

**Missouri Department of Public Safety
Office of the Director
Criminal Justice/Law Enforcement Unit**

**Paul Coverdell National Forensic Science (PCNFS) Grant
Subrecipient Guidelines
February 2019**

AUTHORIZATION

The PCNFS (or Coverdell) program is authorized by Title I of the Omnibus Crime Control and Safe Streets Act of 1968, Part BB, codified at 34 U.S.C. §§ 10561 – 10566 (the Coverdell law).

ADMINISTRATION

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), National Institute of Justice (NIJ) has oversight of this program at the federal level.

The Department of Public Safety (DPS), Office of the Director has been designated by the governor of Missouri as the single state agency to receive, manage, and administer this program in Missouri. Specifically, within the Office of the Director, the Criminal Justice/Law Enforcement (CJ/LE) Unit is tasked with the day-to-day oversight and processing of expense reports.

PERMISSIBLE EXPENSES

PCNFS funds may be used for 1) Personnel, 2) Computerization, 3) Laboratory Equipment, 4) Supplies, 5) Accreditation, 6) Education, Training, and Certification, 7) Facilities, and/or 8) Administrative Expenses.

ELIGIBLE PURPOSE AREAS

PCNFS funds must be used for one or more of the following purposes:

1. 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's office 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.
2. 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.
3. To train, assist, and employ forensic laboratory personnel and medicolegal death investigators, as needed to eliminate such a backlog.

4. 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).
5. To educate and train forensic pathologists.
6. To fund medicolegal death investigation systems to facilitate accreditation of medical examiner and coroner offices and certification of medicolegal death investigators.

DPS' GENERAL GUIDELINES

- As the State Administering Agency of the PCNFS monies, reimbursement of PCNFS allowable costs will be made in accordance with the travel policy adopted by the Department of Public Safety. Therefore, recipients of PCNFS monies must adhere to the "DPS Subrecipient Travel Guidelines" posted on the DPS-PCNFS webpage at <https://dps.mo.gov/dir/programs/cjle/pcnfs.php> in terms of reimbursement.

NOTE: The Recipient may be required to adhere to their local travel policy (per their department guidelines), but the Recipient is encouraged to adhere to the state travel policy (where possible) because reimbursement of allowable costs will be handled pursuant to the current version of the "DPS Subrecipient Travel Guidelines".

- All foreign travel, which includes any travel outside of Canada and the United States and its territories and possessions, requires prior approval from NIJ. A request for such authorization must be submitted to DPS who will coordinate approval with NIJ. The approval process can take up to 2 to 6 weeks so allow adequate time for approval!
- Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Consideration will be given to compensation including fringe benefits for those individuals whose employers do not provide the same. In addition, when the rate exceeds \$650 (excluding travel and subsistence costs) for an 8-hour day, a written PRIOR APPROVAL is required from NIJ. Prior approval requests require additional justification. An 8-hour day may include preparation, evaluation, and travel time in addition to the time required for actual performance. This does not mean that the rate can or should be \$650 for all consultants. Rates should be developed and reviewed on a case-by-case basis and must be reasonable and allowable in accordance with OMB cost principles. The following is the policy in regard to compensation of various classifications of consultants who perform like-type services. If consultants are hired through a competitive bidding process (not sole source), the \$650 threshold does not apply.
 - **Consultants Associated with Educational Institutions.** The maximum rate of compensation that will be allowed is the consultant's academic salary projected for 12 months, divided by 260. These individuals normally receive fringe benefits which include sick leave for a full 12-month period even though they normally only work 9 months per year in their academic positions.

- **Consultants Employed by State and Local Government.** Compensation for these consultants will only be allowed when the unit of government will not provide these services without cost. If a State or local government employee is providing services under a Federal grant and is representing its agency without pay from its respective unit of government, the rate of compensation is not to exceed the daily salary rate for the employee paid by the unit of government. If the State or local government employee is providing services under a Federal grant and is not representing its agency, the rate of compensation is based on the necessary and reasonable cost principles.
- **Consultants Employed by Commercial and Not-For-Profit Organizations.** These organizations are subject to competitive bidding procedures. Thus, they are not subject to the \$650 per day maximum compensation threshold before requesting prior approval.
- **Independent Consultants.** The rate of compensation for these individuals must be reasonable and consistent with that paid for similar services in the marketplace. Compensation may include fringe benefits.

REPORTING REQUIREMENTS

1. Expense Report

Requests for reimbursement may be submitted at any time throughout the month. However, a drawdown request for federal funds will be submitted approximately the 20th of each month in order for payment to be made approximately the 25th of each month. Requests that cannot be reviewed and approved prior to approximately the 20th of the month may not be included in the month's batch and may be held over for payment for the following month.

Requests for reimbursement must be submitted on the *State of Missouri Monthly Expense Report* and must be submitted to the Missouri Department of Public Safety (DPS), Office of the Director, Criminal Justice/Law Enforcement (CJ/LE) Unit **within 60 days of travel**.

Requests for reimbursement must consist of the following:

a. Cover Letter

NOTE: The cover letter should provide (if not provided elsewhere in the report documentation) justification in the Additional Comments section if 1) more than one individual is traveling to the same location which results in cost savings (i.e. sharing a vehicle or hotel room), 2) the nightly room rate for lodging exceeds the federal GSA rate for the location, 3) a personal vehicle is driven rather than flying or driving a fleet vehicle, 4) a rental car is secured in place of shuttles and taxis, 5) the conference/training provided any meals, 6) any receipts (meter parking, baggage handling) were unattainable, 7) any required receipts were misplaced or lost, or 8) any other similar cause warranting notation.

Sample Cover Letters are provided in this Subrecipient Guidelines document and blank forms can be obtained on the DPS-PCNFS webpage at <https://dps.mo.gov/dir/programs/cjle/pcnfs.php>. There is a Training cover sheet format and there is a Non-Training cover sheet format. Use the applicable cover sheet format depending on the expense to be reported.

b. Expense Report, which should include the following information:

- Itemized costs
- Signature of the claimant and the applicable authorizing authority (crime lab director or supervisor)
- Itemized receipts for each expense claimed, with the exception of meal receipts which are not required
 - If receipts are unattainable (e.g. meter parking, baggage handling, maid tips), such should be noted in the Additional Comments section of the cover letter or on an attached memo/letter
 - Receipts that are smaller than a full sheet of paper should be taped to plain, white paper. Do not send receipts in an envelope or staple a stack of receipts to the expense report! Be sure to use clear tape and that the tape does not conceal information on the receipt.
- Certificate of Attendance/Completion (*applicable for training only*)
 - All individuals requesting reimbursement of travel costs from PCNFS funds must submit a copy of their certificate of attendance/completion
 - If a certificate (or similar document) is not presented by the training provider, such should be noted in the Additional Comments section of the cover letter or on an attached memo/letter

Expenses will be reviewed by a member of the CJ/LE Unit to ensure compliance with state and/or federal guidelines. Adjustments will be made as necessary to ensure laws, guidelines, and regulations are followed.

Reimbursements will be issued to the claimant's respective employer only. Due to vendor payment constraints, claimants are not to be reimbursed on an individual basis. (The Missouri State Highway Patrol is the only exception to this rule due to budgetary spending authority.)

It is the responsibility of the employer to reimburse their employees for allowable travel expenses prior to or following reimbursement from DPS for allowable travel expenses.

Sample Expense Reports are provided in this Guideline Manual and a blank form can be obtained on the DPS-PCNFS webpage at <https://dps.mo.gov/dir/programs/cjle/pcnfs.php>.

2. Progress Report

Recipients of PCNFS will be required to submit performance metric data even if they did not partake in utilizing PCNFS funds during the reporting period.

DPS is required to submit “semi-annual” data to NIJ as a means to measure the impact of PCNFS grants and any improvement over current operations in the quality and/or timeliness of forensic science or medical examiner/coroner’s office services provided in the state.

The progress report consists of the following questions:

- At the beginning of the grant period, the number of days between submission of a sample to a forensic science laboratory and delivery of test results to a requesting office or agency
- At the end of the reporting period, the number of days between submission of a sample to a forensic science laboratory and delivery of test results to a requesting office or agency
- The number of backlogged cases at the beginning of the grant period
- The number of backlogged cases at the end of the reporting period
- The number of backlogged cases analyzed with Coverdell funds in the reporting period
- Number of medical examiner personnel attending training programs in this reporting period
- Number of forensic science personnel attending training in this reporting period
- Any allegations of serious negligence as well as serious misconduct referred to an independent external entity for this reporting period to include: 1) number and nature of allegation, 2) general information about the referral such as the name of the entity and date referred, and 3) outcome of the referral such as remediation, suspension, or termination

Progress Reports must be submitted by the 15th day of each month following the reporting period. (The 15th deadline will be adjusted if it falls on a weekend or holiday.) Progress Reports will be reviewed by a member of the CJ/LE Unit to ensure compliance with prior reports and with funding disbursements.

SAMPLE COVER LETTER FOR REIMBURSEMENT OF TRAINING COSTS:

(Insert department letterhead)

Date of Request:

The following training/travel expense is being submitted for reimbursement from the Missouri Department of Public Safety, Office of the Director through the Paul Coverdell National Forensic Science (PCNFS) Improvement Grant.

Training Name:

Training Date(s):

Training Location:

Trainee Name,

Title:

Total Amount:

Synopsis of Training:

Additional Comments (if applicable):

Payment should be remitted to the following address:

(Insert Agency Name)

(Insert Attn Person, if applicable)

(Insert Address)

Please contact me at *(insert phone number)* or *(insert email address)*, if you need further assistance or clarification.

Sincerely,

(Name)

(Title)

SAMPLE COVER LETTER FOR REIMBURSEMENT OF **NON-TRAINING COSTS:**

(Insert department letterhead)

Date of Request:

The following non-training/travel expense is being submitted for reimbursement from the Missouri Department of Public Safety, Office of the Director through the Paul Coverdell National Forensic Science (PCNFS) Improvement Grant.

Budget Item:

Quantity:

Vendor:

Total Amount:

Additional Comments (if applicable):

Payment should be remitted to the following address:

(Insert Agency Name)
(Insert Attn Person, if applicable)
(Insert Address)

Please contact me at *(insert phone number)* or *(insert email address)*, if you need further assistance or clarification.

Sincerely,

(Name)
(Title)

EXAMPLE EXPENSE REPORT FOR REIMBURSEMENT OF TRAINING COSTS:

John Smith is an employee at the crime laboratory in Jefferson City, MO. John has received approval from his supervisor and/or the lab director to attend the MAFS Meeting in Des Moines, IA on January 11-13.

John left Jefferson City, MO at 8:00 a.m. on January 11 and returned to Jefferson City, MO at 7:00 p.m. on January 13.

For example purposes, John's local department provides a per diem per meal that adheres to the state per diem rates. John incurred the following costs for this training:

Conference Registration Fee = \$250

Total Fleet Miles = 553.58 roundtrip

Lodging =

Allowed: \$83/night per federal GSA website

Expended: \$92.30/night (\$83 room rate + \$9.30 lodging/state/city taxes...which adheres to GSA rate)

Hotel Parking = \$10/day

Meals =

- Breakfast 1/10 = not eligible because not in travel status before 7:00 a.m. = \$0
- Lunch 1/10 = \$10.00 in Des Moines, IA
- Dinner 1/10 = \$19.00 in Des Moines, IA
*Overnight travel status

- Breakfast 1/11 = didn't eat = \$0
- Lunch 1/11 = provided by conference = \$0
- Dinner 1/11 = \$19.00 in Des Moines, IA
*Overnight travel status

- Breakfast 1/12 = \$6 in Des Moines, IA
- Lunch 1/12 = provided by conference = \$0
- Dinner 1/12 = \$19 in Des Moines, IA
*Overnight travel status

- Breakfast 1/13 = \$6 in Des Moines, IA
- Lunch 1/13 = provided by conference = \$0
- Dinner 1/13 = \$16 in Columbia, MO
*Return trip but still in travel status at 7:00 p.m. so eligible for dinner due to prior overnight status



**STATE OF MISSOURI
MONTHLY EXPENSE REPORT**

FOR MONTH/YEAR OF: **January-14** PAGE **1 of 1**

THE WHITE AREAS MUST BE COMPLETED. THE GRAY AREAS ARE OPTIONAL FOR AGENCY USE.

DEPARTMENT/DIVISION OR INSTITUTION
Crime Laboratory ABC

EMPLOYEE NAME (LAST, FIRST)

Smith, John

OFFICE ADDRESS

1234 Example, Jefferson City, MO 65101

DATE	PURPOSE, FROM/TO, & TRAVEL TIMES	OVER-NIGHT STAY (X)	12-HOUR STATUS (X)	STANDARD MILES	FLEET MILES	BREAK-FAST	LUNCH	DINNER	LODGING	BUS/R/AIR	MISC * (Explain Below)	TOTAL
	MAFS Training:											
1/10	Jefferson City, MO to Des Moines, IA	x			277		10.00	19.00	92.30		260.00	\$ 381.30
	Left at 8:00 a.m.; meals in Des Moines, IA											
1/11	Des Moines, IA	x						19.00	92.30		10.00	\$ 121.30
1/12	Des Moines, IA	x				6.00		19.00	92.30		10.00	\$ 127.30
1/13	Des Moines, IA to Jefferson City, MO				277	6.00		16.00				\$ 22.00
	Left Des Moines, IA at 2:00 p.m.											
	Dinner in Columbia, MO; returned at 7:00 p.m.											
TOTALS OF ABOVE »						12.00	10.00	73.00	276.90		280.00	\$ 651.90
TOTAL STANDARD MILES »							AT 0.370 PER MILE					
TOTAL FLEET MILES »					554		AT 0.260 PER MILE					\$ 144.04
TOTAL REIMBURSABLE EXPENSE »											\$ 795.94	

DATE	EXPLANATION OF MISC. & AMOUNT	DATE	EXPLANATION OF MISC. & AMOUNT	DATE	EXPLANATION OF MISC. & AMOUNT
1/10	Conference Registration = \$250				
1/10	Hotel Parking = \$10				
1/11	Hotel Parking = \$10				
1/12	Hotel Parking = \$10				

I hereby certify the above claim is correct, that these expenses were necessary to conduct business, that payment has been made from personal funds for which I have not been reimbursed, nor will receive from any source any payment for these expenses.

APPROVAL SIGNATURE	CLAIMANT SIGNATURE	DATE
TITLE	TITLE	OFFICIAL DOMICILE
DATE APPROVED		

Signature of crime lab director or authorized supervisor

Signature of individual requesting reimbursement

Meals: Cannot exceed state M&IE per destination. Refer to <http://oa.mo.gov/accounting/state-employees/travel-portal-information/state-meals-diem> for meal rates.
Mileage: Cannot exceed state mileage rate for the vehicle driven. Refer to <http://oa.mo.gov/accounting/state-employees/travel-portal-information/mileage> for rates.
Lodging: Refer to <http://www.gsa.gov/portal/category/21287> for rates. Provide justification where daily room rate (prior to taxes) exceeds the federal GSA rate.

Revised 8-26-14

EXAMPLE EXPENSE REPORT FOR REIMBURSEMENT OF NON-TRAINING COSTS:

STATE OF MISSOURI MONTHLY EXPENSE REPORT		FOR MONTH/YEAR OF: February-19		PAGE 1 of 1								
THE WHITE AREAS MUST BE COMPLETED. THE GRAY AREAS ARE OPTIONAL FOR AGENCY USE.												
EMPLOYEE NAME (LAST, FIRST) N/A				DEPARTMENT/DIVISION Crime Laboratory ABC								
OFFICE ADDRESS 1234 Example, Jefferson City, MO 65101												
DATE	PURPOSE, FROM/TO, & TRAVEL TIMES	OVER-NIGHT STAY (X)	12-HOUR STATUS (X)	STANDARD MILES	FLEET MILES	BREAK-FAST	LUNCH	DINNER	LODGING	BUS/R.R./AIR	MISC.*	TOTAL
2/1	Computer										1000.00	1,000.00
2/8	Drug Standard ABC										100.00	100.00
TOTALS OF ABOVE »											1100.00	\$ 1,100.00
TOTALS FROM OTHER PAGES »												
TOTAL STANDARD MILES »											AT 0.370 PER MILE	»
TOTAL FLEET MILES »											AT 0.260 PER MILE	»
TOTAL REIMBURSABLE EXPENSE »												\$ 1,100.00
DATE	EXPLANATION OF MISC. & AMOUNT	DATE	EXPLANATION OF MISC. & AMOUNT	DATE	EXPLANATION OF MISC. & AMOUNT							
2/1	Equipment Purchase \$1,000.00											
2/8	Supply Purchase \$100.00											
I hereby certify the above claim is correct, that these expenses were necessary to conduct business, that payment has been made from special funds for which I have not been reimbursed, nor will I receive from any source any payment for these expenses.												
APPROVAL SIGNATURE		CLAIMANT SIGNATURE		DATE								
TITLE		TITLE		OFFICIAL DOMICILE								

Signature of crime lab director or authorized supervisor

Signature of crime lab director or authorized supervisor

Meals: Cannot exceed state M&IE per destination. Refer to <http://oa.mo.gov/accounting/state-employees/travel-portal-information/state-meals-diem> for meal rates.
Mileage: Cannot exceed state mileage rate for the vehicle driven. Refer to <http://oa.mo.gov/accounting/state-employees/travel-portal-information/mileage> for rates.
Lodging: Refer to <http://www.gsa.gov/portal/category/21287> for rates. Provide justification where daily room rate (prior to taxes) exceeds the federal GSA rate.

Revised 8-26-14