

State of Missouri

2018 Fallen Service Workers (FSW)

Application for Reimbursement Packet

Missouri Department of Public Safety
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Program Description

Fallen Service Workers Reimbursement Program

The sole purpose of the Fallen Service Workers Reimbursement Program (FSWRP) is to provide funding for not-for-profit organizations to provide financial assistance to the spouses and children of any local Missouri law enforcement officer, paramedic, emergency medical technician, corrections officer, and/or firefighter who has lost their life performing their duties. Death from natural causes, illnesses, or injuries not resulting from job performance are outside the program's scope.

HOW THE PROGRAM WORKS

A not-for-profit agency assisting families of fallen service workers submits an application for reimbursement funding to the Department of Public Safety (DPS). If the application is approved by the review panel, the agency will receive a letter stating the total amount of funding to be received during the specified contract period. If the application is not approved, DPS will notify the applicant agency in writing that they will not be awarded any funds.

Once an agency has been approved for funding, the following criteria must be adhered to in order to receive the reimbursement funding.

Each quarter, the agency must submit a packet of unredacted receipts/documentation for which reimbursement is being sought indicating the financial assistance provided to spouses and children (example: copy of utility bills, copy of agency's cancelled check written for tuition costs, rent/mortgage payment, etc). The supporting documentation/receipts must have the survivor's name on them. Each receipt/document must be accompanied by a "Fallen Service Workers Application." DPS will then process each of the applications for reimbursement.

Even if the requesting agency submits multiple receipts for the same family, it must submit a "Fallen Service Workers Application" for each reimbursement request. For example, Agency X reimburses Jane Doe for her October mortgage payment. That same month, Agency X reimburses Jane Doe for her October sewer bill. One application may be submitted quarterly to DPS with all receipts for that claimant reimbursed in that quarter attached.

For each application seeking reimbursement, the requesting agency must provide copies of the fallen service worker's death certificate, marriage license, the surviving spouse's birth certificate or documentation proving legal status in the United States, children's birth certificate or adoption papers depending on what type of reimbursement is being sought.

Please note that the requesting agency must provide its Federal Tax ID on each application because the state cannot consider any payment without Federal Tax ID numbers and addresses in the State of Missouri Office of Administration database. Enclosed is a copy of the "Fallen Service Workers Application" and Vendor Input Form. This completed form must be returned to the Department of Public Safety. Fax completed forms to (573) 526-4940.

DISTRIBUTION OF REIMBURSEMENT FUNDS

Once the application has been processed and approved, DPS staff will requisition funds and send a reimbursement check and letter to the requesting agency. Agencies will be reimbursed and checks issued for each submitted receipt up to the level of the total award approved by DPS for the contract period.

ALLOWABLE SERVICES & COSTS

FSW reimbursement funds **shall be utilized only for the following** allowable cost items for award recipients. *(This list may not be all-inclusive)*

- a) **Housing** – Rent or Mortgage payments *(submit copies of mortgage payment coupon or receipt for rent payment; documentation will include surviving spouse's name and address)*
- b) **Utilities** – Electric, gas, sewer, cable/dish, phone service *(submit copies of paid receipt or itemized statement/bill indicating payment made with name and address of surviving spouse)*
- c) **Education** – College/vocational tuition assistance to spouse/survivors *(submit copies of paid receipt from the school that surviving spouse or surviving dependent children are currently enrolled in)*
- d) **Daycare** – For child dependents *(submit copies of paid receipt/invoice with name and address of surviving spouse and name(s) of dependent child(ren) cared for)*
- e) **Medical** – Medical and dental care *(submit copies of paid receipt or itemized statement/bill indicating payment made; documentation must include the name and address of surviving spouse or names of dependent children)*
- f) **Insurance** – Health, dental, home owners or auto premiums *(submit copies of paid monthly/quarterly/bi-annual or yearly premium statement. For health and dental insurance, documentation must include name and address of insured, name(s) of insured dependent child(ren). For home owners or auto insurance, documentation must include name and address of insured, and the coverage period)*
- g) **Miscellaneous financial obligations** – Student loan debts, home repair, car repair *(submit copies of paid receipts or paid invoice with name and address of surviving spouse or surviving dependent child(ren))*

UNALLOWABLE SERVICES, ACTIVITIES & COSTS

FSW reimbursement funds **shall not be utilized for the following** items. Any agency overhead expenses including but not limited to the following: *(This list may not be all-inclusive)*

- a) **Personnel** – Salaries of staff to coordinate the delivery of the agency's goal/mission
- b) **Travel** – Transportation costs to and from conferences or to and from other agencies that provide assistance to fallen services workers; to include meeting with spouses and dependent children of fallen service workers, etc.

- c) **Equipment** – Equipment necessary to operate the agency as computers, printers, ink cartridges, copiers, office furniture, etc.
- d) **Supplies/Operating Expenses** – Expenses necessary for the operation of the agency such as rent, utilities, telephone, internet, brochures which describe available services, printing, postage, office supplies, etc.
- e) **Professional Dues** – Subscriptions and memberships for agency's staff

CONTRACT PERIOD

The contract period for approved funding is July 1, 2017 through June 30, 2018.

NONCOMPLIANCE

Noncompliance will risk revocation of the agency's award for the current contract period and will require the agency to refund the full amount of the reimbursement funding award to the Department of Public Safety.

Application Instructions

Contact Information

- *The Authorized Official* is the individual that has the ability to legally bind the applicant agency in a contract (e.g. Board President, Executive Director)
- *The Project Director* is the individual that will have direct oversight of the reimbursement program.
- *The Project Contact Person* should be the individual who is most familiar with this reimbursement program. This person can be the Project Director.
- *The Fiscal Officer* is the individual who has the responsibility for accounting and audit issues at the applicant agency level (e.g. Accountant, Board Treasurer)
- *Non-Profit Chairperson*. Provide the name and address of the individual serving as the organization's board president. Please provide an address other than the agency address.

Project Summary

Application Type – Indicate the type of application.

Geographic Area(s) served: Identify the geographic area served by the reimbursement program. (List counties.)

History of the Agency

Provide a brief history of the agency and the services it provides. (When it was founded, number of fallen workers' families served over the past three (3) years, total dollars awarded each of the past three (3) years, how much of the agency's total budget was used to assist families and their dependents over the past three (3) years, etc.)

Statement of the Problem

This section must address the need for reimbursement funds. Identify other funding sources received over the past three (3) years and the dollar amount allocated to assist families of fallen service workers and their dependents. Describe shortfalls that create a need for additional funds. Provide agency and local statistics for serving fallen service workers and their dependents.

Type of Program

Outline the process in which a family applies for financial assistance. Define what services are provided by the reimbursement program, how they are accessed and who benefits from reimbursement.

Total Agency Budget

Indicate the agency's total operating budget and how much of the current budget is dedicated to assist families of fallen service workers of Missouri.

Total Project Cost

Indicate the agency's total dollar amount of reimbursement authority requested.

Number of Families Served

Indicate the estimated number of Missouri families to be served by this reimbursement program. Provide statistics from last year and copies of unredacted receipts/documentation.

Breakdown of Financial Assistance

Provide statistics from the last three (3) years documenting the number of families served, the amount awarded and type of assistance provided. Also track this information for current reimbursement cycle and submit as an Excel Spreadsheet. This data is used for both tracking and statistical purposes.

Audit Requirements

It is necessary for the Missouri Department of Public Safety to gather general audit information related to your agency. If awarded state reimbursement funds under this application, you will be required, at a later date, to submit a copy of your agency's financial audit covering the grant period within ninety (90) days of the end of the fiscal year, including the grant period.

Application Certified Assurances

This form should be completed by the Authorized Official.

Submitting the Application

Applications must be submitted no later than September 15, 2017. Proposals cannot be submitted after this date, so applicants are encouraged to begin the process immediately to meet the application deadline. Applications received after this date will not be considered for funding.

The Applicant shall submit all information as requested and required within the application. Applicants may be contacted if a section/item of the application is missing from the application.

NOTE: Portions of the application submitted under separate cover (missing sections of the application) will not be placed with the original application. Carefully review your application to ensure that all required information and documentation are submitted with the original application.

APPLICATION REVIEW PROCESS

A review panel of various individuals from the Missouri Department of Public Safety and outside agencies that do not have a personal financial interest in this program will be convened to review all the proposals received by the deadline as indicated above.

In evaluating each application, reviewers will consider the overall quality of the application. With the final approval of the director of the Department of Public Safety, applicants will be notified in writing of the decisions made by the review panel.

DEPARTMENT OF PUBLIC SAFETY CONTACTS

Any questions regarding the application or the administration of your contract may be directed to the Department of Public Safety staff at (573) 526-6006. E-mail: CVC@dps.mo.gov

AWARD AND ACCEPTANCE OF CONTRACT

Award of Contract

After completion of the review process, contract applications designated for approval are formally awarded by the Missouri Department of Public Safety in the form of the **Award of Contract** document. This award document identifies the Missouri Department of Public Safety (Administrative Agency), the Award Recipient, amount of state funds and the Award Numbers.

Acceptance of Award

To accept the award, the award recipient must print and return the following documents:

1. **Award of Contract** – this form must contain original signatures by the Authorized Official and Project Director, listed within the reimbursement application, affirming acceptance of the award
2. **Application** – a copy of the submitted reimbursement application must be returned to establish a file for the Missouri Department of Public Safety, Office of the Director

3. **Certified Assurances** – this form must contain original signatures by the Authorized Official and Project Director, listed within the reimbursement application, certifying compliance with all federal or state laws, circulars, statutes, and guidelines.

These documents must be returned to the Missouri Department within **30 days** from the date of the award. No reimbursement funds shall be disbursed to the award recipient until the above documents have been received by the Missouri Department of Public Safety, Office of the Director.