

FY 2023 Paul Coverdell Forensic Science Improvement Grant (PCNFS) Application Workshop

MISSOURI DEPARTMENT OF PUBLIC SAFETY (DPS)
CRIMINAL JUSTICE/LAW ENFORCEMENT UNIT (CJ/LE)



FY 2023 PCNFS Purpose

- ▶ The Missouri DPS will coordinate with the Missouri Association of Crime Laboratory Directors (MACLD) to use Missouri's funding to provide forensic science training and certification for the personnel of Missouri's crime laboratories, as well as to purchase opioid-related equipment and supplies.
- ▶ This project will directly improve the quality and timeliness of forensic science services provided to the law enforcement community of Missouri by increasing examiner proficiency, competency, knowledge, skills, and abilities. This project involves all of Missouri's crime laboratories – those operated by units of local government and those operated by the state.

Funding Opportunities

- ▶ Select the “ 2023 PCNFS” Funding Opportunities:

154525	Editing	2023 PCNFS	Paul Coverdell National Forensic Science Improvement Grant (PCNFS)	05/12/2023	0
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- ▶ Review the Funding Opportunity details including:
 - ▶ Description
 - ▶ Attachments
 - ▶ 2023 PCNFS NOFO
 - ▶ 2023 PCNFS Certified Assurances
 - ▶ Website Links
 - ▶ DPS PCNFS Website



Funding Opportunities Continued

- ▶ After reviewing the information, Select “Start a New Application”

Copy Existing Application | Start a New Application



FY 2023 PCNFS Eligible Applicants

▶ Eligible Applicants

▶ Board of Police Commissioners – Kansas City, MO	\$80,171.00
▶ Missouri State Highway Patrol, Crime Lab	\$117,858.00
▶ St. Charles County, Crime Lab	\$13,704.00
▶ St. Louis County, Crime Lab	\$36,317.00
▶ St. Louis, Police Division – Crime Lab, City Of	\$69,893.00

FY 2023 PCNFS Application Forms

- ▶ **The FY 2023 PCNFS Application will include 5 forms:**
 - ▶ General Information
 - ▶ Contact Information
 - ▶ Project Form
 - ▶ Budget
 - ▶ Named Attachments, PCNFS

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	04/20/2023	
Contact Information	✓	04/20/2023	
Project Form	✓	04/20/2023	
Budget	✓	04/20/2023	
Named Attachments, PCNFS	✓	04/20/2023	

General Information Form

- ▶ **Complete the entire form as indicated:**
 - ▶ **Primary Contact:** Select the desired contact from the drop-down field
 - ▶ **Project Title:** Enter “2023 PCNFS – Agency name” (i.e. 2023 PCNFS – Whoville, Crime Lab)
 - ▶ **Organization:** Select the applicable applicant agency from the drop-down field

General Information
Primary Contact:* TEST TEST ▼
Project Title:
(limited to 250 characters)* 2023 PCNFS Whoville Crime Lab
Organization:* BaseLine Organization ▼

Contact Information Form

- ▶ **This form will collect information for the applicant agency contacts:**
 - ▶ **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, etc.)
 - ▶ **Project Director:** (Sheriff, or Chief of Police/Colonel)
 - ▶ **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty)
 - ▶ **Point of Contact:** (individual that will act as the supervisor of the proposed project, if different from the Project Director)

Contact Information Form Continued

Contact Information

Authorized Official

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

Name:*
Title First Name Last Name

Job Title:*

Agency:*

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

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

Street Address 2:

City/State/Zip:*
City State Zip

Email:*

Phone:*
Ext.

Fax:*

Contact Information Form Continued

- ▶ When the form has been completed:
 - ▶ Select "Save"



- ▶ Select "Mark as Complete"



Project Form

- ▶ **The Project Form has 3 Sections:**
 - ▶ Project Questions
 - ▶ Objectives
 - ▶ Audit, Risk Assessment, and Certified Assurances

Project Form Continued

► Project Questions

- 1. Why are the requested funds necessary?
- 2. What services are provided by your laboratory, that contribute to the prosecution of criminals and exoneration of the innocent?

1. Why are the requested funds necessary?*	Explanation of why the requested funds are necessary.
2. What services are provided by your laboratory, that contribute to the prosecution of criminals and exoneration of the innocent? *	Explain what services are provided by your laboratory that contribute to the prosecution of criminals.

Project Form Continued

► Project Questions Continued

- 3. How will the funds requested from this grant improve the laboratories contribution to the prosecution of criminals and exoneration of the innocent.
- 4. Explain how your agency intends to use these funds including timelines?

3. How will the funds requested from this grant improve the laboratories contribution to the prosecution of criminals and the exoneration of the innocent?*

Explain how the funds from this grant will improve the laboratories contribution to the prosecution of criminals and the exoneration of the innocent?

4. Explain how your agency intends to use these funds including timelines?*

Details on how your agency intends to use these funds. Please include a timeline.

Project Form Continued

► Project Questions Continued

- 5. How many full-time analysts are employed in your laboratory?
- 6. Will any of the requested funds be used by the agency to maintain accreditation?
- 7. Will any of the requested funds be used for DNA testing?

5. How many full time analysts are employed in your laboratory?*

6. Will any of the requested funds be used by the agency to maintain accreditation?*

Yes No

7. Will any of the requested funds be used for DNA testing?*

Yes No

Objectives Form

The crime laboratory must use the PCNFS funding for one or more of the following six objectives:

Please select all objectives that apply to your project:

Objectives Form Continued

▶ Objectives Questions

- ▶ a. To carry out all or a substantial part of a program intended to improve the quality and timeliness of forensic science or medical examiner/coroner services in the state, including those services provided by laboratories operated by the state and those operated by units of local government within the state.
- ▶ b. To eliminate a backlog in the analysis of forensic science evidence, including, among other things a backlog with respect to firearms examination, latent prints, impression evidence, toxicology, digital evidence, fire evidence, controlled substances, forensic pathology, questioned documents, and trace evidence. A backlog in the analysis of forensic science evidence exists if forensic evidence has been stored in a laboratory, medical examiner office, coroner office, law enforcement storage facility, or medical facility and has not been subjected to all appropriate forensic testing because of lack of resources or personnel.

a. To carry out all or a substantial part of a program intended to improve the quality and timeliness of forensic science or medical examiner/coroner services in the state, including those services provided by laboratories operated by the state and those operated by units of local government within the state.



b. To eliminate a backlog in the analysis of forensic science evidence, including, among other things, a backlog with respect to firearms examination, latent prints, impression evidence, toxicology, digital evidence, fire evidence, controlled substances, forensic pathology, questioned documents, and trace evidence. A backlog in the analysis of forensic science evidence exists if forensic evidence has been stored in a laboratory, medical examiner office, coroner office, law enforcement storage facility, or medical facility and has not been subjected to all appropriate forensic testing because of lack of resources or personnel.



Objectives Form Continued

► Objectives Questions Continued

- c. To train, assist, and employ forensic laboratory personnel and medicolegal death investigators, as needed, to eliminate backlog.
- d. To address emerging forensic science issues (such as statistics, contextual bias, and uncertainty of measurement) and emerging forensic science technology (such as high throughput automation, statistical software, and new types of instrumentation).
- e. To educate and train forensic pathologists.
- f. To fund medicolegal death investigation systems to facilitate accreditation of medical examiner and coroner offices and certification of medicolegal death investigators.

c. To train, assist, and employ forensic laboratory personnel and medicolegal death investigators, as needed, to eliminate such a backlog. ✓

d. To address emerging forensic science issues (such as statistics, contextual bias, and uncertainty of measurement) and emerging forensic science technology (such as high throughput automation, statistical software, and new types of instrumentation). ✓

e. To educate and train forensic pathologists. ✓

f. To fund medicolegal death investigation systems to facilitate accreditation of medical examiner and coroner offices and certification of medicolegal death investigators. ✓

Project Form Continued

▶ Audit, Risk Assessment and Certified Assurances

- ▶ 8. Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000.00 in federal funds during agency's last fiscal year?
- ▶ 9. Date last audit completed, in the MM/DD/YYYY format.

8. Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?*	<input checked="" type="radio"/> Yes <input type="radio"/> No
9. Date last audit completed: MM/DD/YYYY*	<input type="text" value="01/01/2022"/> x

Project Form Continued

▶ Audit, Risk Assessment and Certified Assurances Continued

- ▶ 10. 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:
- ▶ 11. Does the applicant agency have new personnel that will be managing the grant award?
 - ▶ 11. a. If you answered yes to Question #11., please list the name(s) of new personnel and their title(s).
- ▶ 12. Does the application agency have a new fiscal or time accounting system that will be used on this award?

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



11. Does the applicant agency have new personnel that will be managing this grant award?:*

Yes No

11.a. If you answered yes to Question #11, please list the name(s) of new personnel and their title(s)

Tim Allen Analyst

12. Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:*

Yes No

Project Form Continued

▶ Audit, Risk Assessment and Certified Assurances Continued

- ▶ 13. Does the applicant agency receive any direct Federal awards?
 - ▶ 13. a. If you answered yes to Question #13, please list the direct Federal awards the agency receives.
- ▶ 14. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?
 - ▶ 14. a. If you answered yes to Question #14, please list the direct awards that were monitored and indicate if there were any findings or recommendations.

13. Does the applicant agency receive any direct Federal awards?:*	<input checked="" type="radio"/> Yes <input type="radio"/> No
13.a. If you answered yes to Question #13, please list the direct Federal awards the agency receives.	<input type="text" value="List out the Federal Grants"/>
14. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:*	<input type="text" value="Yes"/>
14.a. If you answered yes to Question #14., please list the direct awards that were monitored and indicate if there were any findings or recommendations.	<input type="text" value="List out the direct awards that were monitored and indicate if there were any findings or recommendations."/>

Project Form Continued

▶ Audit, Risk Assessment and Certified Assurances Continued

- ▶ 15. By checking this box, I have read and agree to the terms and conditions of this grant
- ▶ 16. Authorized Official Name and Title
- ▶ 17. Name and Title of person completing this proposed application:
- ▶ 18. Date

2023 PCNFS Certified Assurances

15. 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 number 28 on the application, the application may 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 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.

The above list is not an all-inclusive list. If you do 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 at (573) 522-6125.

16. Authorized Official Name and Title:*

Johnny Appleseed

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. 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 agency is run by a Board, the Board Chair/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.

The above list is not an all-inclusive list. If you do 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 at (573) 522-6125.

17. Name and Title of person completing this proposed application:*

Jackie Appletree

18. Date:*

04/20/2023



Project Form Continued

- ▶ When the Project form has been completed:
 - ▶ Select "Save"



- ▶ Select "Mark as Complete"



Budget Form

- ▶ Budget
 - ▶ Select “Add” for each
 - ▶ Budget line

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

To include lines in your budget, select "Add". If the project includes more than one budget line, repeat this step for each budget line.

Budget Line Category:	Line Type:	Line Name:	Description:	Amount of Grant Funds Requested:
				\$0.00

Budget Justification

Budget Justification*
(For each budget line requested please provide a separate justification.)

The Justification for each line should include the following:

1. Justify why each requested budget line is necessary for the success of the proposed project.
2. Provide a Cost Basis for the budget line request.

Specific information for budget lines in these categories should also include:

Personnel and Overtime Personnel - Description of job responsibilities the individual(s) will be expected to perform for this project/program.

Benefit and Overtime Benefits - List which benefits are included and the rate of each benefit.

Travel/Training – List each training separately in the budget and in the justification provide the cost breakdown for the training (Registration, hotel, per diem, etc.)

Equipment – Please include if the item is new or a replacement, and who will be using the equipment, and where it will be housed.

Contractual – Provide the dates of service for any contracts or contracted services.

Total Budget

Total Budget: \$0.00

Last Edited By:

Budget Form Continued

- ▶ Budget Continued
 - ▶ Budget Line Category: For each budget line select one (1) of the eight (8) budget categories from the dropdown menu.

Budget

To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.

Budget Line Category:*

Line Name:*

Description:*

Amount of Grant Funds Requested:*

1. Personnel
2. Personnel Benefits
3. Overtime Personnel
4. Overtime Benefits
5. Travel/Training
6. Equipment
7. Supplies/Operations
8. Contractual

Budget Form Continued

- ▶ Budget Continued
 - ▶ Line Type: Chose if the budget line is for Opioid Related or Non-Opioid Related items.

Budget

To include lines in your budget, select "Add". If the project includes more than one budget line, repeat this step for each budget line.

Budget Line Category:*

Line Type: *

Line Name:*

Description:*

Amount of Grant Funds Requested:*

Budget Form Continued

- ▶ Budget Continued
 - ▶ Line name: Provide a brief description of what the budget line is requesting (i.e. Crime Lab Analyst, Personnel).
 - ▶ Description: Description of the budget line (i.e. (3) Crime Lab Analysts).
 - ▶ Amount of Grant Funds Requested: This should be the total amount of the funds requested for the listed budget line.
 - ▶ NOTE: Each piece of equipment being requested will need a separate budget line.

Budget Form Continued

- ▶ Completed Budget Example:

Budget					Go to Application Forms Add
<i>To include lines in your budget, select "Add". If the project includes more than one budget line, repeat this step for each budget line.</i>					
Budget Line Category:	Line Type:	Line Name:	Description:	Amount of Grant Funds Requested:	
1. Personnel	Opioid Related	Opioid Related Supplies/Operations	Opioid Related Supplies/Operations	\$3,600.00	
				\$3,600.00	
5. Travel/Training	Opioid Related	Travel/Training Opioid Related	Travel Training Opioid Related	\$6,100.00	
5. Travel/Training	Non-Opioid Related	Travel Training Non-Opioid Related	Travel Training Non-Opioid Related	\$4,770.00	
				\$10,870.00	
				\$14,470.00	

- ▶ To edit a budget line, select the hyperlink of the line you wish to edit, or select "Edit" in the top right corner for a mass edit of all lines as well as the budget justification.

Budget Form Continued

- ▶ **Budget Justification:** Please provide a separate justification for each budget line
 - ▶ **The Justification for each line should include the following:**
 - ▶ Justify why each requested budget line is necessary for the success of the proposed project
 - ▶ Cost Basis for the budget line request
 - ▶ **Specific information for budget lines in these categories should also include:**
 - ▶ Personnel and Overtime Personnel - Description of job responsibilities the individual will be expected to perform for this project/program
 - ▶ Benefit and Overtime Benefits - List which benefits are included and the rate of each benefit
 - ▶ Travel/Training – List each training separately in the budget and in the justification provide the cost basis breakdown for the training (Registration, hotel, per diem, etc.)
 - ▶ Equipment – Note if the item is new or a replacement, and who will be using the equipment
 - ▶ Contractual – Provide the dates of service for any contracts or contracted services

Budget Form Continued

- ▶ Budget Justification Continued
 - ▶ To add the justification(s), select “Edit” in the top right corner



Budget Justification

Budget Justification*

(For each budget line requested please provide a separate justification.)

The Justification for each line should include the following:

1. Justify why each requested budget line is necessary for the success of the proposed project.
2. Provide a Cost Basis for the budget line request.

Specific information for budget lines in these categories should also include:

Personnel and Overtime Personnel - Description of job responsibilities the individual(s) will be expected to perform for this project/program.

Benefit and Overtime Benefits - List which benefits are included and the rate of each benefit.

Travel/Training - List each training separately in the budget and in the justification provide the cost breakdown for the training (Registration, hotel, per diem, etc.)

Equipment - Please include if the item is new or a replacement, and who will be using the equipment, and where it will be housed.

Contractual - Provide the dates of service for any contracts or contracted services.

PCNFS Training Opioid or synthetic drug-related

American Society of Crime Laboratory Directors Meeting - April 22 - Director will attend to stay abreast of current happenings (1)

Clandestine Laboratory Investigating Chemists Meeting - September 22 - Drug Analyst will attend to stay abreast of current drug (1)

Midwestern Association of Forensic Scientists Meeting - October 22 - Forensic Scientist will attend general meeting sessions and discipline-specific workshops and presentations (1)

PCNFS Training Non-Opioid or Synthetic Drug related

Mid-America DNA Conference, Columbia MO - April 22 - (3) DNA Analysts attend to suffice annual training

International Symposium on Human Identification - September 22 - (1) DNA Analyst to attend to stay abreast of latest

CODIS Annual Meeting - October 22 - DNA Analyst & DNA Technical Leader will attend to learn (2)

Supplies Opioid or Synthetic Drug Related

TruNarc Solution Kit (1) - Kit is used to test heroin and other opioid samples by Raman spectroscopy

Black, Anti-static Weighboats (3) - Used for safely weighing drug exhibits. Black color provides easy visualization of any powder remaining on weigh boat. Antistatic helps avoid contamination and exposure. 3 cases (500/case).

Black nitrile gloves (10) - Used for safely handling drug exhibits. Assorted sizes (S, M & L). Black color provides easy visualization of powders on gloves. 10 cases (1,000/case).

Disposable lab coats (4) - Personal protection for safely handling drug exhibits. Assorted sizes (S, M & L). 4 cases (30/case).

P100 Respirators (2) - Personal protection for safely handling drug exhibits. Disposable. 2 cases (20/case).

Budget Form Continued

- ▶ When the form has been completed:
 - ▶ Select "Save"









- ▶ Select "Mark as Complete"



Named Attachments, PCNFS

- ▶ **Required Attachments:**
 - ▶ Laboratory Accreditation
 - ▶ NEPA Checklist
 - ▶ Most Recent Completed Audit
- ▶ **Other: Attach any additional documents that are important:**
 - ▶ Quotes
 - ▶ Training requests
 - ▶ Any additional supporting documents

Named Attachments, PCNFS							Mark as Complete Go to Application Forms
Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?	
a. Laboratory Accreditation							
b. NEPA Checklist							
c. Most recent completed Audit							
d. Other							
e. Other							
f. Other							

Named Attachments, PCNFS Continued

- ▶ When the form has been completed:
 - ▶ Select "Save"



- ▶ Select "Mark as Complete"



Submission

- ▶ All forms must be marked complete in order to submit the application
- ▶ When everything is completed select "Submit"

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?		Last Edited
General Information	✓		05/03/2022
Contact Information	✓		05/03/2022
Project Form	✓		05/03/2022
Budget	✓		04/29/2022
Named Attachments, PCNFS	✓		05/04/2022

** All applications must be submitted prior to the deadline of Friday May 12, 2023 at 4:00 p.m. CST **

Important Dates

- ▶ Application Period:
 - ▶ Friday April 21, 2023 – Friday May 12, 2023 at 4:00 p.m. CST
- ▶ Compliance Workshop:
- ▶ Program Start Date: January 1, 2024
- ▶ Program End Date: June 30, 2025

Questions

For any questions please contact our office:

- ▶ Elizabeth Leuckel, DPS Grants Specialist
 - ▶ (573) 751-1318
 - ▶ Elizabeth.Leuckel@dps.mo.gov
- ▶ Joni McCarter, DPS Program Manager
 - ▶ (573) 526-9020
 - ▶ Joni.McCarter@dps.mo.gov
- ▶ Michelle Branson, DPS Grants Program Supervisor
 - ▶ (573) 526-9014
 - ▶ Michelle.Branson@dps.mo.gov