SFY 2024 American Rescue Plan Act (ARPA)

State and Local Fiscal Recovery Funds (SLFRF)

First Responder Capital Improvement & Interoperable Communications Equipment Grant (CIIEG)

Application Workshop

Notice of Funding Opportunity

- The Missouri Department of Public Safety is pleased to announce the funding opportunity for the SFY 2024 American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF) First Responder Capital Improvement & Interoperable Communications Equipment Grant (CIIEG) is open **October 30, 2023 – January 5, 2024 at 5:00 p.m. CST**

- This funding opportunity is made available through the Missouri Department of Public Safety's electronic WebGrants System, accessible on the internet at: https://dpsgrants.dps.mo.gov/index.do

Key Dates

- **October 30, 2023:** ARPA SLFRF CIIEG funding opportunity open in WebGrants
- **January 5, 2024:** ARPA SLFRF CIIEG applications due in WebGrants by **5:00 pm CST**
- **January 2024:** ARPA SLFRF CIIEG funding determinations
- **February 1, 2024:** Project Start Date
- **June 30, 2026:** Project End Date

ARPA SLFRF CIIEG

- Purpose of ARPA SLFRF CIIEG is to provide grant funding for first responder agency capital improvement projects and interoperability equipment projects
- First Responder Agencies include:
  - Fire Protection Entities
    - Include fire departments as defined in section 320.200(3) RSMo as an agency or organization that provides fire suppression and related activities, including but not limited to fire prevention, rescue, emergency medical services, hazardous material response, or special operation to a population within a fixed and legally recorded geographical area
    - Fire Department shall include any municipal fire department or any fire protection district as defined in section 321.010 RSMo, or voluntary fire protection association as defined in section 320.300 RSMo, engaging in this type of activity
  - Peace Officers
    - Defined in section 590.010(3) RSMo – law enforcement officer of the state or any political subdivision of the state with the power of arrest for a violation of the criminal code or declared or deemed to be a peace officer by state statute
  - Emergency Medical Service Providers
    - For purposes of this Notice of Funding Opportunity (NOFO), emergency medical service providers include state licensed ambulance services as referenced in section 190.105 RSMo, emergency medical response agencies (EMRA) as referenced in section 190.133 RSMo, and other fire and rescue departments that respond to emergency medical incidents and provide basic emergency medical care

Priorities

- Capital improvement projects that involve/incorporate a 24/7 daycare service that is available for first responders and medical personnel
- Projects that demonstrate a regional and/or statewide impact

****Projects that align with the above priorities will receive additional points during the application scoring process****

Maximum Award

- ARPA SLFRF CIIEG has no maximum award amount
- $14,999,999 funds available

Match Requirement

- 50% Match Requirement
- Match requirement can be fulfilled through:
  - Cash (Hard) – cash spent for project related costs
    - Local ARPA funds may be utilized to match ARPA SLFRF CIIEG
  - In-Kind (Soft) – contributions of the reasonable value of property or services in lieu of cash which benefit this federally assist project/program
    - Must be **directly related** to the project and may be retroactive to March 2020
    - Example: Agency X previously purchased land to build a new location for $200,000 in January 2023. Agency X also previously contributed $50,000 towards clearing the land to prepare for the building of the new location once funding has been secured. The estimated costs for building the new location are $250,000. Agency X an utilize the costs incurred from purchasing and clearing the land in the amount of $250,000 to meet the match requirement
    - The same contribution cannot be used if it has already been used as match for another Federal grant program or paid from other grant funds
    - Local ARPA funds may be used to match ARPA SLFRF funds

Match Requirement (Cont.)

- Match can be calculated using the formula below:
  - Step 1: Calculating Total Project Costs based on Federal Costs and Federal Share Percentage

    $$\frac{\text{Federal Award Amount}}{\text{Federal Share Percentage}} = \text{Total Project Costs}$$

  - Step 2: Calculating Subrecipient's Share Percentage

    Subrecipient's Share Percentage x Project Costs = Required Match

- Example 1:
  - Step 1: $\frac{\$100{,}000}{50\%}$ = $200,000 Total Project Costs
  - Step 2: 50% x $200,000 = $100,000 Subrecipient Cost Share
- Example 2:
  - Step1: $\frac{\$200{,}000}{50\%}$ = $400,000 Total Project Costs
  - Step 2: 50% x $400,000 = $200,000 Subrecipient Cost Share

Eligible Applicants

- Missouri fire protection entities
  - Include fire departments as defined in section 320.200(3) RSMo as an agency or organization that provides fire suppression and related activities, including but not limited to fire prevention, rescue, emergency medical services, hazardous material response, or special operation to a population within a fixed and legally recorded geographical area
  - Fire Department shall include any municipal fire department or any fire protection district as defined in section 321.010 RSMo, or voluntary fire protection association as defined in section 320.300 RSMo, engaging in this type of activity
- Missouri local law enforcement agencies employing peace officers
  - Peace officer is defined in section 590.010(3) RSMo as a law enforcement officer of the state or any political subdivision of the state with the power of arrest for a violation of the criminal code or declared or deemed to be a peace officer by state statute
- Missouri emergency medical service providers
  - For purposes of this NOFO, emergency medical service providers include the following:
    - State licensed ambulance services as referenced in section 190.105 RSMo
    - Emergency medical response agencies (EMRA) as referenced in section 190.133 RSMo
    - Fire and rescue departments that respond to emergency medical incidents and provide basic emergency medical care

Eligible Applicants (Cont.)

- To be eligible for ARPA SLFRF CIIEG funding, applicant agencies must be compliant with the following statutes, as applicable:
  - Section 320.271 RSMo – Fire Department Registration
    - All fire protection districts, fire departments, and all volunteer fire protection associations as defined in section 320.300 RSMo shall complete and file with the state fire marshal within sixty days after January 1, 2008 and annually thereafter, a fire department registration form provided by the state fire marshal
  - Section 190.105 RSMo – Ambulance License
    - No person, either as owner, agency, or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business or service of the transportation of patients by ambulance in the air, upon the streets, alleys, or any public way or place of the state of Missouri unless such person holds a currently valid license from the department for an ambulance service pursuant to the provisions of section 190.001 RSMo to 190.245 RSMo
    - If the applicant is an ambulance service, a copy of the license certificate as required by section 190.105 RSMo **MUST** be submitted in the Named Attachments component of the application
  - Section 190.133 RSMo – Emergency Medical Response Agency (EMRA) License
    - No person or entity shall hold itself out as an emergency medical response agency that provides advanced life support or provide the services of an emergency medical response agency that provides advanced life support unless such person or entity is licensed by the state of Missouri Department of Health and Senior Services
    - If the applicant is an emergency medical response agency (EMRA), a copy of the license certificate as required by section 190.133(4) RSMo **MUST** be submitted in the Named Attachments component of the application

Eligible Applicants (Cont.)

- To be eligible for ARPA SLFRF CIIEG funding, applicant agencies must be compliant with the following statutes, as applicable:
  - Section 590.650 RSMo – Vehicle Stops Report
    - Every law enforcement agency shall compile 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
  - Section 590.700 RSMo – Written Policy on Recording Custodial Interrogations
    - 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 and shall certify adoption of such policy when applying for grants administered by the Department of Public Safety
  - Section 43.544 RSMo – Written Policy on Forwarding Intoxication-Related Traffic Offenses
    - 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

Eligible Applicants (Cont.)

- To be eligible for ARPA SLFRF CIIEG funding, applicant agencies must be compliant with the following statutes, as applicable:
  - Section 590.1265 RSMo – Police Use of Force Transparency Act of 2021
    - Each law enforcement agency shall certify compliance with section 590.1265 RSMo when applying for any grants administered by the Department of Public Safety
    - For purposes of grant eligibility, law enforcement agencies will be considered non-compliant if they have not submitted Use of Force reports for three or more months in the prior twelve month period
  - Section 43.505 RSMo – National Incident-Based Reporting System (NIBRS)
    - Each law enforcement agency is required to submit crime incident reports to the Department of Public Safety on forms or in the format prescribed by the department and submit any other crime incident information which may be required by the Department of Public Safety
    - For purposes of grant eligibility, law enforcement agencies will be considered non-compliant if they have not submitted MIBRS reports for three or more months in the prior twelve month period
  - Section 590.030 RSMo – Rap Back Program Participation
    - All law enforcement agencies shall enroll in the state and federal Rap Back programs on or before January 1, 2022 and continue to remain enrolled. The law enforcement agency shall take all necessary steps to maintain officer enrollment for all officers commissioned with that agency in the Rap Back programs. An officer shall submit to being fingerprinted at any law enforcement agency upon commissioning and for as long as the officer is commissioned with that agency

Ineligible Applicants

- Agencies that are not Missouri local first responder agencies
- Agencies that are not compliant with the statutes listed below, as applicable:
  - Section 320.271 RSMo – Fire Department Registration
  - Section 190.105 RSMo – Ambulance License
  - Section 190.133 RSMo – Emergency Medical Response Agency (EMRA) License
  - Section 590.650 RSMo – Vehicle Stops Report
  - Section 590.700 RSMo – Written Policy on Recording Custodial Interrogations
  - Section 43.544 RSMo – Written Policy on Forwarding Intoxication-Related Traffic Offenses
  - Section 590.1265 RSMo – Police Use of Force Transparency Act of 2021
  - Section 43.505 RSMo – National Incident-Based Reporting System (NIBRS)
  - Section 590.030 RSMo – Rap Back Program Participation
- State agencies

Eligible Costs

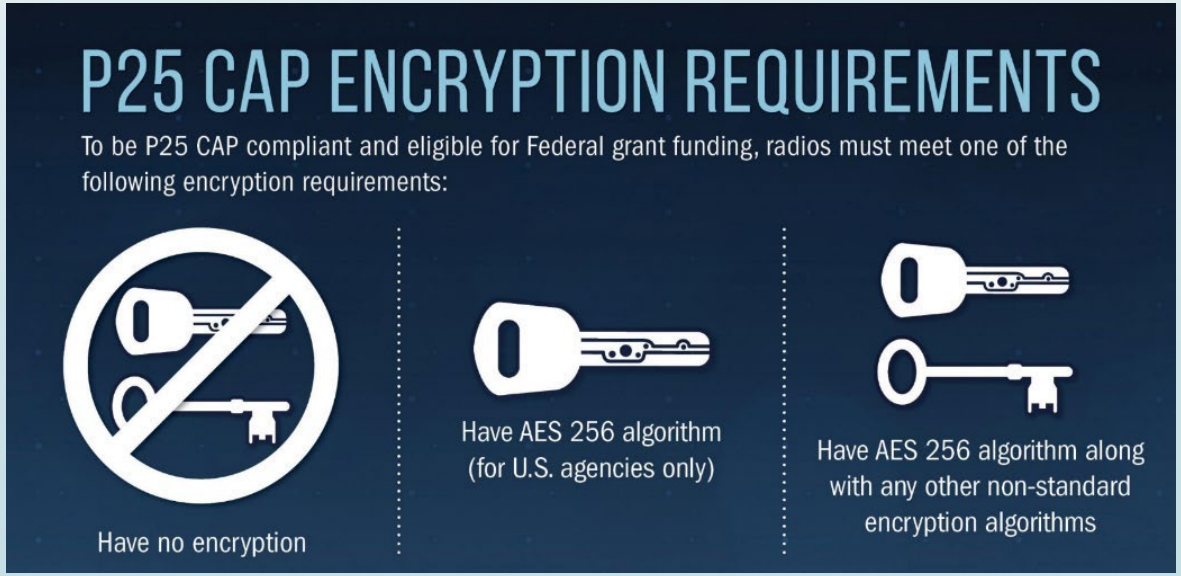
- Objective is to support first responder capital improvement projects and interoperability equipment in the state of Missouri
- Eligible costs may include the following to support first responder agency capital improvements and/or interoperability equipment projects
  - Personnel
  - Benefits
  - Travel/Training
  - Equipment
  - Supplies
  - Contractual Expenses
- **Grant funds CANNOT be utilized for costs that have been obligated or incurred prior to the grant period of performance**
  - The project grant period of performance begins **February 1, 2024**
- **Supplanting is NOT Allowed**
  - Supplanting occurs when an entity reduces funds that have been budgeted for an activity/project, specifically because grant funds are available

Interoperability Equipment (Portable Radios/Mobile Radios/Repeaters/Base Stations) Requirements

- Interoperability equipment has specific requirements to be eligible:
  - Must meet applicable SAFECOM Guidance
  - All interoperability equipment must meet the Missouri Department of Public Safety, Office of the Director Criminal Justice/Law Enforcement (CJ/LE) Unit, Office of Homeland Security (OHS) Radio Interoperability Guidelines
  - The Missouri Interoperability Center (MIC) reviews all communications equipment applications to ensure they comply with the Radio Interoperability Guidelines

Interoperability Equipment (Portable Radios/Mobile Radios/Repeaters/Base Stations) Requirements (Cont.)

- Interoperability equipment has specific requirements to be eligible:
  - Encryption Requirements
    - Radios must meet one of the following encryption requirements to be P25 CAP Compliant and be eligible for funding:
      - No encryption
      - AES 256 algorithm
      - AES 256 algorithm along with any other non-standard encryption algorithms



Interoperability Equipment (Portable Radios/Mobile Radios/Repeaters/Base Stations) Requirements (Cont.)

- Interoperability equipment has specific requirements to be eligible:
  - Mobile Radios
    - Only the following mobile radios are eligible

• Motorola	APX8500	P25 VHF/700/800 MHz (dual-band), digital trunking enabled
• Harris	XG/XM-100	P25 VHF/700/800 MHz (dual-band), digital trunking enabled
• Harris	XL-200	P25 VHF/700/800 MHz (dual-band), digital trunking enabled
• Kenwood	VM-7730	Dual-Deck 8.34.9 P25 VHF/700/800 MHz (dual-band), digital trunking enabled
• Kenwood	VM-7930	Dual-Deck 8.34.9 P25 VHF/700/800 MHz (dual-band), digital trunking enabled

    - **The applicant <u>MUST</u> identify the vendor and model requested in the application to be eligible for funding**
    - **A quote from the vendor <u>MUST</u> be uploaded in the Named Attachments Form to be eligible for funding**

Interoperability Equipment (Portable Radios/Mobile Radios/Repeaters/Base Stations) Requirements (Cont.)

- Interoperability equipment has specific requirements to be eligible:
  - Portable Radios
    - MOSWIN was designed to be a mobile radio system rather than a portable radio system
    - **For portable radios to be eligible, the applicant must already have or request in their application a mobile radio on the MOSWIN system AND a public safety grade in-car repeater**
    - Only the following portable radios are eligible

• Motorola	APX8000	P25 VHF/700/800 MHz (dual-band), digital trunking enabled
• Motorola	APX NEXT	P25 VHF/700/800 MHz (dual-band), digital trunking enabled
• Kenwood	VP900	P25 VHF/700/800 MHz (dual-band), digital trunking enabled
• Kenwood	VP8000	P25 VHF/700/800 MHz (dual-band), digital trunking enabled
• BK Tech	BKR9000	P25 VHF/700/800 MHz (dual-band), digital trunking enabled
• Harris	XL-200	P25 VHF/700/800 MHz (dual-band), digital trunking enabled

    - **The applicant MUST identify the vendor and model requested in the application to be eligible for funding**
    - **A quote from the vendor MUST be uploaded in the Named Attachments Form to be eligible for funding**

Interoperability Equipment (Portable Radios/Mobile Radios/Repeaters/Base Stations) Requirements (Cont.)

- Interoperability equipment has specific requirements to be eligible:
  - Repeaters
    - Applicants MUST ensure the frequency band of the repeater is compatible with the band of the radio(s) with which it will operate
    - Must identify how the agency will utilize the repeater
    - Must identify how the repeater model is compatible with the radio(s) with which it will be paired
    - **The applicant MUST identify the vendor and model requested in the application to be eligible for funding**
    - **A quote from the vendor MUST be uploaded in the Named Attachments Form to be eligible for funding**

Interoperability Equipment (Portable Radios/Mobile Radios/Repeaters/Base Stations) Requirements (Cont.)

Please contact the Missouri Interoperability Center at 573-522-1714 if you have questions regarding the Radio Interoperability Guidelines

Unallowable Items

- Firearms
- Ammunition
- Less Lethal Weapons
- Lobbying
- Fundraising
- Corporate Formation
- State and Local Sales Taxes
- Aircraft
- Military-Type Equipment
- Interoperability equipment that is not compliant with the Missouri Statewide Interoperability Network (MOSWIN) and Radio Interoperability Guidelines

Unique Entity Identifier (UEI)

- Effective April 4, 2022, the Federal Government transitioned from using the Data Universal Numbering System (DUNS) Number to the Unique Entity Identifier (UEI)

- If your organization is already registered in the WebGrants System, you will need to email your UEI to kelsey.saunders@dps.mo.gov if you have not already done so

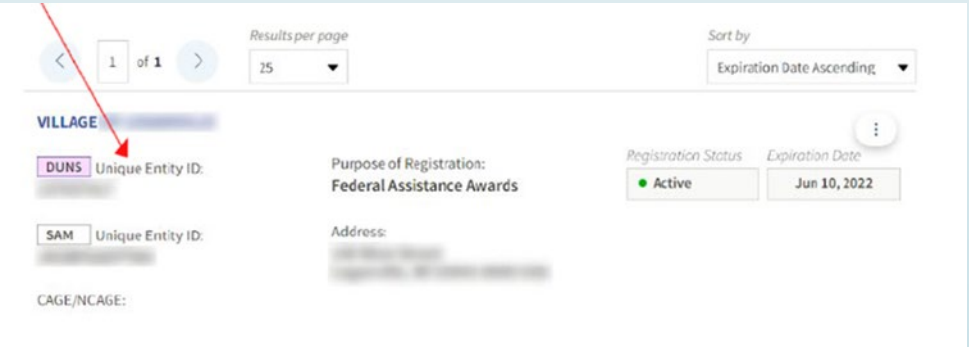
- If your organization is not yet registered in WebGrants, you will provide the UEI at the time of registration

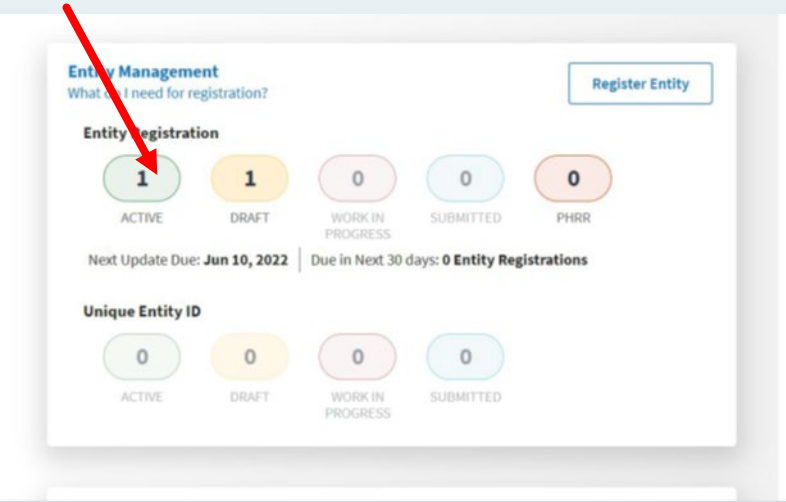
****Please Note: The agency does not need a UEI to submit an application but MUST have a UEI before a grant award can be issued****

Unique Entity Identifier (UEI) (Cont.)

- Entities that had an active registration in the System for Award Management prior to this date have automatically been assigned a UEI
- You can view the UEI in SAM.gov, located below the DUNS Number on your entity registration record
  - In your workspace, select the numbered bubble above Active in Entity Management
  - Your records should then appear and the UEI number will be

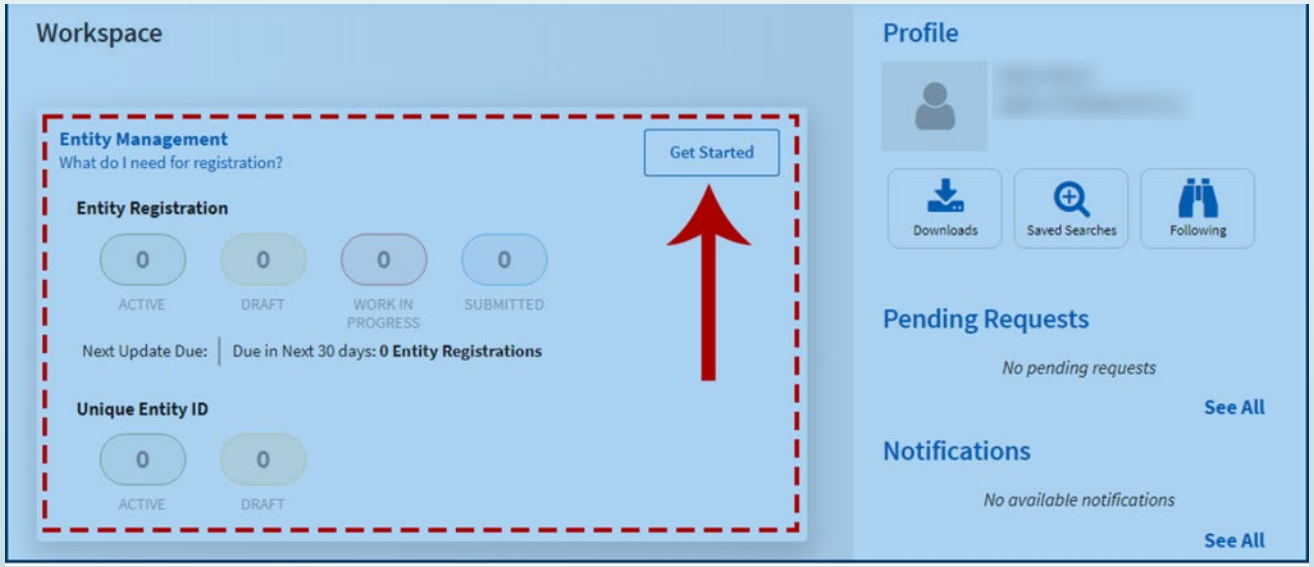
on the left side





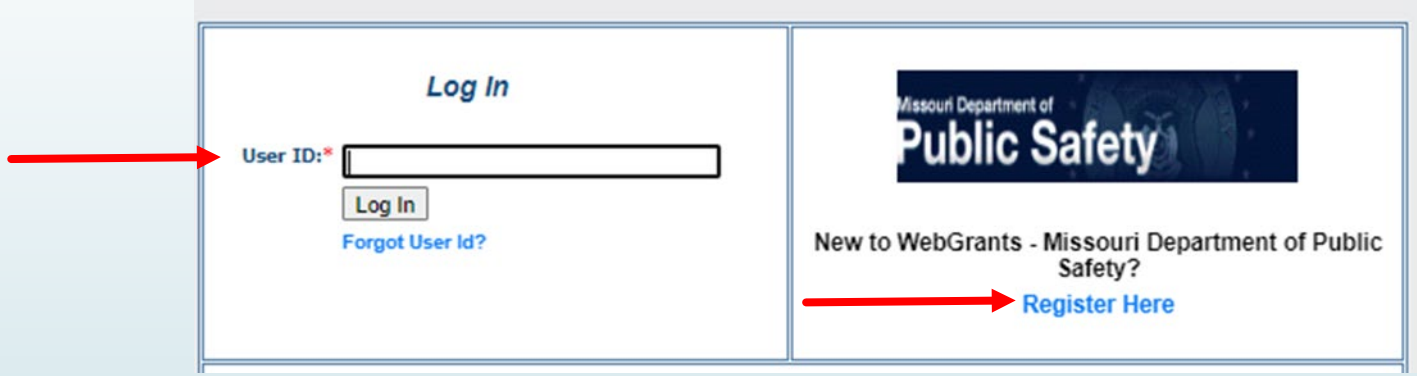
Unique Entity Identifier (UEI) (Cont.)

- If your agency did not have a DUNS number, you will follow the steps below to obtain a UEI
  - Sign in to your SAM.gov account and the system will navigate you to your Workspace
  - Under Entity Management, select Get Started

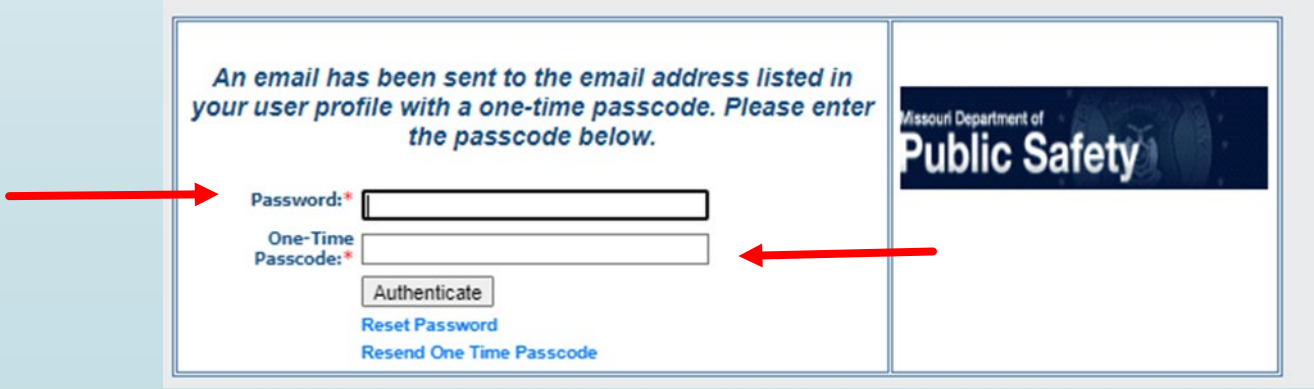


WebGrants Application

- Log in or register at https://dpsgrants.dps.mo.gov/index.do
  - If your agency is already registered in the system, someone with access will need to add new users

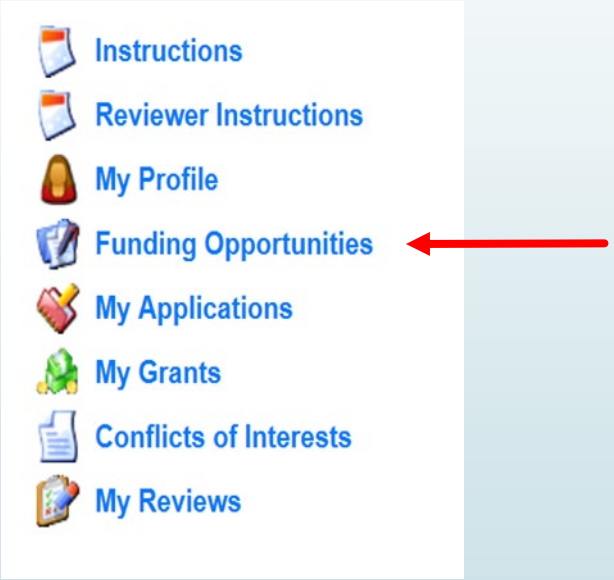


- Two-factor authentication: Enter your password and the one-time passcode sent via email by WebGrants



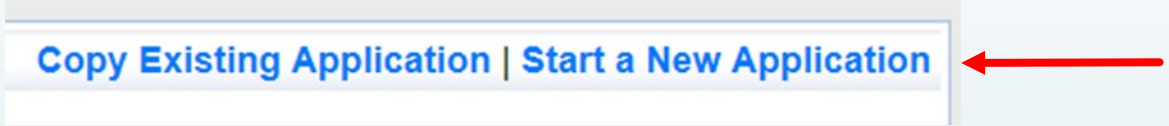
WebGrants Application (Cont.)

- Select “Funding Opportunities” and select the “SFY 2024 ARPA SLFRF First Responders Capital Improvements & Interoperable Communications Equipment Grant (CIIEG)” funding opportunity



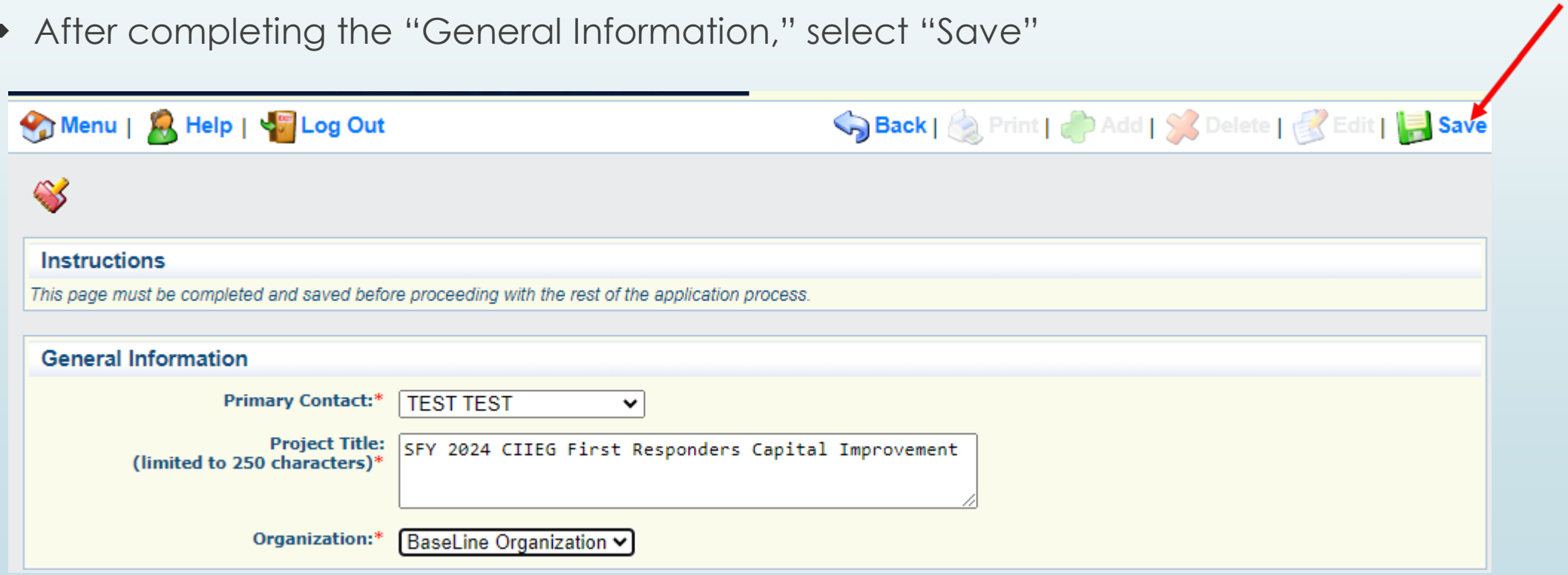
WebGrants Application (Cont.)

- Select "Start New Application"



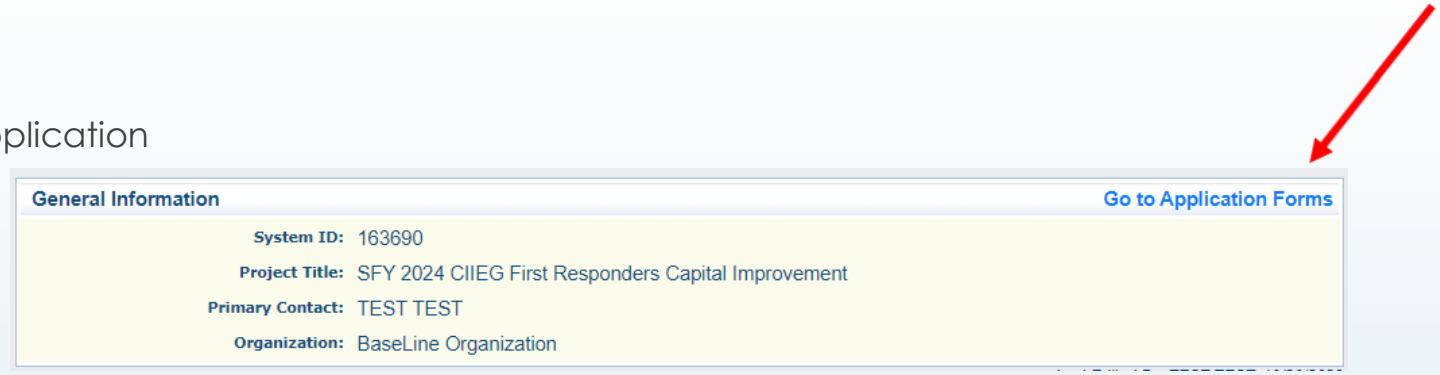
WebGrants Application (Cont.)

- After selecting "Start New a Application," complete the "General Information" section
- "Project Title" should be short and specific to the project, see example below
- After completing the "General Information," select "Save"



WebGrants Application (Cont.)

- Select "Go to Application Forms"



- Complete each of the six "Application Forms" with all required information then "Save" and "Mark Complete"
  1. General Information
  2. Contact Information
  3. Project Form
  4. Interoperable Communications Form
  5. Budget
  6. Named Attachments

All forms must be marked complete in order to "Submit"

Contact Information

Authorized Official

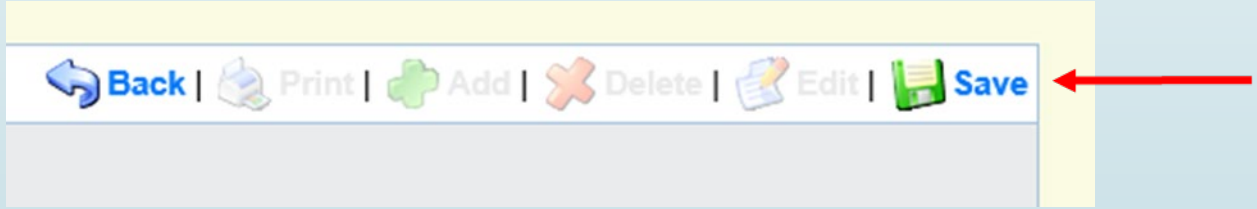
- The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:
  - If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
  - If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official (e.g.; the Sheriff is not the Authorized Official)
  - If the applicant agency is a college/university, the President shall be the Authorized Official
  - If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

****If the Authorized Official has a different title, than those listed above, official documentation naming that position as the Authorized Official for your agency must be included in the application attachments or your application will not be considered for funding****

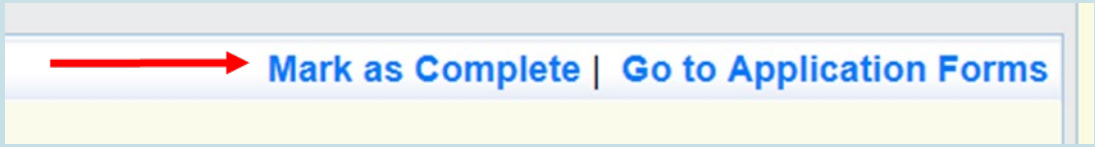
In order for an application to be considered eligible for funding, the agency's correct Authorized Official MUST be designated in the "Contact Information" form and the "Certified Assurances" form

Contact Information (Cont.)

- Please complete all contact information for
  - Authorized Official
  - Project Director
  - Fiscal Officer
  - Project Contact Person
- Required fields are designated with a red asterisk *
- Select "Save" at the top of the screen after entering all of the information

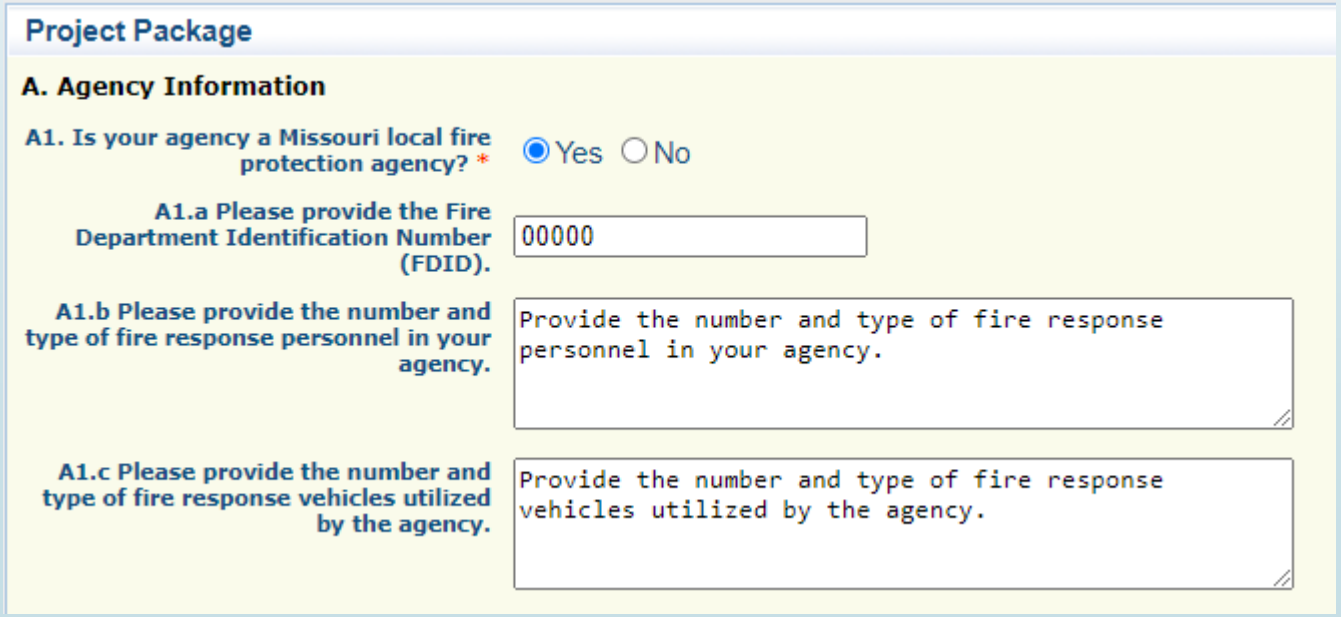


- Then select "Mark as Complete"



Project Form – A. Agency Information

- **A1. Is your agency a Missouri local fire protection agency? Yes/No**
  - **If YES:**
    - A1.a Please provide the Fire Department Identification Number (FDID)
    - A1. b Please provide the number and type of fire response personnel in your agency
    - A1. c Please provide the number and type of fire response vehicles utilized by the agency



Project Package

A. Agency Information

A1. Is your agency a Missouri local fire protection agency? * ◉ Yes ○ No

A1.a Please provide the Fire Department Identification Number (FDID). 00000

A1.b Please provide the number and type of fire response personnel in your agency. Provide the number and type of fire response personnel in your agency.

A1.c Please provide the number and type of fire response vehicles utilized by the agency. Provide the number and type of fire response vehicles utilized by the agency.

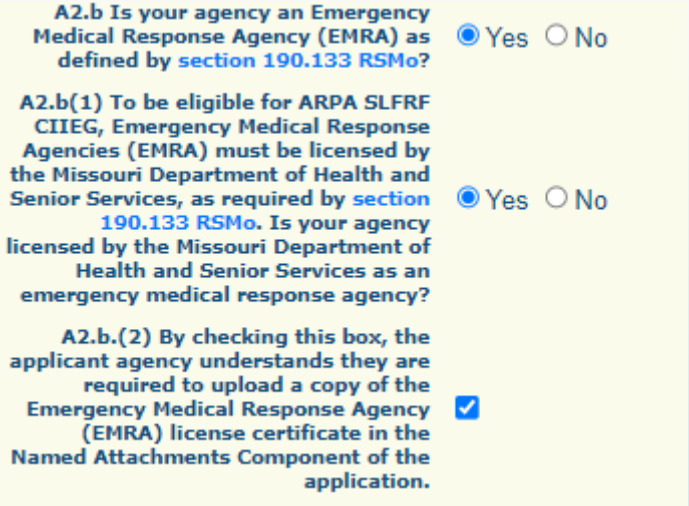
Project Form – A. Agency Information (Cont.)

- **A2. Is your agency a Missouri emergency medical response agency as defined in the ARPA CIIEG NOFO? Yes/No**
  - **If YES:**
    - A2.a Does your agency have an ambulance service? Yes/No
    - **If YES:**
      - A2. a(1) To be eligible for ARPA SLFRF CIIEG, ambulance services must be licensed by the Missouri Department of Health and Senior Services, as required by section 190.105 RSMo. Is your agency's ambulance service licensed by the Missouri Department of Health and Senior Services? Yes/No
      - A2. a(2) Check the box to understand you are required to upload a copy of the ambulance certificate in the Name Attachments Component of the application

A2. Is your agency a Missouri local emergency medical response agency as defined in the ARPA CIIEG NOFO? *	◉ Yes ○ No
A2.a Does your agency have an ambulance service?	◉ Yes ○ No
A2.a(1) To be eligible for ARPA SLFRF CIIEG, ambulance services must be licensed by the Missouri Department of Health and Senior Services, as required by section 190.105 RSMo. Is your agency's ambulance service licensed by the Missouri Department of Health and Senior Services?	◉ Yes ○ No
A2.a(2) By checking this box, the applicant agency understands they are required to upload a copy of the ambulance license certificate in the Named Attachments Component of the application.	☑

Project Form – A. Agency Information (Cont.)

- **A2. Is your agency a Missouri emergency medical response agency as defined in the ARPA CIIEG NOFO? Yes/No**
  - **If YES:**
    - A2.b Is your agency an Emergency Medical Response Agency (EMRA) as defined by section 190.133 RSMo? Yes/No
    - **If YES:**
      - A2. b(1) To be eligible for ARPA SLFRF CIIEG, Emergency Medical Response Agencies must be licensed by the Missouri Department of Health and Senior Services, as required by section 190.133 RSMo. Is your agency licensed by the Missouri Department of Health and Senior Services? Yes/No
      - A2. b(2) Check the box to understand you are required to upload a copy of the Emergency Medical Response Agency (EMRA) license certificate in the Named Attachments Component of the application



A2.b Is your agency an Emergency Medical Response Agency (EMRA) as defined by section 190.133 RSMo?	◉ Yes ○ No
A2.b(1) To be eligible for ARPA SLFRF CIIEG, Emergency Medical Response Agencies (EMRA) must be licensed by the Missouri Department of Health and Senior Services, as required by section 190.133 RSMo. Is your agency licensed by the Missouri Department of Health and Senior Services as an emergency medical response agency?	◉ Yes ○ No
A2.b.(2) By checking this box, the applicant agency understands they are required to upload a copy of the Emergency Medical Response Agency (EMRA) license certificate in the Named Attachments Component of the application.	☑

Project Form – A. Agency Information (Cont.)

- **A2. Is your agency a Missouri emergency medical response agency as defined in the ARPA CIIEG NOFO? Yes/No**
  - **If YES:**
    - A2.c Does your agency respond to emergency medical incidents as part of normal activities in your community but is not a state licensed ambulance service or state licensed EMRA? Yes/No
    - **If YES:**
      - A2.c(1) Please provide a description of how your agency responds to emergency medical incidents as part of normal activities in your community

A2.c Does your agency respond to emergency medical incidents as part of normal activities in your community but is not a state licensed ambulance service or state licensed EMRA?	◉ Yes ○ No
A2.c(1) Please provide a description of how your agency responds to emergency medical incidents as part of normal activities in your community.	Provide a description of how your agency responds to emergency medical incidents as part of normal activities in your community.

Project Form – A. Agency Information (Cont.)

- **A2. Is your agency a Missouri emergency medical response agency as defined in the ARPA CIIEG NOFO? Yes/No**
  - **If YES:**
    - A2.d Please provide the number and type of emergency medical service personnel in your agency

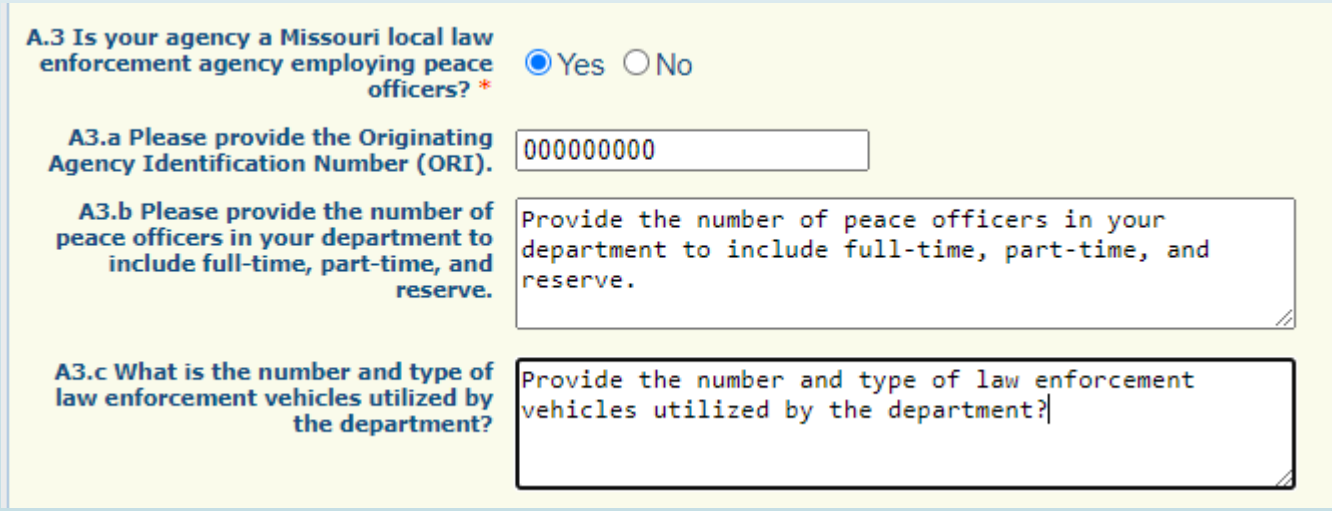
A2.d Please provide the number and type of emergency medical services personnel in your agency.	Provide the number and type of emergency medical services personnel in your agency.

    - A2.e Please provide the number and type of emergency medical services vehicles utilized by the agency

A2.e Please provide the number and type of emergency medical services vehicles utilized by the agency.	Provide the number and type of emergency medical services vehicles utilized by the agency.

Project Form – A. Agency Information (Cont.)

- **A3. Is your agency a Missouri local law enforcement agency employing peace officers?** Yes/No
  - **If YES:**
    - A3.a Please provide the Originating Agency Identification Number (ORI)
    - A3.b Please provide the number of peace officers in your department to include full-time, part-time, and reserve
    - A3.c What is the number and type of law enforcement vehicles utilized by the department?



A.3 Is your agency a Missouri local law enforcement agency employing peace officers? *	◉ Yes ○ No
A3.a Please provide the Originating Agency Identification Number (ORI).	000000000
A3.b Please provide the number of peace officers in your department to include full-time, part-time, and reserve.	Provide the number of peace officers in your department to include full-time, part-time, and reserve.
A3.c What is the number and type of law enforcement vehicles utilized by the department?	Provide the number and type of law enforcement vehicles utilized by the department?

Project Form – A. Agency Information (Cont.)

- **A3. Is your agency a Missouri local law enforcement agency employing peace officers?** Yes/No
  - **If YES:**
    - A3.d Is the applicant agency participating in reporting to the Missouri Incident-Based Reporting System (MIBRS), as of January 1, 2022, in compliance with Section 43.505 RSMo? Yes/No
      - **If NO:**
        - A3.d(1) Has your agency registered for Show Me Crime Reporting? Yes/No
    - A3.e Is your agency in compliance with Section 590.700.4 RSMo – Written Policy on Recording of Custodial Interrogations? Yes/No
    - A3.f Is your agency in compliance with Section 43.544 RSMo – Written Policy on Forwarding Intoxication-Related Traffic Offenses? Yes/No

Project Form – A. Agency Information (Cont.)

- **A3. Is your agency a Missouri local law enforcement agency employing peace officers?** Yes/No
  - **If YES:**
    - A3.g Is your agency in compliance with Section 590.1265 RSMo – Police Use of Force Transparency Act of 2021? Yes/No
    - A3.h Is your agency in compliance with Section 590.030 RSMo Rap Back Program Participation? Yes/No
    - A3.i Is your agency in compliance with Section 590.650 RSMo – Vehicle Stops Report? Yes/No

A3.g Is your agency in compliance with section 590.1265 RSMo Police Use of Force Transparency Act of 2021?	◉ Yes ○ No
A3.h Is your agency in compliance with section 590.030 RSMo Rap Back Program Participation?	◉ Yes ○ No
A3.i Is your agency in compliance with section 590.650 RSMo Vehicle Stops Report?	◉ Yes ○ No

Project Form – B. Project Detail

- **B1. Is your agency applying for an interoperable communications equipment project?** Yes/No
  - **If YES:**
    - B1.a Please provide a description of the interoperable communications equipment items your agency is requesting to purchase

B. Project Details

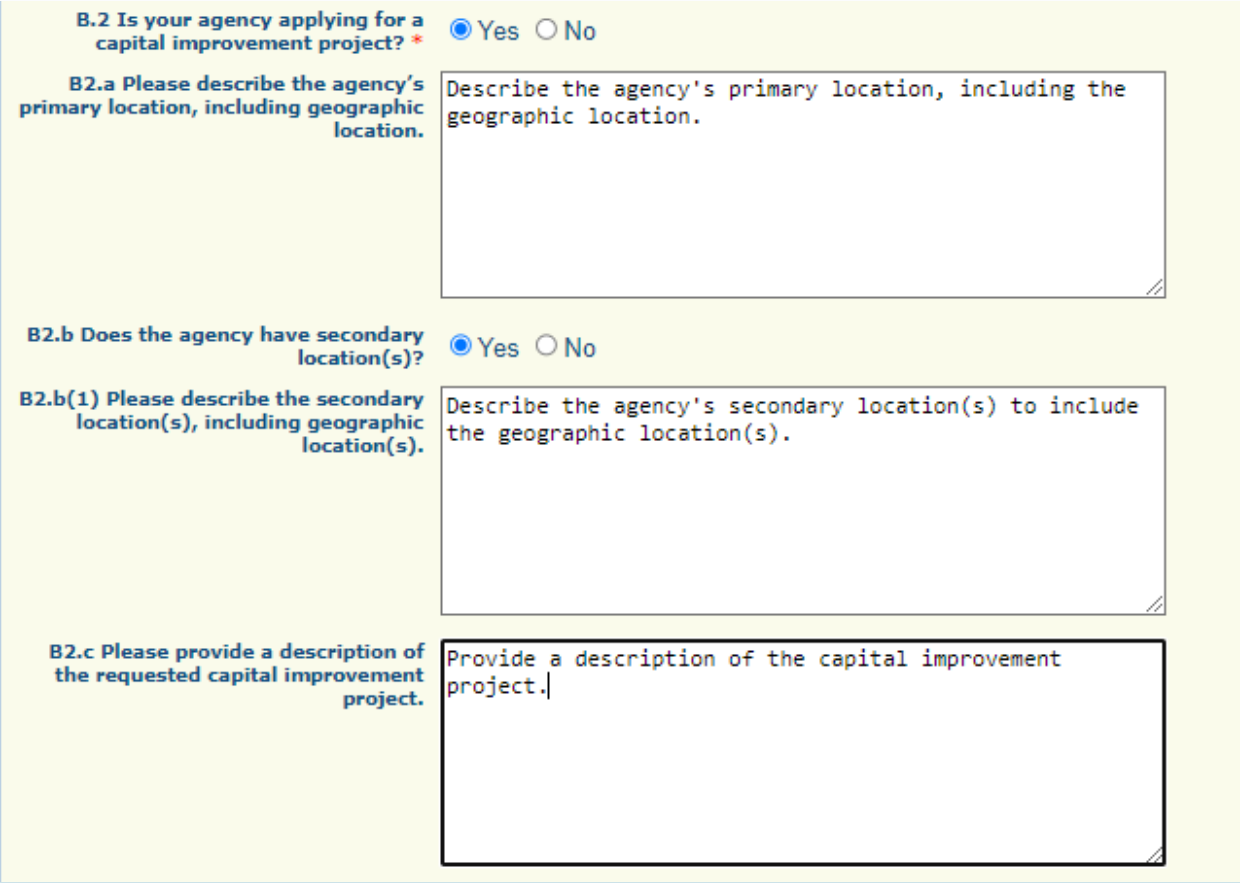
B1. Is your agency applying for an interoperable communications equipment project? * ◉ Yes ○ No

B1.a Please provide a description of the interoperable communications equipment your agency is requesting to purchase.

Provide a description of the interoperable communications equipment your agency is requesting to purchase.

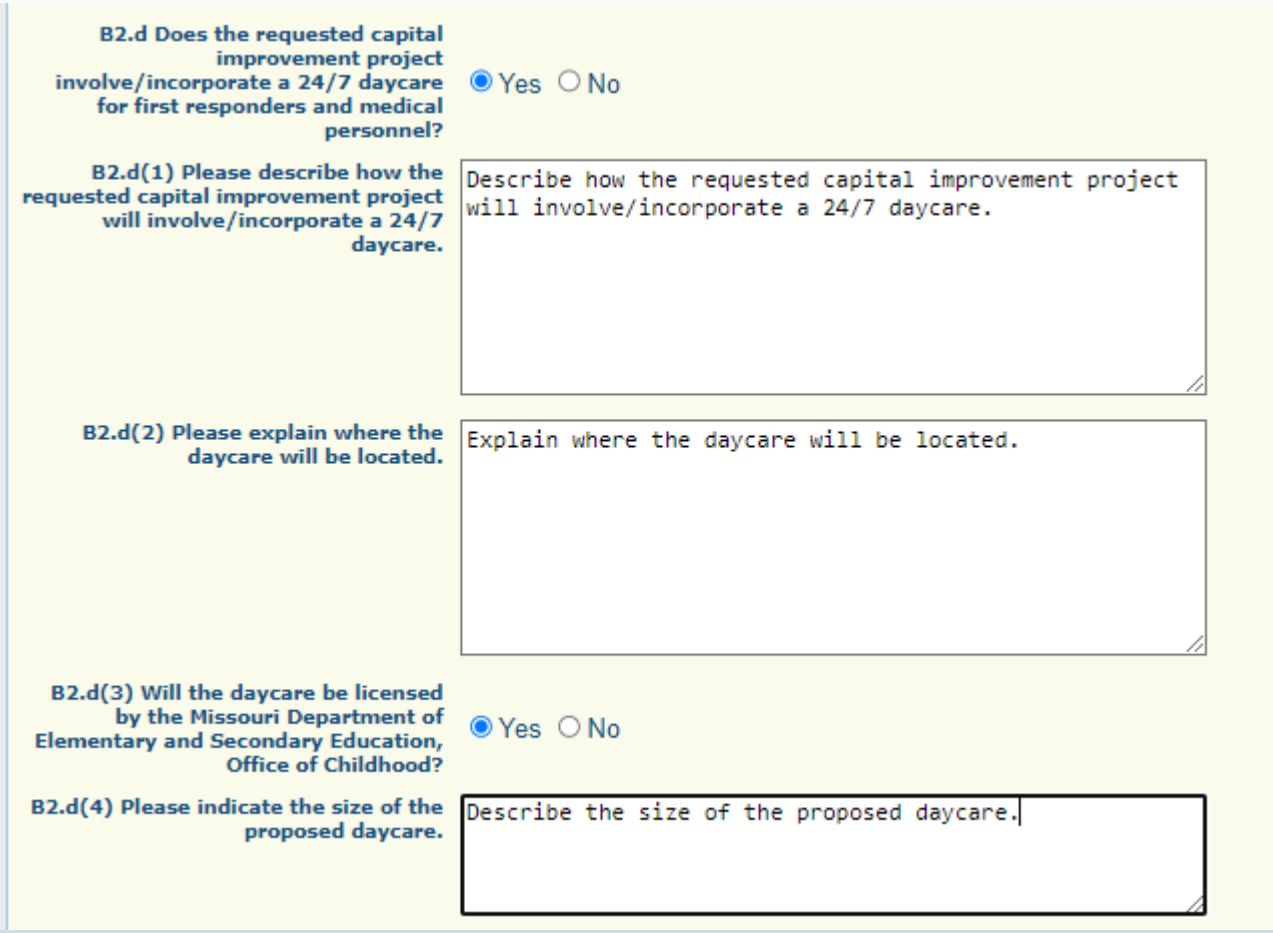
Project Form – B. Project Detail (Cont.)

- **B2. Is your agency applying for a capital improvement project?** Yes/No
- **If YES:**
  - B2.a Please describe the agency's primary location, including geographic location
  - B2.b Does the agency have secondary location(s)? Yes/No
    - **IF YES:**
      - B2.b(1) Please describe the secondary location(s), including geographic location(s)
  - B2.c Please provide a description of the requested capital improvement project



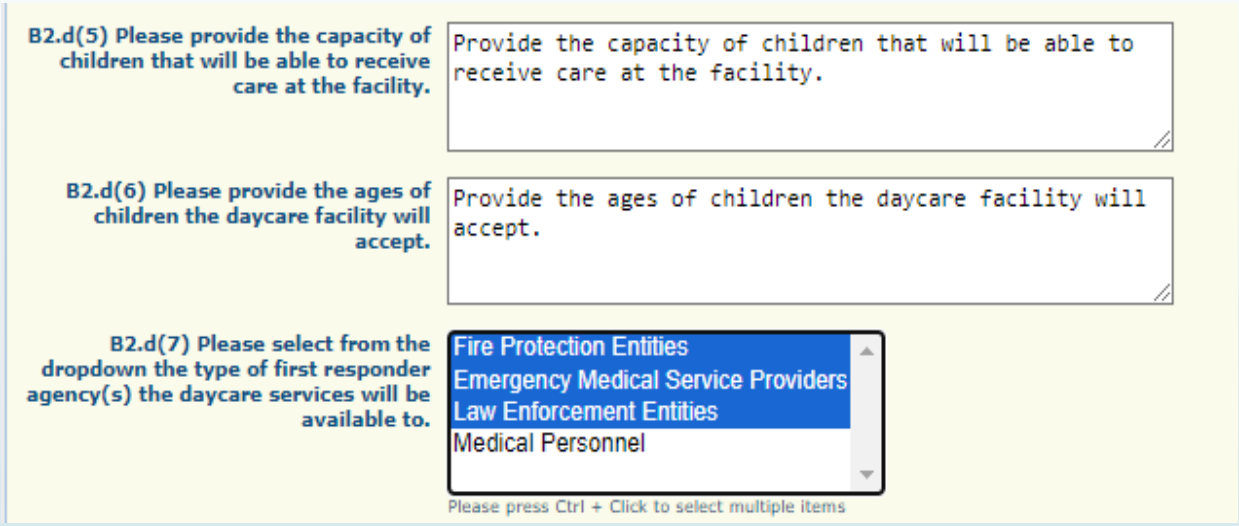
Project Form – B. Project Detail (Cont.)

- **B2. Is your agency applying for a capital improvement project?** Yes/No
  - **If YES:**
    - B2.d Does the requested capital improvement project involve/incorporate a 24/7 daycare for first responders and medical personnel? Yes/No
    - **If YES:**
      - B2.d(1) Please describe how the requested capital improvement project will involve/incorporate a 24/7 daycare
      - B2.d(2) Please explain where the daycare will be located
      - B2.d(3) Will the daycare be licensed by the Missouri Department of Elementary and Secondary Education, Office of Childhood? Yes/No
      - B2.d(4) Please indicate the size of the proposed daycare



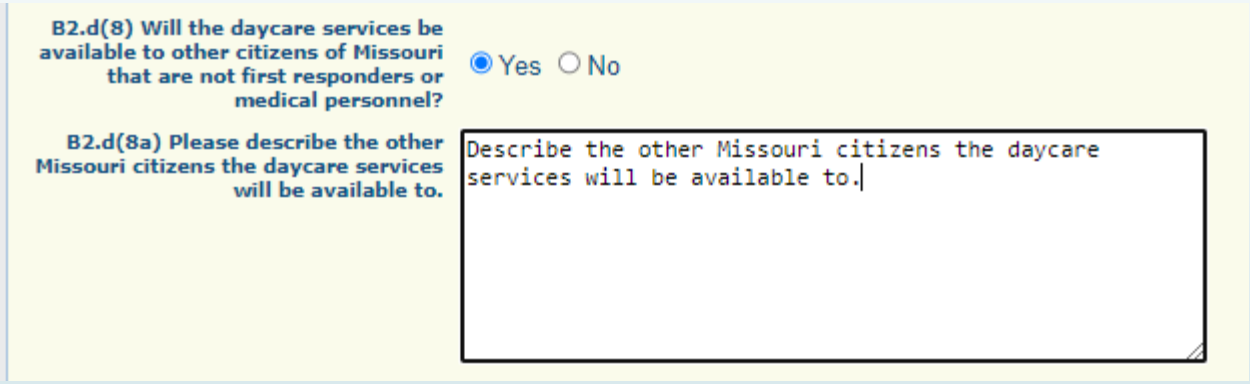
Project Form – B. Project Detail (Cont.)

- **B2. Is your agency applying for a capital improvement project?** Yes/No
  - **If YES:**
    - B2.d Does the requested capital improvement project involve/incorporate a 24/7 daycare for first responders and medical personnel? Yes/No
    - **If YES:**
      - B2.d(5) Please provide the capacity of children that will be able to receive care at the facility
      - B2.d(6) Please provide the ages of children the daycare facility will accept
      - B2.d(7) Please select from the dropdown the type of first responder agency(s) the daycare services will be available to
        - Press Ctrl + Click to select multiple items



Project Form – B. Project Detail (Cont.)

- **B2. Is your agency applying for a capital improvement project?** Yes/No
  - **If YES:**
    - B2.d Does the requested capital improvement project involve/incorporate a 24/7 daycare for first responders and medical personnel? Yes/No
    - **If YES:**
      - B2.d(8) Will the daycare services be available to other citizens of Missouri that are not first responders or medical personnel? Yes/No
      - **If YES:**
        - B2.d(8a) Please describe the other Missouri citizens the daycare services will be available to



Project Form – B. Project Detail (Cont.)

- **B2. Is your agency applying for a capital improvement project?** Yes/No
  - **If YES:**
    - B2.d Does the requested capital improvement project involve/incorporate a 24/7 daycare for first responders and medical personnel? Yes/No
    - **If YES:**
      - B2.d(9) How will the agency staff the daycare facility?
      - B2.d(10) How will your agency fund operational costs of the daycare?
      - B2.d(11) How does the agency propose future sustainment of the daycare facility without grant funds?

B2.d(9) How will the agency staff the daycare facility?

How will the agency staff the daycare facility?

B2.d(10) How will your agency fund operational costs of the daycare?

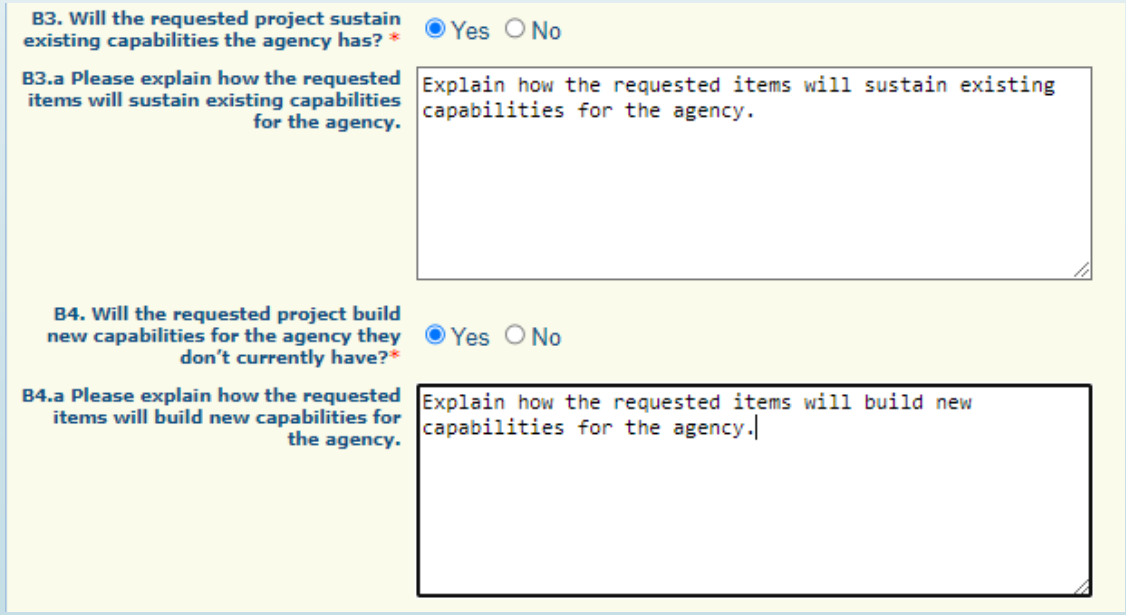
How will the agency fund operational costs of the daycare?

B2.d(11) How does the agency propose future sustainment of the daycare facility without grant funds?

How does the agency propose future sustainment of the daycare facility without grant funds?

Project Form – B. Project Detail (Cont.)

- **B3. Will the requested project sustain existing capabilities the agency has?** Yes/No
  - **If YES:**
    - B3.a Please explain how the requested items will sustain existing capabilities for the agency
- **B4. Will the requested project build new capabilities for the agency they don't currently have?** Yes/No
  - B4.a Please explain how the requested items will build new capabilities for the agency



Project Form – B. Project Detail (Cont.)

- **B5. Please explain why your agency needs the requested project**
- **B6. Please explain the current challenges your agency has and how the requested project will assist in alleviating them**

B5. Please explain why your agency needs the requested project. *

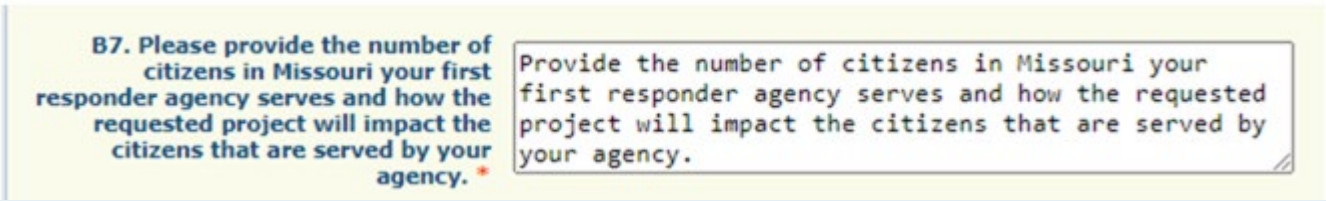
Explain why your agency needs the requested project.

B6. Please explain the current challenges your agency has and how the requested project will assist in alleviating them. *

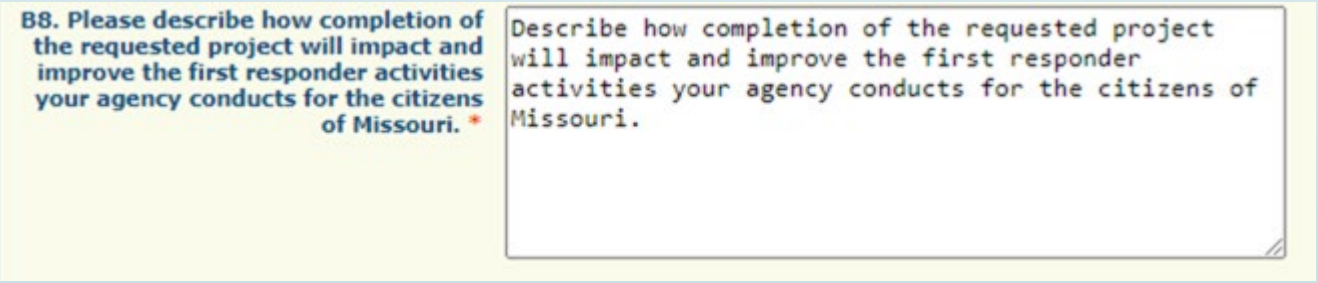
Explain the current challenges your agency has and how the requested project will assist in alleviating them.

Project Form – B. Project Detail (Cont.)

- **B7. Please provide the number of citizens in Missouri your first responder agency serves and how the requested project will impact the citizens that are served by your agency**

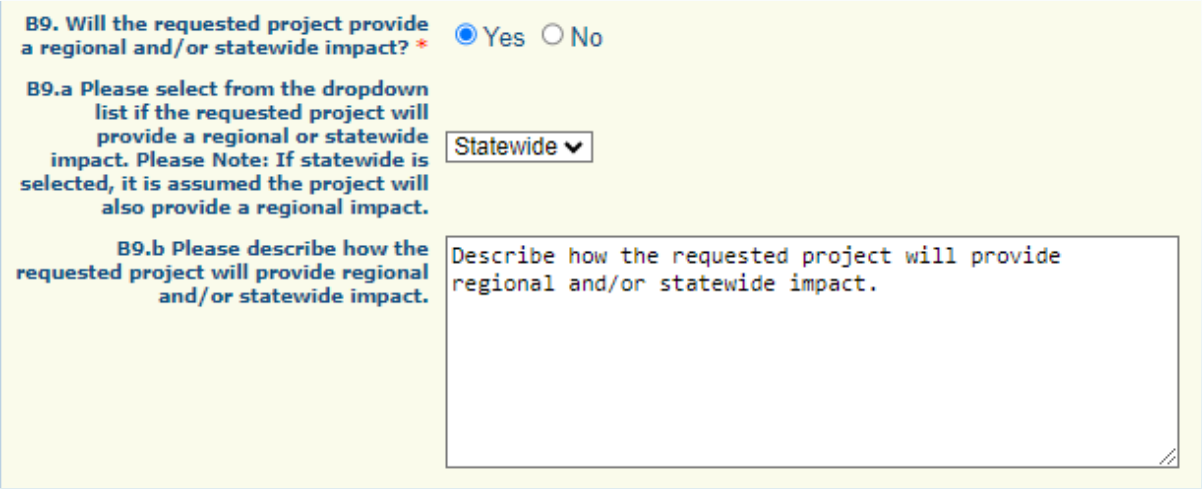


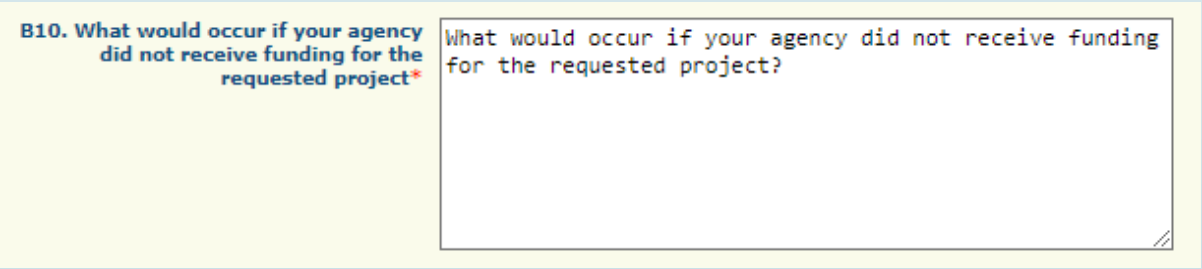
- **B8. Please describe how completion of the requested project will impact and improve the first responder activities your agency conducts for the citizens of Missouri**



Project Form – B. Project Detail (Cont.)

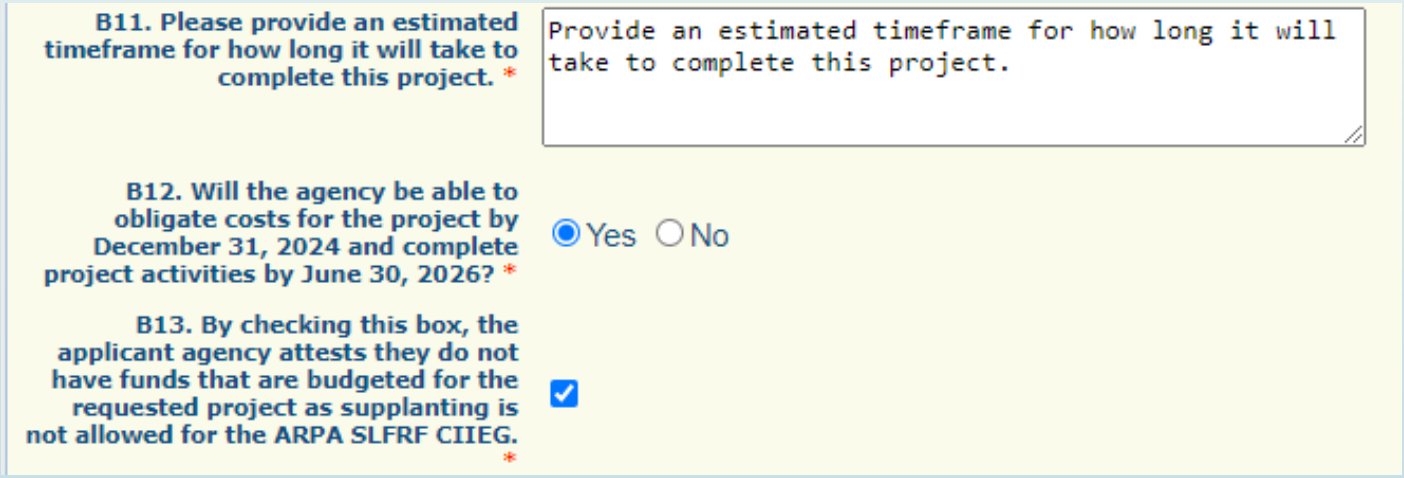
- **B9. Will the requested project provide a regional and/or statewide impact?** Yes/No
  - **If YES:**
    - B9.a Please select from the dropdown list if the requested project will provide a regional or statewide impact. **Please Note:** If statewide is selected, it is assumed the project will also provide a regional impact
    - B9.b Please describe how the requested project will provide regional and/or statewide impact
- **B10. What would occur if your agency did not receive funding for the requested project?**





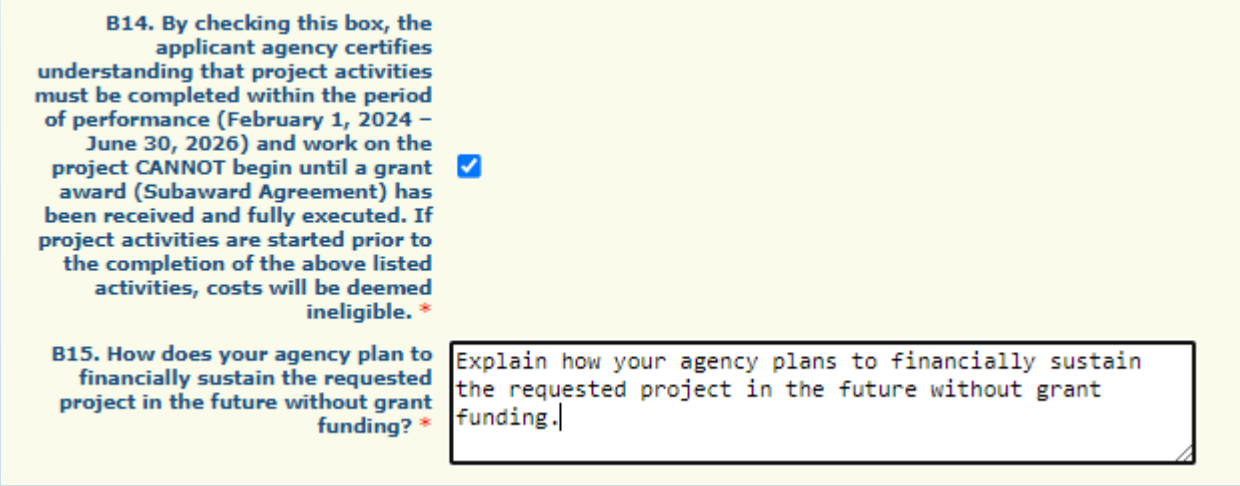
Project Form – B. Project Detail (Cont.)

- **B11. Please provide an estimated timeframe for how long it will take to complete this project**
- **B12. Will the agency be able to obligate costs for the project by December 31, 2024 and complete project activities by June 30, 2026?** Yes/No
- **B13. Check the box to attest the agency does not have funds that are budgeted for the requested project as supplanting is not allowed for the ARPA SLFRF CIIEG**



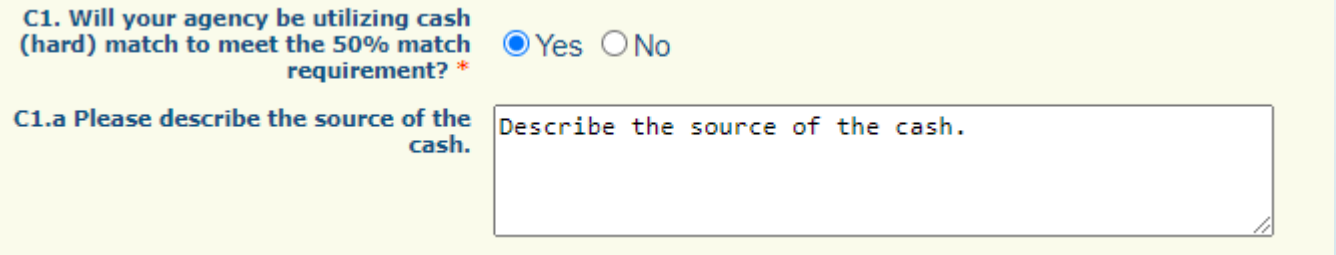
Project Form – B. Project Detail (Cont.)

- **B14. Check the box to certify understanding that project activities must be completed within the period of performance (February 1, 2024 – June 30, 2026) and work on the project CANNOT begin until a grant award (Subaward Agreement) has been received and fully executed. If project activities are started prior to the completion of the above listed activities, costs will be deemed ineligible**
- **B15. How does your agency plan to financially sustain the requested project in the future without grant funding?**



Project Form – C. Cost Share/Match Requirement

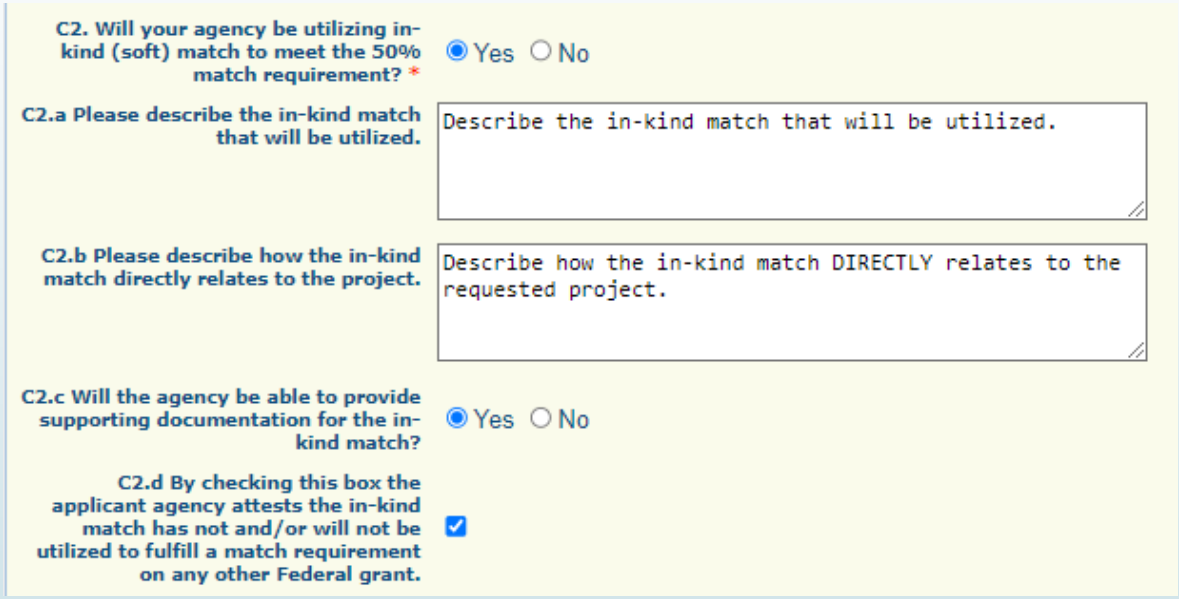
- **C1. Will your agency be utilizing cash (hard) match to meet the 50% match requirement?** Yes/No
  - **If YES:**
    - C1.a Please describe the source of the cash



  - REMINDER:
    - Local ARPA funds **CAN** be utilized to match ARPA SLFRF CIIEG
    - Other grant funds **CANNOT** be utilized to match ARPA SLFRF CIIEG

Project Form – C. Cost Share/Match Requirement (Cont.)

- **C2. Will your agency be utilizing in-kind (soft) match to meet the 50% match requirement?** Yes/No
  - **If YES:**
    - C2.a Please describe the in-kind match that will be utilized
    - C2.b Please describe how the in-kind match directly relates to the project
    - C2.c Will the agency be able to provide supporting documentation for the in-kind match? Yes/No
    - C2.d Check the box to attest the in-kind match has not and/or will not be utilized to fulfill a match requirement on any other Federal grant
- REMINDER:
  - Local ARPA funds **CAN** be utilized to match ARPA SLFRF CIIEG
  - Other grant funds **CANNOT** be utilized to match ARPA SLFRF CIIEG



Project Form – D. Audit

- Using the most recent audit, annual financial statement, and/or Schedule of Expenditures on Federal Awards (SEFA), complete the "Audit Certification" section to indicate whether the $750,000 threshold for federal audits was met per Part 2 CFR 200.501
  - The $750,000 federal expenditure threshold is met when an agency has expended $750,000 or more in federal funds during their last fiscal year. This information can be found on the agency's most recent audit, annual financial statements, and/or SEFA. (The total amount of federal funds expended is derived from all federal sources, not just ARPA funds)

Project Form – D. Audit (Cont.)

- D.1 Has the applicant agency exceeded the federal expenditure threshold of $750,000 in federal funds during the agency's last fiscal year? Yes/No
- D.2 Enter the date the agency's last audit was completed
- D.3 Check the box to certify understanding you are required to upload a copy of the most recent completed audit (or annual financial statement) in the Named Attachments Form

D. Audit

D1. Has the Applicant Agency exceeded the federal expenditure threshold of $750,000 in federal funds during the agency's last fiscal year? *

◉ Yes ○ No

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the DPS within nine (9) months after the end of the audited fiscal year.

D2. Date last audit completed: * 12/31/2022

D3. By checking this box the applicant agency understands they are required to upload a copy of the agency's most recent completed audit (or annual financial statement) in the Named Attachments section of this application. * ☑

Project Form – E. Risk Assessment

- The "Risk Assessment" section is used to gather information the awarding agency (DPS) will use to conduct a risk assessment of your agency, as required by 2 CFR 200.332 (b)
- E1. Does the applicant agency have new personnel that will be working on this award? Yes/No
  - **If YES:**
    - E1.a Please list the name(s) of new personnel and their title(s)
- E2. Does the applicant agency have a new fiscal or time accounting system that will be used on this award? Yes/No
- E3. Does the applicant agency receive any direct Federal awards? Yes/No
  - **If YES:**
    - E3.a Please list the direct Federal awards the agency receives
    - E3.b Did the applicant agency receive any Federal monitoring on a direct Federal award in their last fiscal year? Yes/No
    - **If YES:**
      - E3.b.1 List the direct awards that were monitored and indicate if there were any findings or recommendations

E. Risk Assessment:

E1. Does the applicant agency have new personnel that will be working on this award? * ◉ Yes ○ No
New personnel is defined as working with this award type less than 12 months.

E1.a. Please list the name(s) of new personnel and their title(s)
List the name(s) of new personnel and their title(s)

E2. Does the applicant agency have a new fiscal or time accounting system that will be used on this award? * ◉ Yes ○ No
New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

E3. Does the applicant agency receive any direct Federal awards? * ◉ Yes ○ No
Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as DPS/OHS.

E3.a. Please list the direct Federal awards the agency receives.
List he direct Federal awards the agency receives.

E3.b. Did the applicant agency receive any Federal monitoring on a direct Federal award in their last fiscal year? ◉ Yes ○ No

E3.b.1. Please list the direct awards that were monitored and indicate if there were any findings or recommendations.
List the direct awards that were monitored and indicate if there were any findings or recommendations.

Project Form – F. Certified Assurances

The "Certified Assurances" section MUST be completed with the agency's correct Authorized Official to be considered *eligible for funding*

****If the Authorized Official has a different title, than those listed, official documentation naming that position as the Authorized Official for your agency must be included in the application attachments or your application will not be considered for funding****

Applications can be saved without the Authorized Official's information while they review, but MUST be completed before the form can be marked complete and submitted

Project Form – F. Certified Assurances (Cont.)

F. 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:

ARPA SLFRF CIIEG Certified Assurances

F1. By checking this box, I have read and agree to the terms and conditions of this grant.* ☑

In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity.

If the incorrect Authorized Official is listed in #F2 of the application, the application will be deemed ineligible for funding.

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:

- *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 Presiding County Commissioner or County Executive shall be the Authorized Official*
- *If the applicant agency is a State Department, the Director shall be the Authorized Official*
- *If the applicant agency is a college/university, the President shall be the Authorized Official*
- *If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts.*
- *If the applicant agency is a Regional Planning Commission (RPC) or Council of Government (COG), the Executive Director shall be the Authorized Official*
- *If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official*
- *If the applicant agency is a school district, the Superintendent or School Board President shall be the Authorized Official*

If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

*****If the Authorized Official has a different title, than those listed above, official documentation naming that position as the Authorized Official for your agency must be included in the application attachments or your application will not be considered for funding*****

The above list is not an all-inclusive list. If your agency does not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Department of Public Safety (DPS)/Office of Homeland Security (OHS) at (573) 522-6125.

F2. Authorized Official Name and Title:* Authorized Official Name & Title

F3. Name and Title of person completing this application:* Name & Title of Person Completing Application

F4. By checking this box, I certify I have read and understand that the correct Authorized Official MUST be designated on this form in order to be eligible for funding.* ☑

F5. Date* 10/30/2023

Interoperable Communications Form

- **Review the Radio Interoperability Guidelines to complete this form**
- 1. Are you applying for interoperable communications equipment? Yes/No
  - **If YES:**
    - 2. Are you applying for a mobile radio(s) (vehicle dash mounted, remote mount, or base station)? Yes/No
    - **If YES:**
      - 2.a Eligible mobile radios are listed in the dropdown menu. Select the model you are applying for:

1. Are you applying for interoperable communications equipment?	◉ Yes ○ No
2. Are you applying for a mobile radio(s) (vehicle dash mounted, remote mount or base station)?	◉ Yes ○ No
2.a Eligible mobile radios are listed in the dropdown menu. Please select the model you are applying for:	Motorola APX8500 ⌄

Interoperable Communications Form (Cont.)

- 3. Are you applying for a portable radio(s) (handheld) Yes/No
  - **If YES:**
    - 3.a Eligible portable radios are listed in the dropdown menu. Select the model you are applying for:
    - 3.b As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a MOSWIN mobile radio to pair with portable radio(s) being requested? Yes/No
    - **If YES:**
      - 3.b (a) Provide the model and manufacturer of the mobile radio
    - **If NO:**
      - 3.b (a) Is this application also requesting a MOSWIN mobile radio to pair with the portable radio(s) being requested? Yes/No
      - **IF NO:**
        - **The application is NOT ELIGIBLE for funding!!**

Interoperable Communications Form (Cont.)

3.a Eligible portable radios are listed in the dropdown menu. Please select the model you are applying for: Motorola APX8000

3.b As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a MOSWIN mobile radio to pair with portable radio(s) being requested? (•) Yes ( ) No

3.b (a) If yes, please provide the model and manufacturer of the mobile radio.

```
Provide model and manufacturer of the mobile radio.
```

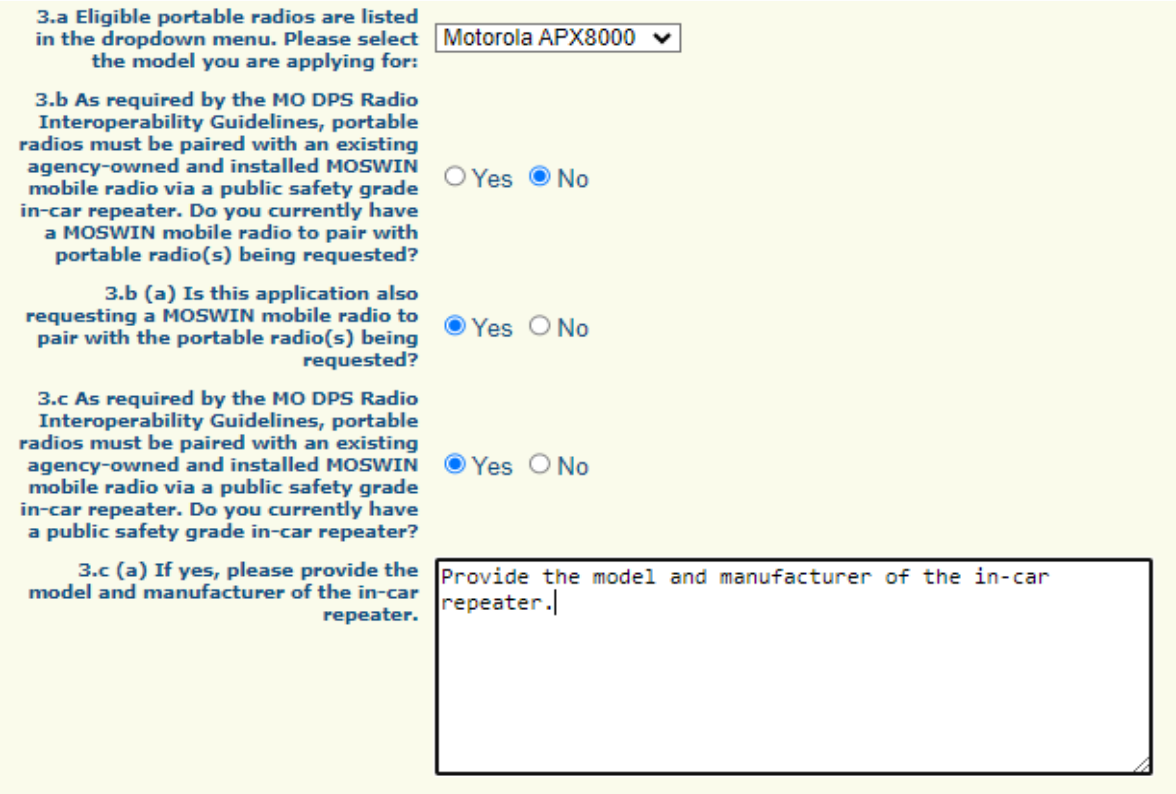
3.a Eligible portable radios are listed in the dropdown menu. Please select the model you are applying for: Motorola APX8000

3.b As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a MOSWIN mobile radio to pair with portable radio(s) being requested? ( ) Yes (•) No

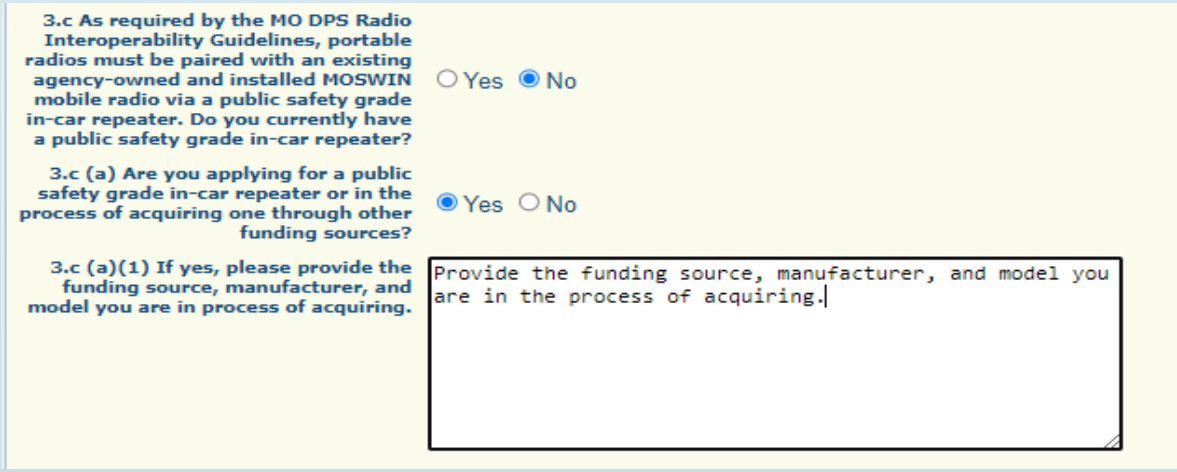
3.b (a) Is this application also requesting a MOSWIN mobile radio to pair with the portable radio(s) being requested? (•) Yes ( ) No

Interoperable Communications Form (Cont.)

- 3. Are you applying for a portable radio(s) (handheld) Yes/No
- **If YES:**
  - 3.c As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a public safety grade in-car repeater? Yes/No
  - **If YES:**
    - 3.c (a) Provide the model and manufacturer of the in-car repeater
  - **If NO:**
    - 3.c (a) Are you applying for a public safety grade in-car repeater or in the process of acquiring one through other funding sources?
      - **IF YES:**
    - 3.c (a)(1) Provide the funding source, manufacturer, and model you are in process of acquiring
      - **If NO:**
        - **The application is NOT ELIGIBLE for funding!!**



3.a Eligible portable radios are listed in the dropdown menu. Please select the model you are applying for:	Motorola APX8000
3.b As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a MOSWIN mobile radio to pair with portable radio(s) being requested?	○ Yes ◉ No
3.b (a) Is this application also requesting a MOSWIN mobile radio to pair with the portable radio(s) being requested?	◉ Yes ○ No
3.c As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a public safety grade in-car repeater?	◉ Yes ○ No
3.c (a) If yes, please provide the model and manufacturer of the in-car repeater.	Provide the model and manufacturer of the in-car repeater.

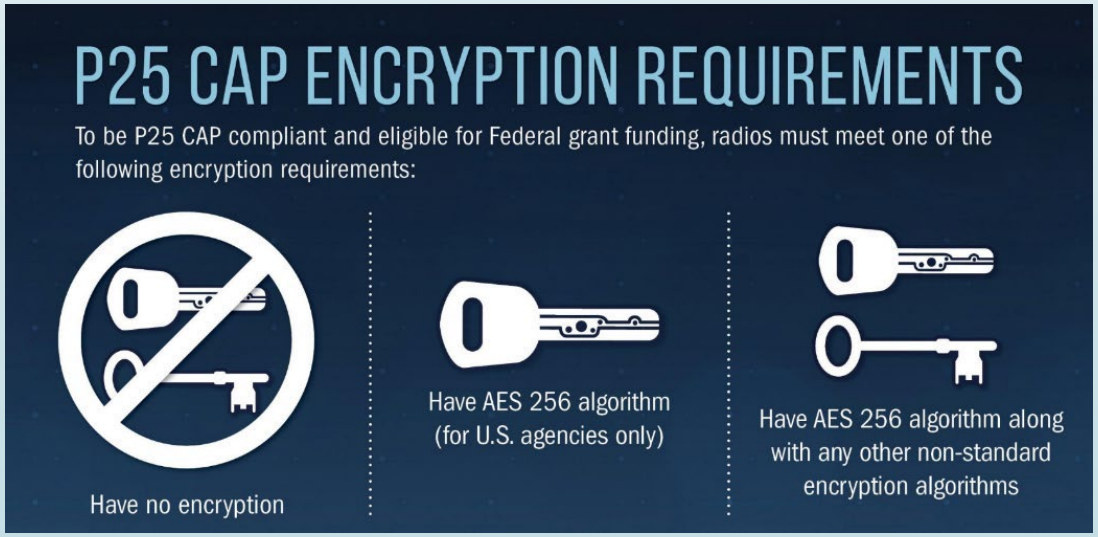


3.c As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a public safety grade in-car repeater?	○ Yes ◉ No
3.c (a) Are you applying for a public safety grade in-car repeater or in the process of acquiring one through other funding sources?	◉ Yes ○ No
3.c (a)(1) If yes, please provide the funding source, manufacturer, and model you are in process of acquiring.	Provide the funding source, manufacturer, and model you are in the process of acquiring.

Interoperable Communications Form (Cont.)

- 4. Does the vendor quote for the requested radios include the encryption requirements as listed on the Radio Interoperability Guidelines? Yes/No

4. Does the vendor quote for the requested radios include the encryption requirements as listed on the Radio Interoperability Guidelines? ◉ Yes ○ No



Budget Form

- Enter each budget line by selecting "Add" and completing all required information, then select "Save" and "Add" if additional budget lines are needed
  - Personnel
  - Benefits
  - Travel
  - Equipment
  - Supplies/Operations
  - Contractual
- **Supplanting is NOT allowed under ARPA SLFRF CIIEG**

Equipment Add

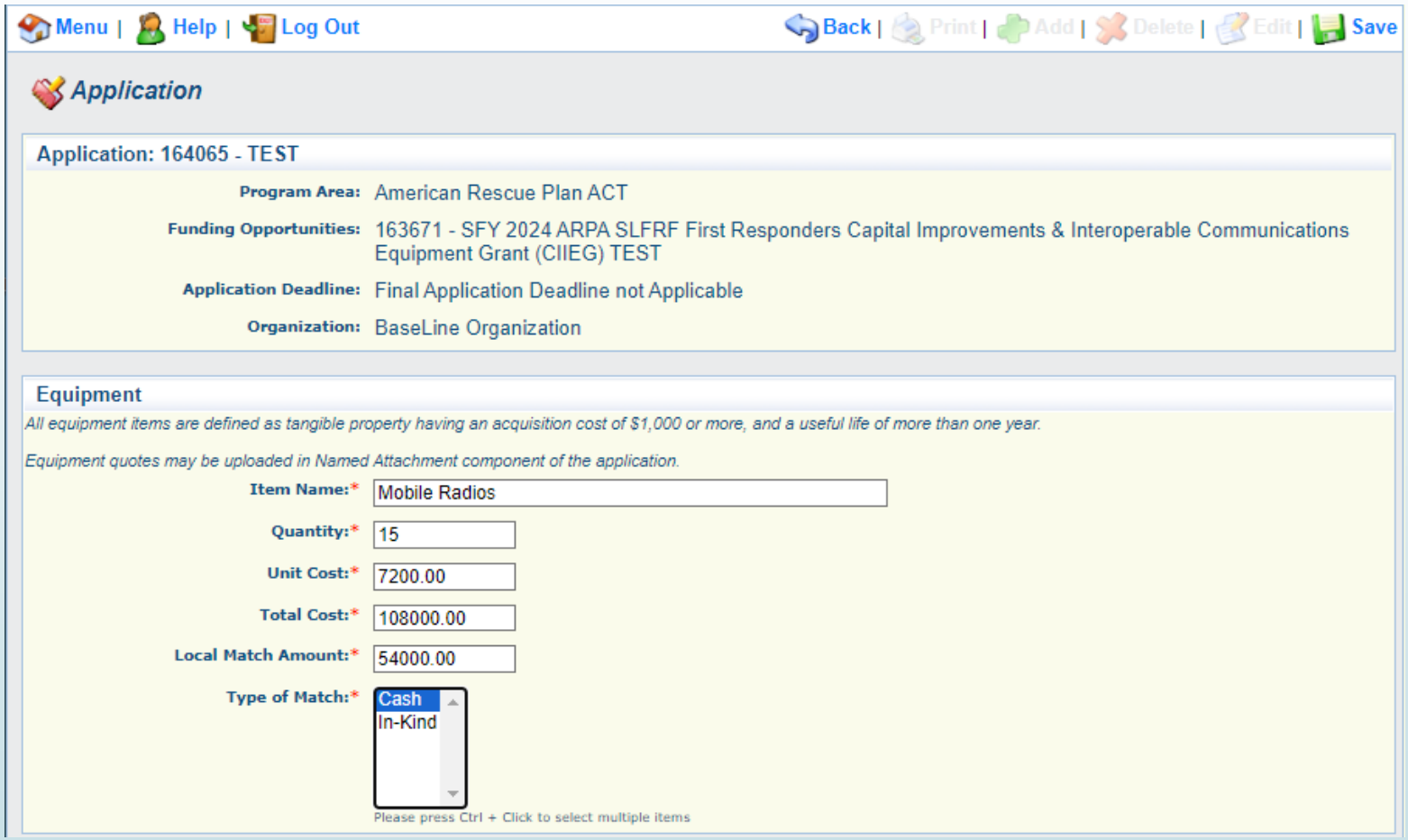
All equipment items are defined as tangible property having an acquisition cost of $1,000 or more, and a useful life of more than one year.

Equipment quotes may be uploaded in Named Attachment component of the application.

Item Name:	Quantity:	Unit Cost:	Total Cost:	Local Match Amount:	Type of Match:	Federal Amount:
			$0.00	$0.00		$0.00

Budget Form – Cash Match

- The Federal amount of funds requested will automatically calculate based on the amount entered for match
- Total Cost = Local Match Amount + Federal Amount Requested
- 50% match requirement for ARPA SLFRF CIIEG
- The screenshot on this slide shows a cash match example
- NOTE - You will only include the match amount if utilizing Hard (Cash) match (in-kind match examples are on the next slides)



Budget Form – In-Kind Match

- In-kind Match: If you are utilizing in-kind match you will complete two steps to enter the costs in the budget form:
  - Step 1: Enter the budget line item information for your in-kind match.
    - Total Cost should = Local Match Amount
    - No Federal amount will be accounted for on this line
  - Step 2: Enter the budget line item information for the items requested in the project (items grant funds will be utilized for)
    - Total Cost = Full cost of item that you are requested grant funds for
    - Match Amount should be entered as $0.00
      - Your match amount is accounted for in Step 1
  - The steps described above are shown on the next two slides

Budget Form – In-Kind Match (Cont.)

- Step 1
  - Add a budget line to account for the in-kind match
- Total Cost should = Local Match Amount
- No Federal amount (grant funds) will be accounted for on this line

Equipment

All equipment items are defined as tangible property having an acquisition cost of $1,000 or more, and a useful life of more than one year.

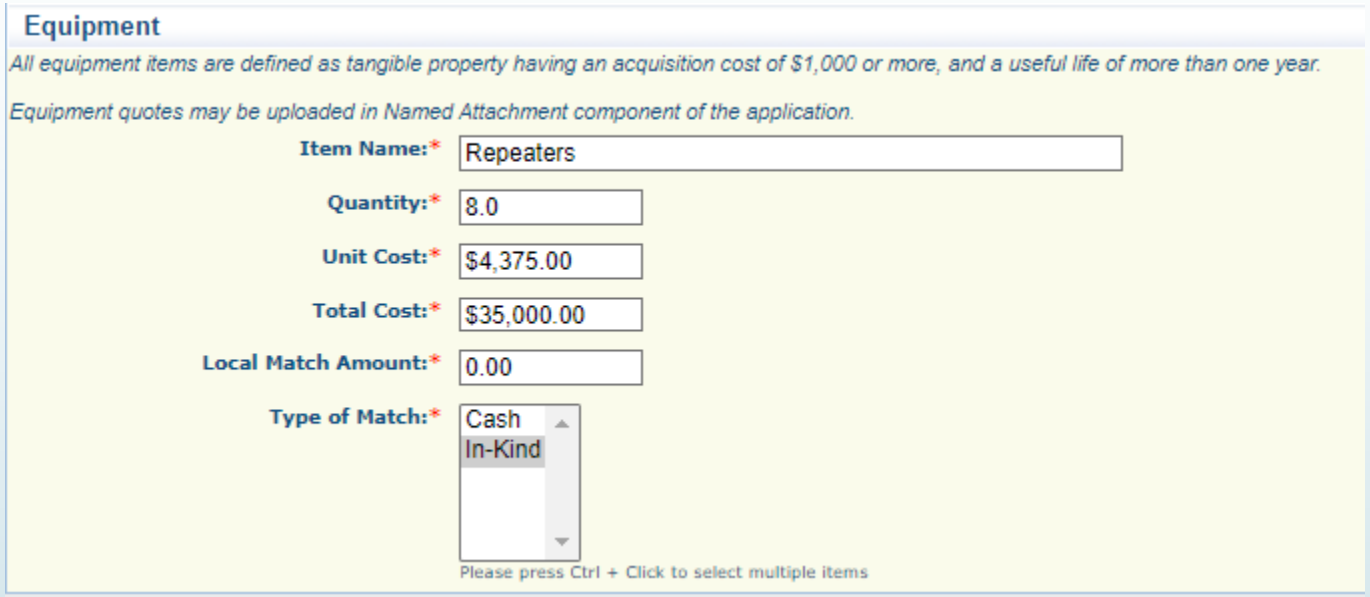
Equipment quotes may be uploaded in Named Attachment component of the application.

Item Name:*	Mobile Radios
Quantity:*	5
Unit Cost:*	7000.00
Total Cost:*	35000.00
Local Match Amount:*	35000.00
Type of Match:*	Cash In-Kind

Please press Ctrl + Click to select multiple items

Budget Form – In-Kind Match (Cont.)

- Step 2
  - Add a budget line item for the item(s) requested in the project (items grant funds will be utilized for)
  - Match Amount should be entered as $0.00
    - Your match amount was accounted for in Step 1



Equipment

All equipment items are defined as tangible property having an acquisition cost of $1,000 or more, and a useful life of more than one year.

Equipment quotes may be uploaded in Named Attachment component of the application.

Item Name:*	Repeaters
Quantity:*	8.0
Unit Cost:*	$4,375.00
Total Cost:*	$35,000.00
Local Match Amount:*	0.00
Type of Match:*	Cash In-Kind

Please press Ctrl + Click to select multiple items

Budget Form – In-Kind Match (Cont.)

Equipment Add

All equipment items are defined as tangible property having an acquisition cost of $1,000 or more, and a useful life of more than one year.

Equipment quotes may be uploaded in Named Attachment component of the application.

Item Name:	Quantity:	Unit Cost:	Total Cost:	Local Match Amount:	Type of Match:	Federal Amount:
Mobile Radios	5.0	$7,000.00	$35,000.00	$35,000.00	In-Kind	$0.00
Repeaters	8.0	$4,375.00	$35,000.00	$0.00	In-Kind	$35,000.00
			$70,000.00	**$35,000.00**		**$35,000.00**

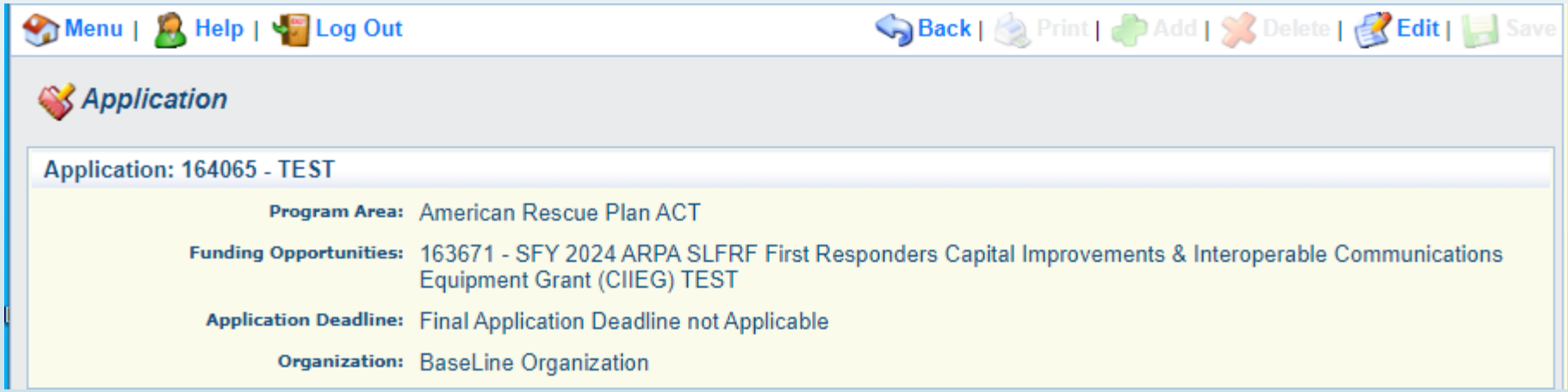
- The screenshot above shows an example of what the in-kind match (Mobile Radios) and the requested items to purchase with grant funds (Repeaters) would look like when utilizing in-kind match.

Budget Form

- **Cost Share or Match:** 50% cost share requirement (cash [hard match] or in-kind [soft match])
- Reference slide 8 to find examples of how to calculate your match
- Be sure the correct match amounts are included in the Budget Form of your application
  - **** If less than 50% match is included in your budget, your application will be deemed <u>INELIGIBLE</u>****

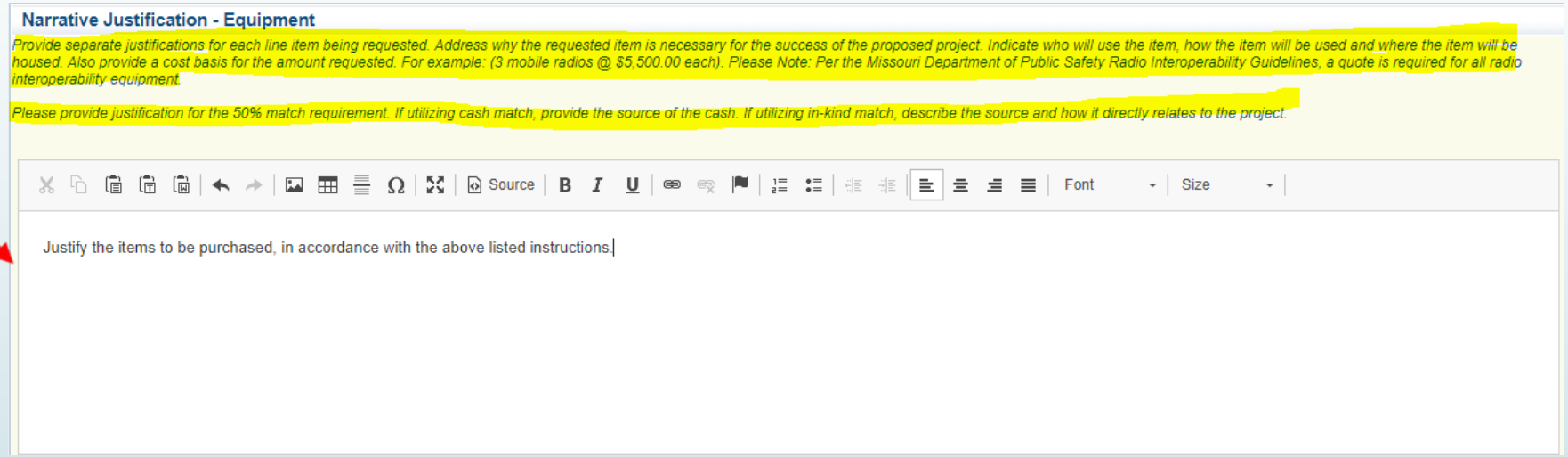
Budget Form (Cont.)

- Provide required justification for all budget lines by selecting "Edit" at the top of the page
- Justification for all sections can be completed at one time



Budget Form (Cont.)

- The instructions for each budget section provides a description of what information should be included in the budget narrative justifications



- **DO NOT** put "See attachment" in the narrative justifications! Each section must be completed. If you have information that will not fit in the justification, please enter a summary in the justification and then include the statement "Additional information can be located in the "Named Attachment" section
- When justifications for all sections have been completed, select "Save" and "Mark as Complete" at the top of the page

Budget Form (Cont.)

- Personnel Narrative Justification
  - Provide each employee, what duties they will be required to complete for the project, their salary, and their estimated hours spent on the project as a cost basis
  - Provide justification to fulfill the 50% match requirement
    - Cash
      - Provide the source of the cash match
    - In-Kind
      - Describe the source of the in-kind match
      - Describe how the in-kind match directly relates to the project

Budget Form (Cont.)

- Personnel Benefits Narrative Justification
  - Provide each employee, what benefits they receive, the cost of each benefit, how it is determined (i.e., monthly or percentage based) and the rate
  - Provide justification to fulfill the 50% match requirement
    - Cash
      - Provide the source of the cash match
    - In-Kind
      - Describe the source of the in-kind match
      - Describe how the in-kind match directly relates to the project

Budget Form (Cont.)

- Travel Costs
  - Meal per diem rates cannot exceed the rates approved by the Missouri Office of Administration
    - https://oa.mo.gov/accounting/state-employees/travel-portal-information/meals-per-diem
  - Mileage rates cannot exceed the state rates approved by the Missouri Office of Administration
    - https://oa.mo.gov/accounting/state-employees/travel-portal-information/mileage
  - Lodging rates cannot exceed the established CONUS rates
    - https://www.gsa.gov/travel/plan-book/per-diem-rates?gsaredirect=portalcategory
  - Each agency must follow their own travel policy

Budget Form (Cont.)

- Travel Narrative Justification
  - Each travel event requested should be listed in the justification and include a full cost basis for the amount requested, including:
    - Justification for the travel
    - Number of staff traveling
    - Estimated dates and locations
    - What costs are being requested and the estimated rate (i.e., lodging, meal per diem, conference fees, etc.)
  - Provide justification to fulfill the 50% match requirement
    - Cash
      - Provide the source of the cash match
    - In-Kind
      - Describe the source of the in-kind match
      - Describe how the in-kind match directly relates to the project

Budget Form (Cont.)

- Equipment Costs
  - Equipment is defined as tangible, personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost of $1,000.00 or more
- Equipment Narrative Justification
  - Include why the requested item is necessary for the project
  - Include who will use the item
  - Include how the item will be used
  - Include where the item will be housed
  - Provide a cost basis for the amount requested
  - Provide justification to fulfill the 50% match requirement
    - Cash
      - Provide the source of the cash match
    - In-Kind
      - Describe the source of the in-kind match
      - Describe how the in-kind match directly relates to the project

Budget Form (Cont.)

- Supplies Narrative Justification
  - Include how the requested item supports the project
  - Include why the amount requested is necessary
  - Include a cost basis
  - For a service that fits the criteria for supplies, the dates covered must be provided (i.e., annual software license, phone, or internet service)
  - Provide justification to fulfill the 50% match requirement
    - Cash
      - Provide the source of the cash match
    - In-Kind
      - Describe the source of the in-kind match
      - Describe how the in-kind match directly relates to the project

Budget Form (Cont.)

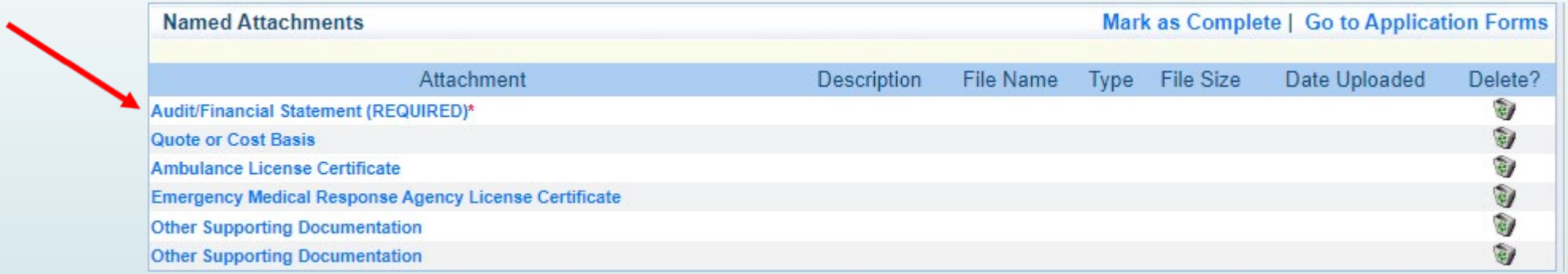
- Contractual Narrative Justification
  - Include what will be provided by the contract
  - Include estimated dates of service or delivery
  - Include why the contract is needed to support the project
  - Include a cost basis for the amount requested
  - Provide justification to fulfill the 50% match requirement
    - Cash
      - Provide the source of the cash match
    - In-Kind
      - Describe the source of the in-kind match
      - Describe how the in-kind match directly relates to the project

Named Attachments

- All attachments must be included in this section
- Required Attachments
  - Audit/Financial Statement
- Other Supporting Attachments (if applicable)
  - Quote or other cost basis
  - Ambulance License Certificate
  - Emergency Medical Response Agency License Certificate
  - Other Supporting Information (Up to 2 attachments)

Named Attachments (Cont.)

- To add each attachment select the name of the attachment



Named Attachments

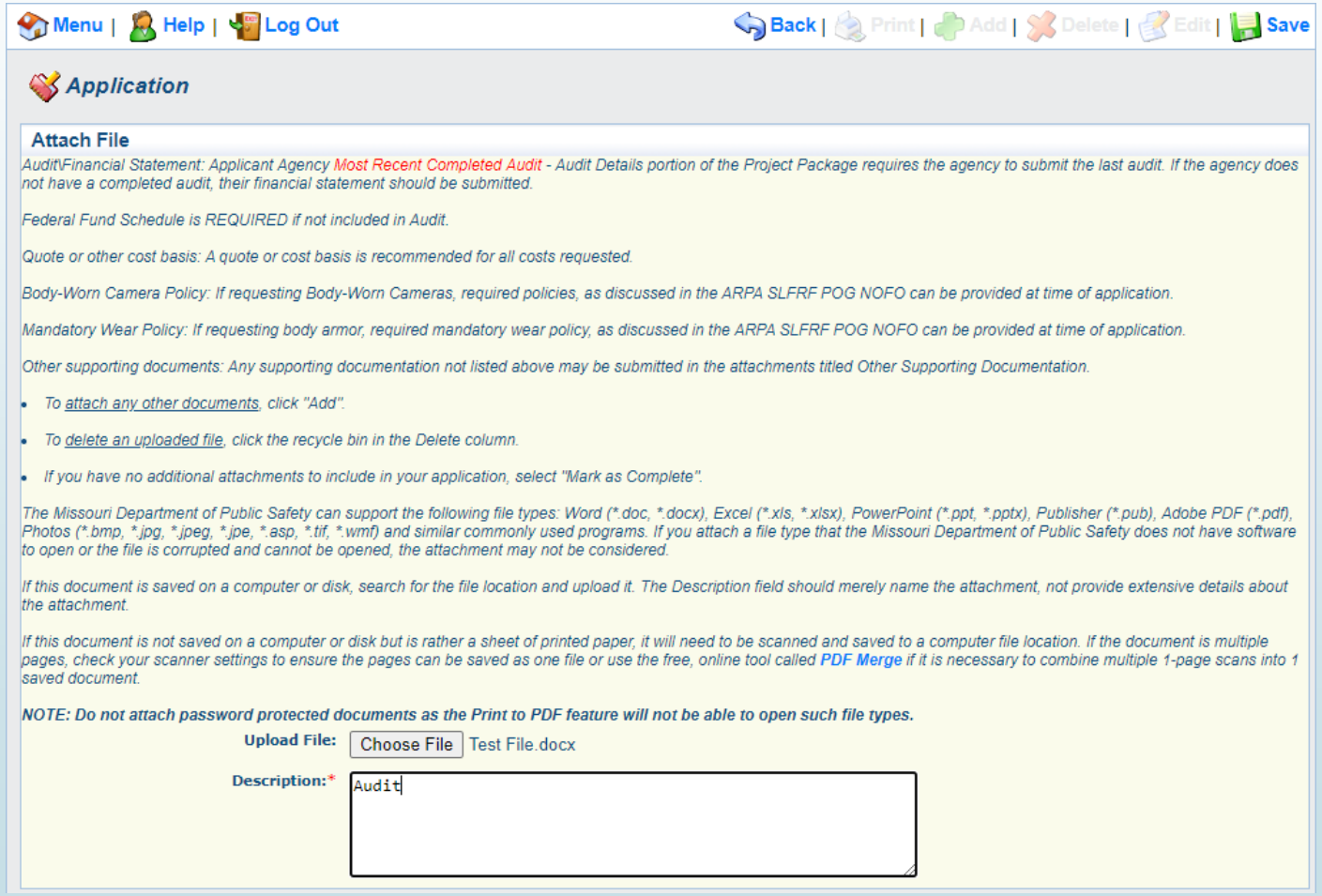
Mark as Complete | Go to Application Forms

Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Audit/Financial Statement (REQUIRED)*						
Quote or Cost Basis						
Ambulance License Certificate						
Emergency Medical Response Agency License Certificate						
Other Supporting Documentation						
Other Supporting Documentation						

- The applicant agency's most recent audit/financial statement is a required document and MUST be uploaded before the form can be marked complete

Named Attachments (Cont.)

- Browse to select document
- Add a description to identify the document in the application and select "Save"
- Once all attachments are uploaded, select "Mark as Complete"



Named Attachments (Cont.)

- All forms **MUST** be **marked complete** in order to submit the application
- When everything is marked complete, select "Submit"

Application Forms Application Details | Submit | Withdraw

Form Name	Complete?	Last Edited
General Information	✓	10/30/2023
Contact Information	✓	10/30/2023
Project Package	✓	10/30/2023
Interoperable Communications	✓	10/30/2023
Budget	✓	10/30/2023
Named Attachments	✓	10/30/2023

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