouri Vendor Services Portal at <https://www.vendorservices.mo.gov/vendorservices/Portal/Default.aspx>. Click "Vendor Payment" in the green toolbar. Select FEIN and enter your agency's Federal Tax ID Number (FEIN). You may then search for a payment by 1) Invoice Number, 2) Check/EFT Number, 3) Dollar Amount, or 4) Date/Location. The prefix of a Payment Number for MCLUP disbursements will be ER067.

B. Status Reports

Recipients of MCLUP funds are required to submit quarterly Status Reports in WebGrants. These reports allow the Missouri Department of Public Safety to collect statistical information and monitor the progress/completion of the approved project.

Status Reports are due no later than the 10th day following the reporting period. This deadline is subject to change only if the 10th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the Status Report schedule:

Report ID Number	Reporting Period	Due Date
01	06/01/2016 – 08/31/2016	September 12, 2016
02	09/01/2016 – 11/30/2016	December 12, 2016
03	12/01/2016 – 02/28/2017	March 10, 2017
04	03/01/2017 – 05/31/2017	June 12, 2017

Failure to submit the required Status Report on a quarterly basis, by the due date, may result in the delay of reimbursement until the Status Report is received and/or cancellation of the subaward if the delinquency becomes problematic.

The Status Report will consist of the following two (2) forms:

- **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (quarterly)
- **Crime Lab Report** - - used to provide statistical information for each discipline in the laboratory to include, but not limited to, the number of employees, number of submissions worked, average turnaround time, and number of submissions pending at the end of the reporting period. Subrecipients are also allowed to provide a narrative of information to describe work activities and/or areas of interest not reported elsewhere in the report and/or to provide any details necessary to explain responses in the report.

V. SUBAWARD ADJUSTMENTS:

A. Budget Revisions

A Subaward Adjustment for a budget revision must be submitted for the following requests:

- Transfer of funds from one budget line/category to another budget line/category to cover increases in cost

NOTE: The Missouri Department of Public Safety allows Subrecipients to request reimbursement up to a 10% increase in the budget line without prior approval. For example, if a Medical Insurance line is budgeted for \$3,000, a 10% increase would account for \$300. Therefore, the Subrecipient can claim costs up to \$3,300 (so long as monies exist in the overall budget) without prior approval through a budget revision. Costs exceeding 10% will be subject to review by the Missouri Department of Public Safety and may or may not be allowed depending on the availability of funds and/or the length of project period remaining in the award.

- Addition of a new budget line item in any budget category.

- Increase in the quantity of a line item in any budget category (e.g. increase from 5 months to 6 months for medical insurance coverage, increase from the purchase of 2 laptops to 3 laptops, increase from the usage of 1 air card to 2 air cards)

Subrecipients shall submit a request via the Subaward Adjustment component of WebGrants in the event a budget revision is necessary. The Missouri Department of Public Safety will review the request and “negotiate” the Budget form for edits if the request is allowable. Once all necessary edits are made, the Missouri Department of Public Safety will prepare a *Subaward Adjustment Notice* (Appendix C), which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Subaward Adjustment for budget revisions shall be submitted at least 30 days prior to the proposed change and will not be allowed after May 1, 2017.

B. Program Revisions

A Subaward Adjustment for a program revision must be submitted for the following requests:

- Change in the subrecipient name
- Change in the project site
- Change in the project service area
- Change in the scope of programmatic activities
- Change in the general purpose of the grant

Subrecipients shall submit a request via the Subaward Adjustment component of WebGrants in the event a program revision is necessary. The Missouri Department of Public Safety will review the request and follow-up depending on the type of program revision. Once all necessary documents are collected, the Missouri Department of Public Safety will prepare a *Subaward Adjustment Notice* (Appendix C), which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Subaward Adjustment for program revisions shall be submitted at least 30 days prior to the proposed change.

VI. MONITORING:

The Missouri Department of Public Safety will monitor all subawards to ensure appropriate fiscal and program records are being maintained. Monitoring is designed to provide assistance to the Subrecipient both from a technical and programmatic standpoint, as well as to provide the Missouri Department of Public Safety with the necessary information to ensure the Subrecipient’s compliance with state laws and grants guidelines.

Desk monitoring will consist of tracking telephone and email communication, as well as reviewing all grant documents and correspondence submitted to the Missouri Department of Public Safety. The Subrecipient may be required to submit monitoring information in writing to the Missouri Department of Public Safety, as requested.

Site monitoring will consist of a visit to the Subrecipient’s office(s) and reviewing policies, receipts, and other records, as applicable to the subaward. The Missouri Department of Public Safety will perform at least one site visit to each Subrecipient during the project period (or shortly thereafter if extenuating circumstances exist). A Site Visit Monitoring Report, which will be provided to the Subrecipient prior to the visit, will be completed by the Missouri Department of Public Safety during the site visit. The Site Visit Monitoring Report will be used as

a tool to determine the progress of the project in achieving its purpose and ensuring the project is adhering to program guidelines. The following information and records may be subject to review, as applicable, at the time of the site visit:

- Annual accreditation status letter from accrediting body
- Personnel manuals, Standard Operating Procedures (SOPs), or similar policies regulating the Subrecipient and the approved project
- Personnel files for grant-funded personnel
- Training plan for grant-funded personnel
- Timesheets and payroll records for grant-funded personnel
- Invoices/receipts for all grant-funded expenditures
- Bid records for grant-funded expenditures
- Sole source procurement, and subsequent approval where applicable
- Inventory listing and tags for grant-funded equipment
- Contractual agreements for each grant-funded contractual service
- Local procurement and travel policies, as applicable
- Internal controls
- Where applicable, compliance with law enforcement agency state statutes:
 - Uniform Crime Reports: [Section 43.505 RSMo](#)
 - Racial Profiling Report: [Section 590.650 RSMo](#)
 - Federal Forfeiture Report: [Section 513.653 RSMo](#)
 - Recording of Custodial Interrogations: [Section 590.700 RSMo](#)
 - Forwarding Intoxication-Related Traffic Offenses: [Section 577.005 RSMo](#)
- Compliance with state civil rights laws
 - Unlawful Employment Practices: [Section 13.055 RSMo](#)
 - Discrimination in Public Accommodations: [Section 213.065 RSMo](#)
- Other information pertinent to the state-funded project

APPENDIX A

CHANGE OF INFORMATION FORM

The *Change of Information Form* must be used to identify changes in personnel during the project period. The *Change of Information Form* must be sent as an attachment in the Correspondence component of WebGrants. Any other information not collected on this form may be provided in the message of the Correspondence.

	MISSOURI DEPARTMENT OF PUBLIC SAFETY CRIMINAL JUSTICE/LAW ENFORCEMENT (CJ/LE) UNIT CHANGE OF INFORMATION FORM		
Date: <input style="width: 150px;" type="text"/>			
Subrecipient Name: <input style="width: 250px;" type="text"/>	Subaward Number: <input style="width: 100px;" type="text"/>		
Contact Person: <input style="width: 250px;" type="text"/>	Phone Number: <input style="width: 100px;" type="text"/>		
<i>*If the change affects multiple subaward numbers, please complete and submit a form for each subaward number.*</i>			
MY PROFILE/CONTACT INFORMATION			
<i>If the change affects the My Profile module and/or the Contact Information grant form, please complete the following. If the change does not affect the My Profile module and/or the Contact Information grant form, skip this section.</i>			
<i>Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.</i>			
Name of Individual Being Removed: <input style="width: 300px;" type="text"/>	Last Date of Employment : <input style="width: 100px;" type="text"/>		
<i>Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.</i>			
Name of Individual Being Added: <input style="width: 400px;" type="text"/>	Job Title: <input style="width: 150px;" type="text"/>		
Mailing Address: <input style="width: 100%; height: 20px;" type="text"/>			
Street Address: <input style="width: 100%; height: 20px;" type="text"/>			
<small>(if different than the mailing address)</small>			
City: <input style="width: 150px;" type="text"/>	Zip Code: <input style="width: 100px;" type="text"/>		
Email: <input style="width: 100%; height: 20px;" type="text"/>			
Phone: <input style="width: 150px;" type="text"/>	Ext: <input style="width: 50px;" type="text"/>		
Fax: <input style="width: 100%; height: 20px;" type="text"/>			
Has this individual been added as a registered user in WebGrants?	<input type="checkbox"/> Yes, please select as a grant contact and add to the appropriate distribution list <input type="checkbox"/> Yes, but please do not add as a grant contact or to the distribution list <input type="checkbox"/> No, the individual will not have access to WebGrants and therefore was not added		
BUDGET			
<i>If the change affects the Budget form, please complete the following. If the change does not affect the Budget form, skip this section.</i>			
Name of Individual Being Removed: <input style="width: 250px;" type="text"/>	Last Date of Employment : <input style="width: 100px;" type="text"/> <small>(m/d/yyyy)</small>	Individual Being Added: <input style="width: 200px;" type="text"/> <small>(if unknown, list as TBH)</small>	Hire Date: <input style="width: 100px;" type="text"/> <small>(m/d/yyyy)</small>
Provide a brief summary of the new individual's experience, certifications, and job responsibilities for the Budget – Personnel Justification section:			
<input style="width: 100%; height: 100%;" type="text"/>			
SUBMIT THIS FORM AS AN ATTACHMENT TO YOUR DPS INTERNAL CONTACT VIA THE 'CORRESPONDENCE' COMPONENT OF WEBGRANTS. IF YOU NEED TO SUPPLY ADDITIONAL INFORMATION, PLEASE INCLUDE IN THE MESSAGE OF THE CORRESPONDENCE.			
<small>DPS revised 7-2016</small>			

APPENDIX B

SUBAWARD

The *Subaward* document constitutes an agreement between the Missouri Department of Public Safety and the Subrecipient for use of state funds in the implementation of the awarded project.



MISSOURI DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE DIRECTOR
SUBAWARD

P.O. Box 749
Jefferson City, MO 65102
Phone: (573) 751-4905

Subrecipient Name:		Subrecipient DUNS Number:	
DPS Funding Opportunity Title:		Project Period Start Date:	Project Period End Date:
2017 MCLUP		06/01/2016	05/31/2017
Project Title:		Subaward Number:	
Project Description:			
Subaward Total:		CFDA Number and Name:	
		N/A	
<p>This Subaward is made in the amount and for the project period referenced above to the Subrecipient identified above. This Subaward is subject to compliance with the general conditions governing grants and subawards and any attached Certified Assurances or Special Conditions. This Subaward is subject to compliance with all federal and state laws and all guidelines identified in the above mentioned DPS Funding Opportunity.</p> <p>The undersigned Subrecipient Authorized Official hereby acknowledges he/she is authorized to legally bind the Subrecipient and certifies acceptance of the above-described Subaward on the terms and conditions specified or incorporated by reference above and those stated in the approved application.</p>			
Subrecipient Authorized Official (AO) Name:		Subrecipient Project Director (PD) Name:	
Subrecipient AO Signature:	Date:	Subrecipient PD Signature:	Date:
<p>This Subaward shall be in effect for the duration of the project period stated above and funds shall be made available on the Subaward date with return of this signed document to the Missouri Department of Public Safety and upon full execution by signature of the Authorized Official of the Missouri Department of Public Safety, Office of the Director</p>			
Authorized Official, Missouri Department of Public Safety			Subaward Date
			06/01/2016

APPENDIX C

SUBAWARD ADJUSTMENT NOTICE

The *Subaward Adjustment Notice* constitutes approval from the Missouri Department of Public Safety for a modification to the original *Subaward*.

	MISSOURI DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE DIRECTOR SUBAWARD ADJUSTMENT NOTICE	P.O. Box 749 Jefferson City, MO 65102 Phone: (573) 751-4905																																																			
ADJUSTMENT NO.	SUBAWARD NUMBER	ADJUSTMENT DATE																																																			
		February 17, 2016																																																			
SUBRECIPIENT NAME																																																					
PROJECT TITLE																																																					
PRESENT PROJECT PERIOD		TYPE OF SUBAWARD ADJUSTMENT																																																			
FROM	TO	(Select)																																																			
MESSAGE TO SUBRECIPIENT: THIS SUBAWARD IS CHANGED, AMENDED, OR ADJUSTED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS MAY BE SET FORTH BELOW.																																																					
CONDITIONS OR LIMITATIONS: 																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">CURRENT BUDGET</th> <th style="width: 20%;">REVISED BUDGET</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">PERSONNEL</td><td></td><td></td></tr> <tr><td style="text-align: center;">PERSONNEL BENEFITS</td><td></td><td></td></tr> <tr><td style="text-align: center;">PERSONNEL OVERTIME</td><td></td><td></td></tr> <tr><td style="text-align: center;">PERSONNEL OVERTIME BENEFITS</td><td></td><td></td></tr> <tr><td style="text-align: center;">PRN TIME</td><td></td><td></td></tr> <tr><td style="text-align: center;">VOLUNTEER MATCH</td><td></td><td></td></tr> <tr><td style="text-align: center;">TRAVEL/TRAINING</td><td></td><td></td></tr> <tr><td style="text-align: center;">EQUIPMENT</td><td></td><td></td></tr> <tr><td style="text-align: center;">SUPPLIES/OPERATIONS</td><td></td><td></td></tr> <tr><td style="text-align: center;">CONTRACTUAL</td><td></td><td></td></tr> <tr><td style="text-align: center;">RENOVATION/CONSTRUCTION</td><td></td><td></td></tr> <tr><td colspan="3" style="text-align: center;"> </td></tr> <tr> <td style="text-align: center;">TOTAL PROJECT COST</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr><td colspan="3" style="text-align: center;"> </td></tr> <tr> <td style="text-align: center;">FEDERAL/STATE SHARE</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">LOCAL MATCH SHARE</td> <td></td> <td></td> </tr> </tbody> </table>				CURRENT BUDGET	REVISED BUDGET	PERSONNEL			PERSONNEL BENEFITS			PERSONNEL OVERTIME			PERSONNEL OVERTIME BENEFITS			PRN TIME			VOLUNTEER MATCH			TRAVEL/TRAINING			EQUIPMENT			SUPPLIES/OPERATIONS			CONTRACTUAL			RENOVATION/CONSTRUCTION						TOTAL PROJECT COST	\$0.00	\$0.00				FEDERAL/STATE SHARE			LOCAL MATCH SHARE		
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All terms and conditions of the original Subaward document apply to this Subaward Adjustment Notice.																																																					
AUTHORIZED OFFICIAL, MISSOURI DEPARTMENT OF PUBLIC SAFETY		DATE																																																			

