

SFY 2023 American Rescue Plan Act (ARPA)

State and Local Fiscal Recovery Funds (SLFRF)

Emergency Medical Service Providers Grant (EMSPG) Application Workshop



Notice of Funding Opportunity

- The Missouri Department of Public Safety is pleased to announce the funding opportunity for the SFY 2023 State and Local Fiscal Recovery Funds (SLFRF) Emergency Medical Service Providers Grant (EMSPG) is open **November 4, 2022 – December 5, 2022 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

November 4, 2022:

ARPA SLFRF EMSPG funding opportunity
open in WebGrants

December 5, 2022:

ARPA SLFRF EMSPG applications due in
WebGrants by **5:00 pm CST**

December 2022:

ARPA SLFRF EMSPG funding
determinations

December 1, 2022:

Project Start Date

April 30, 2023:

Project End Date

ARPA SLFRF EMSPG

- Purpose of ARPA SLFRF EMSPG is to provide grant funding for emergency medical service providers for emergency medical service activities
- 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

Maximum Award

- ARPA SLFRF EMSPG has a maximum award amount of \$20,000 federal share per applicant agency

Match Requirement

- 50% Match Requirement
 - Example: If the total cost of the project is \$40,000, the subrecipient match share of 50% would be \$20,000 and the federal share would be \$20,000
- Match requirement can be fulfilled through:
 - Cash (Hard)
 - In-Kind (Soft)
 - In-Kind (soft match) must be **directly related** to the project and may be retroactive to March 2020
- Local ARPA funds may be used to match ARPA SLFRF funds

The in-kind match CANNOT be utilized to fulfill a match requirement on any other Federal grant

Eligible Applicants

- 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

- To be eligible for ARPA SLFRF EMSPG funding, applicant agencies must be compliant with the following statutes, as applicable:
 - [Section 190.105 RSMo](#) – Ambulance License
 - 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
 - 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

Ineligible Applicants

- Agencies that are not emergency medical service providers performing emergency medical service activities as defined in this NOFO
- Agencies that are not compliant with the below listed statutes, as applicable:
 - [Section 190.105 RSMo](#) – Ambulance License
 - [Section 190.133 RSMo](#) – Emergency Medical Response Agency (EMRA) License
- State agencies

Eligible Costs

- Costs in the following categories to support emergency medical service activities
 - Personnel
 - Benefits
 - Travel/training
 - Equipment
 - Supplies
 - Contractual
- **Supplanting is NOT allowed under ARPA SLFRF FPG**

Equipment Requirements

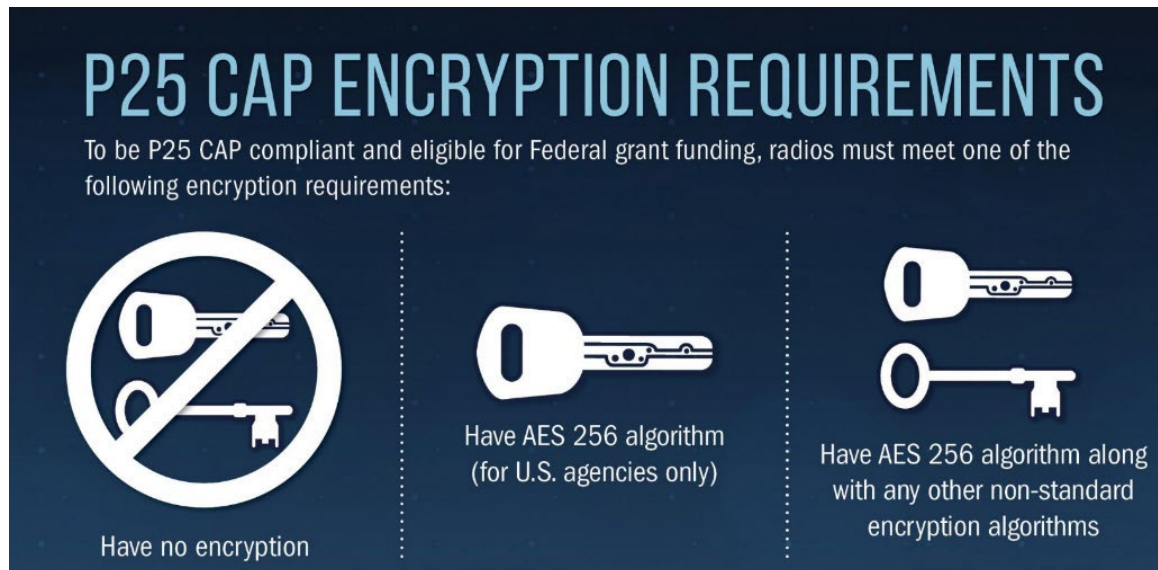
- Some equipment items related to emergency medical service activities have specific requirements to be eligible for funding
 - Interoperability Equipment (Portables/Handhelds, Mobiles, Repeaters, etc.)

Interoperability Equipment (Portables/Mobiles/Repeaters/Base Stations) Requirements

- Must meet applicable [SAFECON](#) 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 (Portables/Mobiles/Repeaters/Base Stations) Requirements

- 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 (Portables/Mobiles/Repeaters/Base Stations) Requirements

- 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 **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 (Portables/Mobiles/Repeaters/Base Stations) Requirements

- 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
 - 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 (Portables/Mobiles/Repeaters/Base Stations) Requirements

- 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 (Portables/Mobiles/Repeaters/Base Stations) Requirements

- Please contact the Missouri Interoperability Center at 573-522-1714 if you have questions regarding the [Radio Interoperability Guidelines](#)

Unallowable Items

- Emergency Room Activities
- Urgent Care Activities
- 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

Unique Entity Identifier (UEI)

- 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

Entity Management

What do I need for registration?

Entity Registration

1 ACTIVE 1 DRAFT 0 WORK IN PROGRESS 0 SUBMITTED 0 PHRR

Next Update Due: Jun 10, 2022 | Due in Next 30 days: 0 Entity Registrations

Unique Entity ID

0 ACTIVE 0 DRAFT 0 WORK IN PROGRESS 0 SUBMITTED

VILLAGE

DUNS Unique Entity ID:

Purpose of Registration: Federal Assistance Awards

Registration Status: Active

Expiration Date: Jun 10, 2022

SAM Unique Entity ID:

Address:

CAGE/NCAGE:

Entity Management

What do I need for registration?

Register Entity

Entity Registration

1 ACTIVE 1 DRAFT 0 WORK IN PROGRESS 0 SUBMITTED 0 PHRR

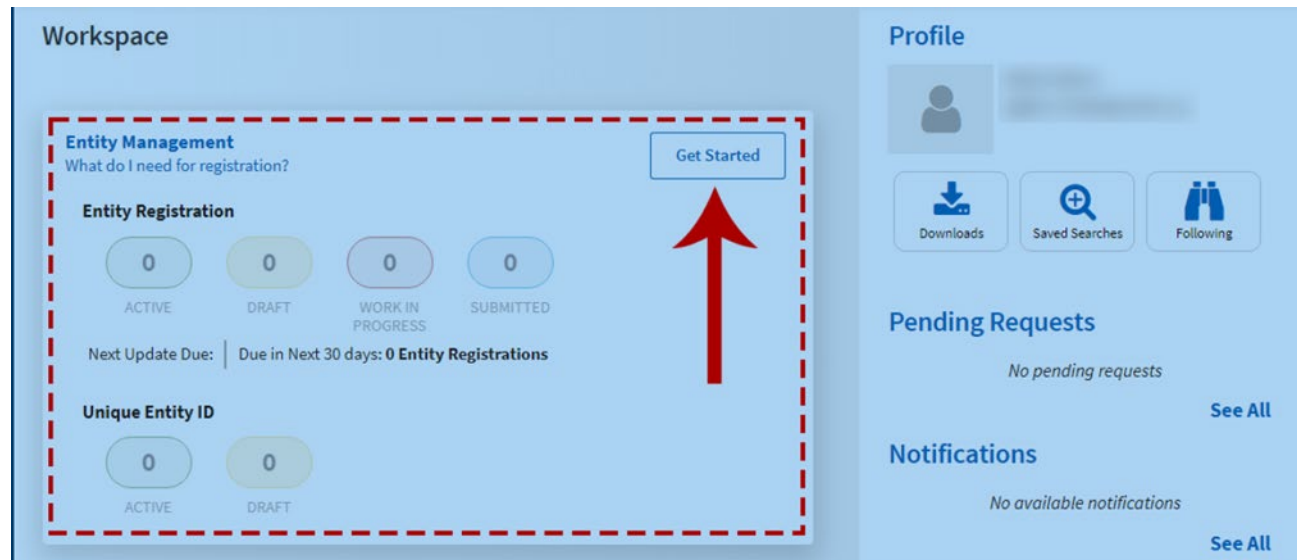
Next Update Due: Jun 10, 2022 | Due in Next 30 days: 0 Entity Registrations

Unique Entity ID

0 ACTIVE 0 DRAFT 0 WORK IN PROGRESS 0 SUBMITTED


Unique Entity Identifier (UEI)

- 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



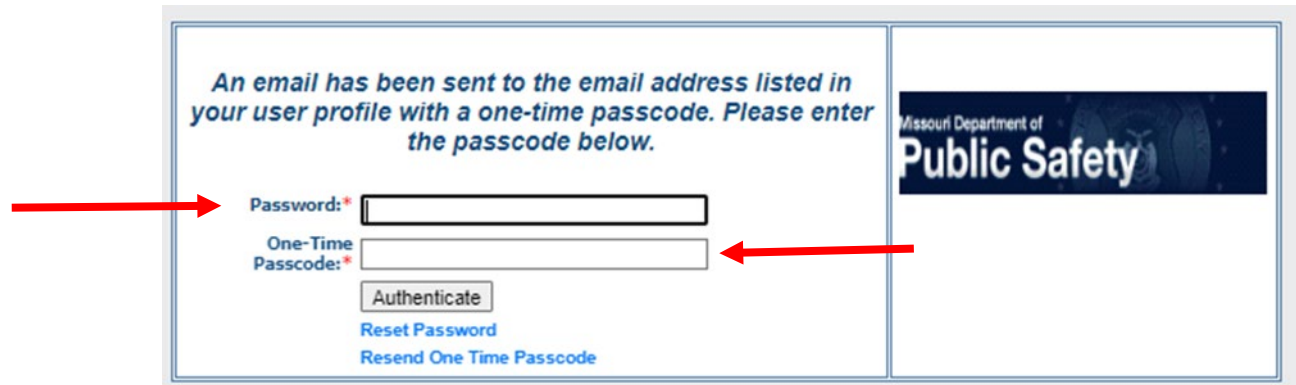
WebGrants Application

- 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



The image shows the WebGrants application interface. On the left, there is a 'Log In' section with a 'User ID:' label and an asterisk, followed by a text input field. Below the input field is a 'Log In' button and a 'Forgot User Id?' link. A red arrow points to the 'User ID:' label. On the right, there is a 'Missouri Department of Public Safety' logo. Below the logo, it says 'New to WebGrants - Missouri Department of Public Safety?' and a 'Register Here' link. A red arrow points to the 'Register Here' link.

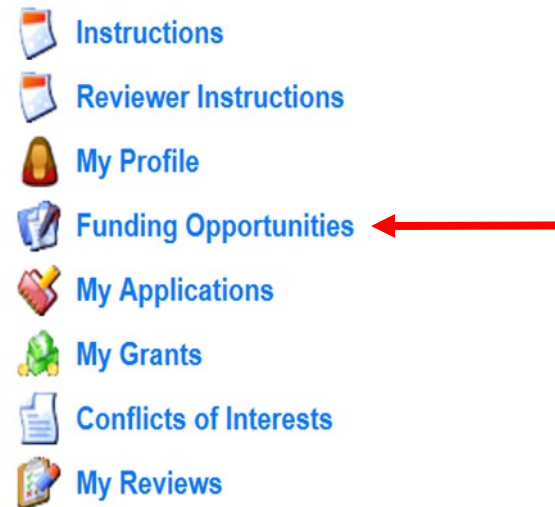
- Two-factor authentication: Enter your password and the one-time passcode sent via email by WebGrants



The image shows the WebGrants application interface for two-factor authentication. On the left, there is a message: 'An email has been sent to the email address listed in your user profile with a one-time passcode. Please enter the passcode below.' Below this message are two input fields: 'Password:' with an asterisk and 'One-Time Passcode:' with an asterisk. Below the input fields is an 'Authenticate' button and two links: 'Reset Password' and 'Resend One Time Passcode'. A red arrow points to the 'Password:' label. On the right, there is a 'Missouri Department of Public Safety' logo. A red arrow points to the 'One-Time Passcode:' label.

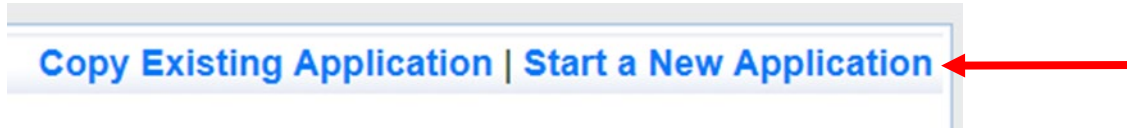
WebGrants Application

- Select “Funding Opportunities” and select the “SFY 2023 ARPA SLFRF Emergency Medical Service Providers Grant (EMSPG)” funding opportunity



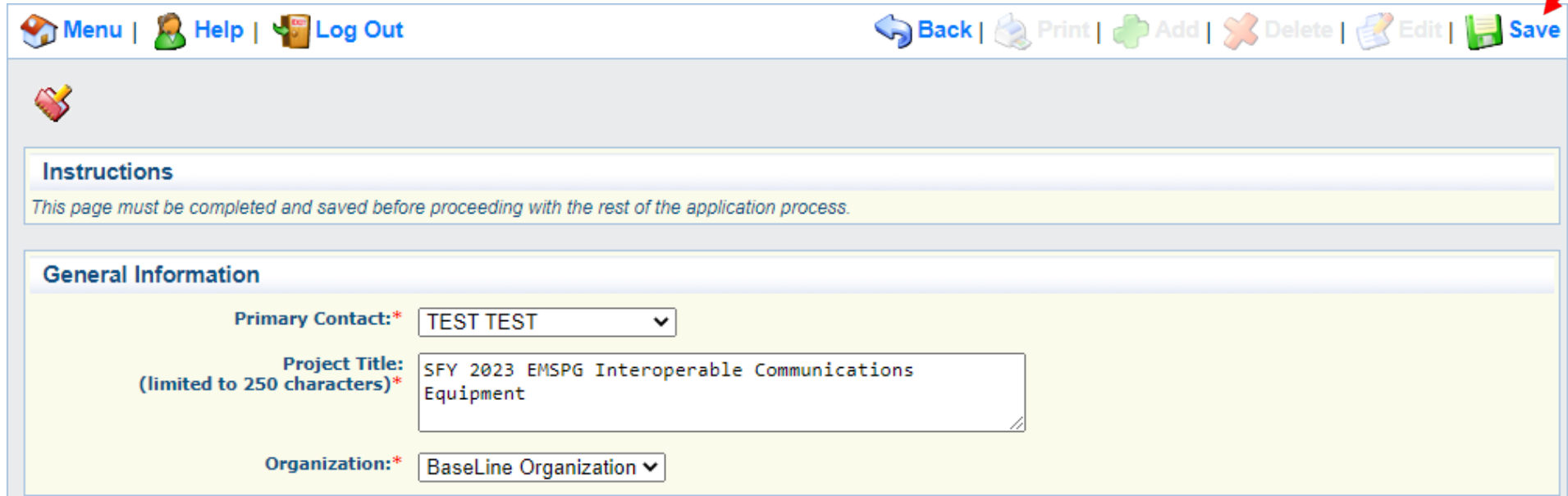
WebGrants Application

- Select “Start New Application”



WebGrants Application

- 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 “General Information,” click “Save”



The screenshot displays the WebGrants Application interface. At the top, there is a navigation bar with links: Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. A red arrow points to the Save button. Below the navigation bar is a section titled "Instructions" with the text: "This page must be completed and saved before proceeding with the rest of the application process." Below the instructions is a section titled "General Information" with the following fields:

- Primary Contact*: TEST TEST (dropdown menu)
- Project Title: SFY 2023 EMSPG Interoperable Communications Equipment (text input field, limited to 250 characters)
- Organization*: BaseLine Organization (dropdown menu)

WebGrants Application

- Select “Go to Application Forms”

General Information	Go to Application Forms
System ID: 146676	
Project Title: SFY 2023 EMSPG Interoperable Communications Equipment	
Primary Contact: TEST TEST	
Organization: BaseLine Organization	

- 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

Application Forms		Application Details Submit Withdraw
Form Name	Complete?	Last Edited
General Information	✓	11/04/2022
Contact Information		
Project Package - EMS		
Interoperable Communications		
Budget		
Named Attachments - EMSPG		

All forms must be marked complete in order to “Submit”

Contact Information

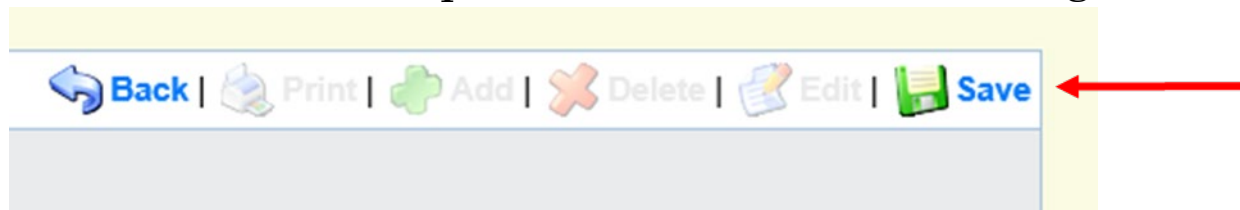
Authorized Official

- 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 nonprofit, the Board Chair shall be the Authorized Official (This includes Fire Protection Districts)
 - If the applicant agency is a special district, such as a Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

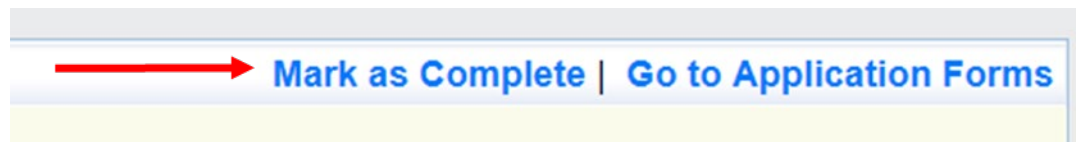
In order for an application to be considered eligible for funding, the agency's correct Authorized Official MUST be designated in the "Contact Information" form and the "Certified Assurances" form

Contact Information

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

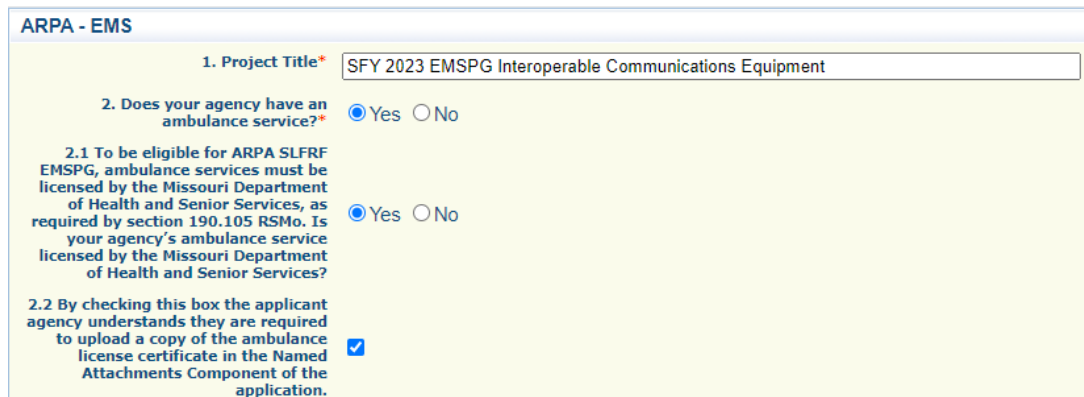


- Then “Mark as Complete”



Project Form

- 1. Project Title
- 2. Does your agency have an ambulance service? **Yes/No**
- If **YES**:
 - 2.1 To be eligible for ARPA SLFRF EMSPG, 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
 - If **YES**:
 - 2.2 Check the box to certify understanding that you are required to upload a copy of the ambulance license certificate in the Named Attachments component



The screenshot shows a web form titled "ARPA - EMS". It contains the following fields and questions:

- 1. Project Title***: A text input field containing "SFY 2023 EMSPG Interoperable Communications Equipment".
- 2. Does your agency have an ambulance service?***: Radio buttons for "Yes" (selected) and "No".
- 2.1 To be eligible for ARPA SLFRF EMSPG, 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?**: Radio buttons for "Yes" (selected) and "No".
- 2.2 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.**: A checkbox that is checked.

Project Form

- 3. Is your agency an emergency medical response agency (EMRA) as defined by [section 190.133 RSMo](#) Yes/No
- If **YES**:
 - 3.1 To be eligible for ARPA SLFRF EMSPG, EMRA 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 as an EMRA?
 - If **YES**:
 - 3.2 Check the box to certify understanding that you are required to upload a copy of the EMRA license certificate in the Named Attachments component

3. Is your agency an emergency medical response agency (EMRA) as defined by section 190.133 RSMo? *

☒ Yes ☐ No

3.1 To be eligible for ARPA SLFRF EMSPG, 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 as an emergency medical response agency (EMRA)?

☒ Yes ☐ No

3.2 By checking this box the applicant agency understands they are required to upload a copy of the emergency medical response agency (ERMA) license certificate in the Named Attachments Component of the application.

☒

Project Form

- 4. Does your agency respond to emergency medical incidents as part of normal activities in your community but is not a state licensed ambulance service of state licensed EMRA? **Yes/No**
- If **YES**:
 - 4.1 Provide a description of how your agency responds to emergency medical incidents as part of normal activities in your community.

4. 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

4.1 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

- 5. What is the number and type of emergency medical service personnel in your agency?
- 6. What is the number of emergency medical service vehicles utilized by the agency?
- 7. Give a brief description of the items your agency is requesting to purchase. Please be sure to include the quantity requested.

5. What is the number and type of emergency medical service personnel in your agency?*	Provide the number and type of emergency medical service personnel in your agency.
6. What is the number and type of emergency medical service vehicles utilized by the agency?*	Provide the number and type of emergency medical service vehicles utilized by the agency.
7. Please give a brief description of the items your agency is requesting to purchase. Please be sure to include the quantity requested.*	Give a brief description of the items your agency is requesting to purchase. Include the quantity requested.

Project Form

- 8. Explain why your agency needs the requested items.
- 9. Please describe how the requested items will further assist your agency in conducting emergency medical service activities for the citizens of Missouri
- 10. How often will your agency utilize the requested items?

8. Please explain why your agency needs the requested items.*	Explain why your agency needs the requested items.
9. Please describe how the requested items will further assist your agency in conducting emergency medical service activities for the citizens of Missouri.*	How will the items further assist your agency in conducting emergency medical service activities for the citizens of Missouri?
10. How often will your agency utilize the requested items (i.e., daily, weekly, monthly, annually)?*	How often will your agency utilize the requested items?

Project Form

- 11. What would occur if your agency did not receive the requested items?
- 12. Please provide an estimated timeframe for how long it will take to complete your requested project.

11. What would occur if your agency did not receive the requested items?*	<div>What would occur if your agency did not receive the requested items?</div>
12. Please provide an estimated timeframe for how long it will take to complete your requested project.*	<div>Provide an estimated timeframe for how long it will take to complete your requested project.</div>

Project Form

- 13. Will your agency be utilizing cash (hard) match to meet the 50% local match requirement? **Yes/No**
- If **YES**:
 - 13.1 Describe the source of the cash

13. Will your agency be utilizing cash (hard) match to meet the 50% local match requirement?*

☒ Yes ☐ No

13.1 If cash match will be utilized, please describe the source of the cash.

Describe the source of the cash match.

Project Form

- 14. Will your agency be utilizing in-kind (soft) match to meet the 50% local match requirement? **Yes/No**
- If **YES**:
 - 14.1 Describe the in-kind match
 - 14.2 Describe how the in-kind match directly relates to the requested project
 - 14.3 Will the agency be able to provide supporting documentation for the in-kind match? **Yes/No**
 - 14.4 Check the box to certify understanding that in-kind match expenses cannot be dated prior to March 2020
 - 14.5 Check the box to attest the in-kind match has not and will not be utilized to fulfill a match requirement on any other Federal grant.

Project Form

14. Will your agency be utilizing in-kind (soft) match to meet the 50% local match requirement?*

☒ Yes ☐ No

14.1 If in-kind match will be utilized, please describe the in-kind match.

Describe the in-kind match.

14.2 Please describe how the in-kind match directly relates to the requested project.

Describe how the in-kind match directly relates to the requested project.

14.3 Will the agency be able to provide supporting documentation for the in-kind match?

☒ Yes ☐ No

14.4 By checking this box the applicant agency understands in-kind match expenses cannot be dated prior to March 2020.

☒

14.5 By checking this box the applicant agency attests the in-kind match has not and will not be utilized to fulfill a match requirement on any other Federal grant.

☒

Project Form

- Using the most recent audit, annual financial statement, and/or 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)

Project Form

- 15. Has the applicant agency exceeded the federal expenditure threshold of \$750,000 in federal funds during the agency's last fiscal year? **Yes/No**
- 16. Enter the date the agency's last audit was completed.
- 17. 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.

Audit

15. Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during 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.

16. Date last audit completed: MM/DD/YYYY*

12/31/2021

If an agency has never had an audit, please enter the date of their last annual financial statement.

17. 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

- The “Risk Assessment” section is to gather information the awarding agency (OHS) will use to conduct a risk assessment of your agency, as required by [2 CFR 200.332 \(b\)](#)

18. Does the applicant agency have new personnel that will be working on this award?*	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>New personnel is defined as working with this award type less than 12 months.</small>
18.1 Please list the name(s) of new personnel and their title(s)	<div>Who are the new personnel and what are their titles? </div>
19. Does the applicant agency have a new fiscal or time accounting system that will be used on this award?*	<input type="radio"/> Yes <input checked="" type="radio"/> No <small>New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.</small>
20. Does the applicant agency receive any direct Federal awards?*	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.</small>
20.1 Please list the direct Federal awards the agency receives.	<div>List direct Federal awards the agency receives. DO NOT list Federal awards you receive through the Missouri Department of Public Safety or another state agency. </div>
20.2 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?	<input checked="" type="radio"/> Yes <input type="radio"/> No
20.3 Please list the direct awards that were monitored and indicate if there were any findings or recommendations.	<div>List the direct Federal awards that were monitored and indicate if there were any findings or recommendations. </div>

Project Form

- The “Certified Assurances” section MUST be completed with the agency’s CORRECT Authorized Official to be considered eligible for funding

ARPA EMSPG Certified Assurances

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



22. Authorized Official Name and Title: *

CORRECT Authorized Official

23. Name and Title of person completing this application: *

Person Completing Application

24. Date: *

11/03/2022

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

Radio Interoperability

Refer to the [Radio Interoperability Guidelines](#) for reference to a list of radios certified as meeting the P25 standard by the Missouri Department of Public Safety, and certified to operate on the MOSWIN by the manufacturer.

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:

Interoperable Communications Form

- 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 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
 - 3.c 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? Yes/No
 - If **YES**:
 - 3.c (a)(1) Provide the funding source, manufacturer, and model you are in process of acquiring

Interoperable Communications Form

3. Are you applying for a portable radio(s) (handheld)? ☒ Yes ☐ No

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.

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.

3. Are you applying for a portable radio(s) (handheld)? ☒ Yes ☐ No

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) 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.

Interoperable Communications Form

- 4. Does the vendor quote for the requested radios include the encryption requirements as listed on the [Radio Interoperability Guidelines](#)?

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 “Save” and “Add” if additional budget lines are needed
 - Personnel
 - Benefits
 - Travel
 - Equipment
 - Supplies/Operations
 - Contractual
- **Supplanting is NOT allowed under ARPA SLFRF FPG**

Budget Form

Equipment							Add
<i>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.</i>							
<i>Equipment quotes may be uploaded in Named Attachment component of the application.</i>							
Item Name:	Quantity:	Unit Cost:	Total Cost:	Local Match Amount:	Type of Match:	Federal Amount:	
			\$0.00	\$0.00		\$0.00	

- The Federal amount of funds requested will automatically calculate based on the match requirement
- Total Cost = Local Match Amount + Federal Amount Requested

[Menu](#) | [Help](#) | [Log Out](#) [Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#)

Application
Application: 146676 - SFY 2023 EMSPG Interoperable Communications Equipment
Program Area: American Rescue Plan ACT
Funding Opportunities: 146672 - SFY 2023 ARPA SLFRF Emergency Medical Service Providers Grant (EMSPG) TEST
Application Deadline: Final Application Deadline not Applicable
Organization: BaseLine Organization

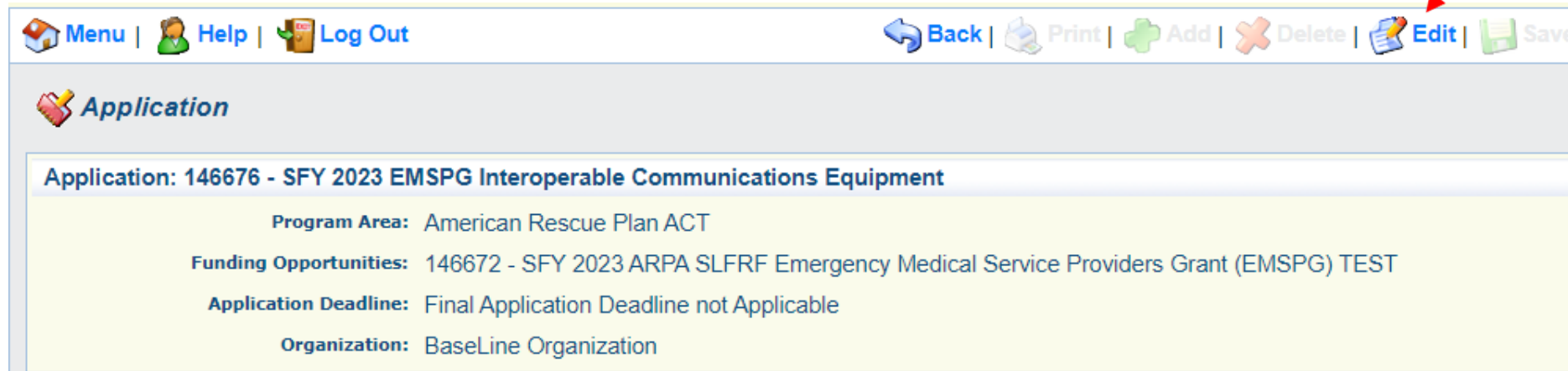
Equipment
All equipment items are defined as tangible property having an acquisition cost of \$1,000 or more, and a useful life of more than one year.
Equipment quotes may be uploaded in Named Attachment component of the application.
Item Name:*
Quantity:*
Total Cost:*
Local Match Amount:*
Type of Match:*

Cash
In-Kind

Please press Ctrl + Click to select multiple items

Budget Form

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

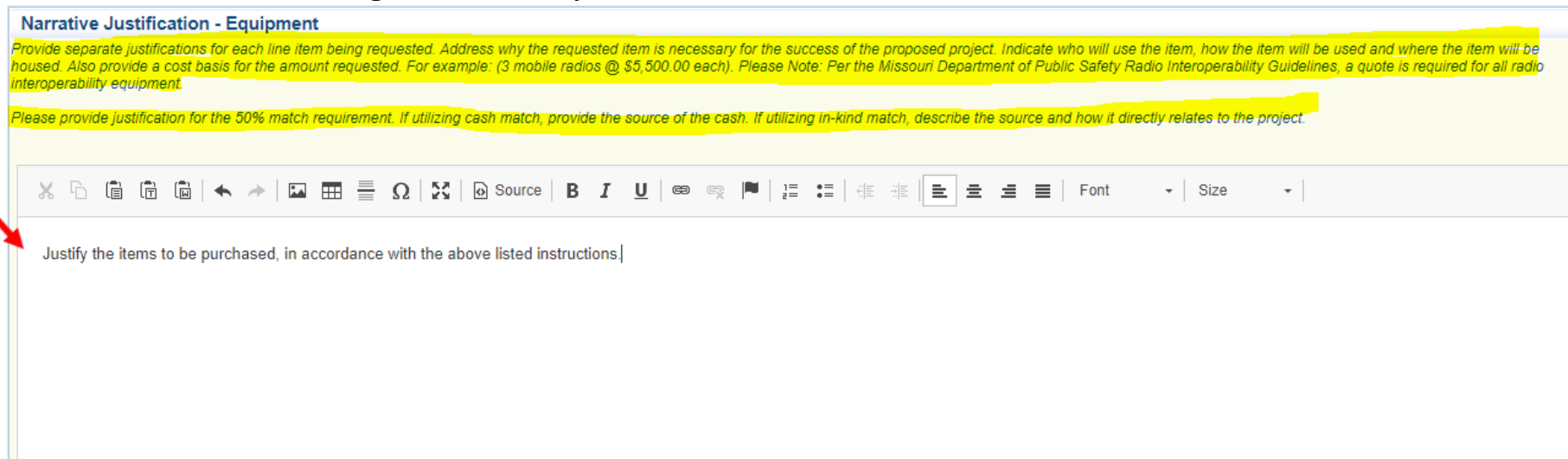


The screenshot shows a web application interface for a budget form. At the top, there is a navigation bar with icons and text for Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. A red arrow points to the 'Edit' button. Below the navigation bar, there is a section titled 'Application' with a sub-header 'Application: 146676 - SFY 2023 EMSPG Interoperable Communications Equipment'. The main content area displays the following information:

Program Area:	American Rescue Plan ACT
Funding Opportunities:	146672 - SFY 2023 ARPA SLFRF Emergency Medical Service Providers Grant (EMSPG) TEST
Application Deadline:	Final Application Deadline not Applicable
Organization:	BaseLine Organization

Budget Form

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



Narrative Justification - Equipment

Provide separate justifications for each line item being requested. Address why the requested item is necessary for the success of the proposed project. Indicate who will use the item, how the item will be used and where the item will be housed. Also provide a cost basis for the amount requested. For example: (3 mobile radios @ \$5,500.00 each). Please Note: Per the Missouri Department of Public Safety Radio Interoperability Guidelines, a quote is required for all radio interoperability equipment.

Please provide justification for the 50% match requirement. If utilizing cash match, provide the source of the cash. If utilizing in-kind match, describe the source and how it directly relates to the project.

Justify the items to be purchased, in accordance with the above listed instructions.

- **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

- 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

- 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

- 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

- 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

- 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

Budget Form

- 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

- Supplies Narrative Justification
 - Include how item 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

- 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
 - Federal Funds Schedule (if not included in the audit)
- Other Supporting Attachments (if applicable)
 - Quote or other cost basis
 - Ambulance Service License
 - Emergency Medical Response Agency (EMRA) License
 - Other Supporting Information (Up to 2 attachments)

Named Attachments

- To add each attachment select the name of the attachment

Named Attachments - EMSPG

[Mark as Complete](#)
[Go to Application Forms](#)


Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Audit/Financial Statement (REQUIRED)*						
Federal Fund Schedule (REQUIRED if not included in Audit)						
Quote or other cost basis						
Ambulance Service License						
Emergency Medical Response Agency (EMRA) License						
Other Supporting Information						
Other Supporting Information						

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

Named Attachments

- Browse to select document
- Add a description to identify the document in the application and select “Save”

[Menu](#) | [Help](#) | [Log Out](#) [Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#)

 **Application**

Attach File

AuditFinancial Statement: Applicant Agency **Most Recent Completed Audit** - Audit Details portion of the Project Package requires the agency to submit the last audit. If the agency does not have a completed audit, their financial statement should be submitted.

Federal Fund Schedule is **REQUIRED** if not included in Audit.

Quote or other cost basis: A quote or cost basis is recommended for all costs requested.

Ambulance License: If the applicant is an ambulance service, a copy of the license certificate as required by section 190.105 RSMo **MUST** be submitted.

Emergency Medical Response Agency (EMRA) License: If the applicant agency is an emergency medical response agency (EMRA), a copy of the license certificate as required by section 190.133(4) **MUST** be submitted.

Other supporting documents: Any supporting documentation not listed above may be submitted in the attachments titled Other Supporting Documentation.

- To attach any other documents, click "Add".
- To delete an uploaded file, click the recycle bin in the Delete column.
- If you have no additional attachments to include in your application, select "Mark as Complete".

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.

If this document is saved on a computer or disk, search for the file location and upload it. The Description field should merely name the attachment, not provide extensive details about the attachment.

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use the free, online tool called [PDF Merge](#) if it is necessary to combine multiple 1-page scans into 1 saved document.


NOTE: Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

Upload File: Test File.docx

Description:*

Application Submission

- 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	✓	11/04/2022	
Contact Information	✓	11/04/2022	
Project Package - EMS	✓	11/04/2022	
Interoperable Communications	✓	11/04/2022	
Budget	✓	11/04/2022	
Named Attachments - EMSPG	✓	11/04/2022	

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