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**EDWARD BYRNE MEMORIAL
JUSTICE ASSISTANCE GRANT (JAG)
DRUG TASK FORCE
2019 LOCAL SOLICITATION**

CFDA #16.738

Project Period:

July 1, 2019 to June 30, 2020

WebGrants Deadline:

Applications must be submitted no later than 5:00 p.m. on Wednesday,
March 20, 2019

<https://dpsgrants.dps.mo.gov>

Contact Information:

For assistance with the requirements of this solicitation or for technical assistance with submitting an application, contact one of the following staff:

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EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT (JAG) PROGRAM

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GENERAL PROGRAM GUIDELINES

I. OVERVIEW:

The Edward Byrne Memorial Justice Assistance Grant (JAG) Program (specifically authorized under 34 U.S.C. §§ 10151-10158) is administered by the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA). The Missouri Department of Public Safety (DPS) is the State Administering Agency (SAA) of the grant funds.

The JAG Program is the primary provider of federal criminal justice funding to state and local jurisdictions. JAG monies support all components of the criminal justice system to include, but not limited to, policing efforts, multi-jurisdictional drug and gang task forces, D.A.R.E. and School Resource Officers (SROs), crime prevention, domestic violence prevention, drug courts, corrections, project evaluation, technology improvement programs, and justice information sharing initiatives.

Proposed to streamline justice funding and grant administration, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program blended the previous Edward J. Byrne Formula (Byrne) Grant and Local Law Enforcement Block Grant (LLEBG) Programs per Public Law 109-162, Sec. 1111 to provide agencies with the flexibility to prioritize and place justice funds where they are needed most.

II. FUNDING ALLOCATION:

The Bureau of Justice Statistics (BJS) calculates, for each state and territory, a minimum base allocation which can be enhanced by 1) the state's share of the national population and 2) the state's share of the country's Part 1 violent crime statistics. In addition, the formula is used to calculate direct allocations for local governments within Missouri, based on their share of the total violent crime reported within the state.

Of Missouri's calculated funding, BJA awards approximately 60% to the State Administering Agency (Missouri Department of Public Safety) and approximately 40% to eligible units of local governments. These local governments entitled to at least \$10,000 awards would have applied directly to BJA for a local FY 2018 JAG grant and are hereby ineligible to apply to the Missouri Department of Public Safety for 2019 local funding.

Of the amount awarded to the State, the Missouri Department of Public Safety is required to pass through a pre-determined percentage of funds to units of local government, such as cities, counties, or townships. The FY 2018 JAG pass-through percentage is 60.2%.

III. ELIGIBLE APPLICANTS:

Any unit of state or local government may apply for JAG funds from the Missouri Department of Public Safety so long as it is not also eligible for a direct local JAG award from BJA. **Refer to Appendix A for a complete list of ineligible units of local governments.**

Units of local government may not receive direct JAG awards from the Federal Government and JAG awards from the State, unless the project is a multi-jurisdictional initiative. If the proposal is truly multi-jurisdictional, it may be submitted to the Missouri Department of Public Safety for funding consideration. A Memorandum of Understanding (MOU) [or Memorandum of Agreement (MOA)] must be submitted to verify the nature of the multi-jurisdictional effort.

The applicant agency for a JAG project must be its respective unit of state or local government.

To be eligible for state funds (or federal pass-thru funds), the applicant must be in compliance with the following state statutes¹, where such apply to the applicant (or the project agency):

- **[Section 650.150 RSMo](#) - Intergovernmental Drug Laws Enforcement Act**
Every multi-jurisdictional enforcement group (MEG) or multi-jurisdictional drug task force must comply with the provisions included in this section, which are known and cited as the “Intergovernmental Drug Laws Enforcement Act”, to be eligible to receive state grants to defray the costs of operation.
NOTE: It is the responsibility of the applicant to ensure all provisions of this statute are adhered to prior to submitting an application.

- **[Section 43.505 RSMo](#) – Uniform Crime Reports**
Pursuant to 43.505.3 RSMo, every law enforcement agency in the state shall (1) submit crime incident reports to the department of public safety on forms or in the format prescribed by the department; and (2) submit any other crime incident information which may be required by the department of public safety.
NOTE: It is the responsibility of the applicant to check the status and submission of such reports with the Missouri State Highway Patrol (MSHP) prior to submitting an application. A copy of such reports need not be submitted with the application.

- **[Section 590.650 RSMo](#) – Racial Profiling Report**
Pursuant to 590.650.3 RSMo, (1) every law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and (2) each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.
NOTE: It is the responsibility of the applicant to verify the submission of this report with the Attorney General’s Office prior to submitting an application. Failure to submit the 2018 Racial Profiling Report will result in the automatic denial of the application. A copy of such report need not be submitted with the application.

- **[Section 513.653 RSMo](#) – Federal Forfeiture Report**
Pursuant to 513.653.1 RSMo, law enforcement agencies involved in using the federal forfeiture system under federal law shall file a report regarding federal seizures and the proceeds therefrom. Such report shall be filed annually by February fifteenth for the previous calendar year with the state auditor’s office.
NOTE: It is the responsibility of the applicant to verify the submission of this report with the Missouri State Auditor’s Office prior to submitting an application. Any law enforcement agency that intentionally or knowingly fails to comply with the reporting requirement shall be ineligible to receive state or federal funds which would otherwise be paid to such agency for law enforcement, safety, or criminal justice purposes. A copy of such report need not be submitted with the application.

- **[Section 590.700 RSMo](#) – Written Policy on Recording of Custodial Interrogations**
Pursuant to 590.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of this section.

¹ The summaries provided above are reflective of language as of the time of solicitation posting. If changes occur with the state laws, applicants and grantees are required to abide by the respective changes.

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy need not be submitted with the application; a copy will be requested during site visit monitoring.

- **Section 43.544 RSMo – Written Policy on Forwarding Intoxication-Related Traffic Offenses**
Pursuant to 43.544.1 RSMo, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository as required by Section 43.503 RSMo and shall certify adoption of such policy when applying for any grants administered by the department of public safety.

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy need not be submitted with the application; a copy will be requested during site visit monitoring.

IV. INELIGIBLE APPLICANTS:

Non-profit and for-profit organizations are ineligible for JAG funds from the State of Missouri.

V. ELIGIBLE PROGRAMS:

JAG funds can be used for state and local initiatives, technical assistance, personnel, training, equipment, supplies, operational expenses, contractual support, and information systems for **criminal justice** for any one of the following eight purpose areas as deemed necessary to effectively and efficiently operate the program:

- 1. Law Enforcement Programs**
-includes drug task forces, gang task forces, and other policing efforts
- 2. Prosecution and Court Programs**
-programs which improve response to violent crime through prosecution & adjudication of offenders
- 3. Prevention and Education Programs**
-includes D.A.R.E., G.R.E.A.T., S.R.O.'s, training programs, or other projects which address safety concerns or the education of law enforcement, emergency personnel, and/or the public
- 4. Corrections and Community Corrections Programs**
-includes residential and aftercare programs for offenders
NOTE: Alternative funding is available for this area through the RSAT grant administered by the Missouri Department of Public Safety
- 5. Drug Treatment and Enforcement Programs**
-includes drug courts, substance abuse counselors, and other services aimed at substance-abusing offenders
- 6. Planning, Evaluation, and Technology Improvement Programs**
-includes any project aimed at updating technology equipment, records management systems, or other components of the criminal justice system
- 7. Crime Victim and Witness Programs (other than compensation)**
-includes victim advocacy, victim notification, and witness programs
NOTE: Alternative funding is available for this area through the Crime Victims Services Unit in the Missouri Department of Public Safety
- 8. Mental Health Programs and Related Law Enforcement and Corrections Programs**
-includes behavioral programs and crisis intervention teams

NOTE: In connection with the above eligible program purpose areas, it should be noted that the JAG statute defines "criminal justice" as "activities pertaining to crime prevention, control, or reduction, or the enforcement of the criminal law, including, but not limited to, police efforts to prevent, control, or reduce crime or to apprehend criminals, including juveniles, activities of courts having criminal

jurisdiction, and related agencies (including but not limited to prosecutorial and defender services, juvenile delinquency agencies and pretrial service or release agencies), activities of corrections, probation, or parole authorities and related agencies assisting in the rehabilitation, supervision, and care of criminal offenders, and programs relating to the prevention, control, or reduction of narcotic addiction and juvenile delinquency”.

VI. ELIGIBLE BUDGET CATEGORIES:

Applicants may request funding under the following approved budget categories:

- Personnel
- Personnel Benefits
- Personnel Overtime
- Personnel Overtime Benefits
- Travel/Training
- Equipment
- Supplies/Operations
- Contractual

NOTE: Refer to Appendix B for additional information regarding limitations on the use of JAG funds for body armor, body-worn cameras, police cruisers, and radios.

VII. INELIGIBLE ACTIVITIES AND COST ITEMS:

Ineligible activities and cost items include, but are not necessarily limited to, the following:

- Aircraft (excluding police helicopters)
- Bonuses or Commissions
- Compensation & Travel of Federal Employees
- Confidential Funds for Drug Task Forces
- Construction/Renovation Projects
- Consultant Rates exceeding \$650

NOTE: Consultant services cannot exceed a rate of \$650 (excluding travel and subsistence costs) for an 8-hour day, or \$81.25/hour, without written prior approval. An 8-hour day may include preparation, evaluation, and travel time. Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace.

- Daily Subsistence within Official Domicile
- Entertainment Expenses & Bar Charges
- Finance Fees for delinquent payments
- First Class Travel
- Indirect Costs
- Less-than-lethal Weapons
- Lobbying or Fundraising
- Military-Type Equipment
- Non-Compliant Communication Devices

NOTE: Refer to the “Radio Interoperability Guidelines” available on the [DPS-JAG webpage](#).

- Personal Incentives for Employment
- Pre-Paid Gas/Phone Cards
- Unmanned Aerial Systems (UAS), Unmanned Aircraft (UA), and/or Unmanned Aerial Vehicles (UAV)
- Vehicles (excluding police cruisers)
- Vessels (excluding police boats)

- ☐ Weapons and Ammunition

VIII. PROJECT PERIOD:

The 2019 JAG project period is July 1, 2019 through June 30, 2020. Requests for extensions to this project period are not allowed.

All funds must be obligated and all proposed activities must be performed within this project period. Funds are considered “obligated” when a legal liability to pay a determinable sum(s) for services is incurred, which will require payment during the same or future period.

Funds which have been properly obligated (or can be pro-rated) must then be expended within 60 days following the project period end date (August 29, 2020). Funds are considered “expended” when payment is made.

Any funds not properly obligated or properly expended will lapse and revert back to the Missouri Department of Public Safety.

IX. LOCAL MATCH REQUIREMENT:

There is no local match requirement on the 2019 JAG funding opportunity.

X. SUPPLANTING:

Supplanting is defined as taking the place of or replacing with something else.

Supplanting or shifting money to avoid the issue of supplanting is strictly prohibited. JAG funds must be used to supplement existing funds for program activities and will not be awarded towards budget items that are and will continue to be funded by another source of money. JAG funds shall be used to fund new projects, expand/enhance existing projects, or continue a funded project.

Subrecipients shall not use JAG funds to pay for programs or expenses that they already are obligated to pay or has funded in previous years without proper and adequate justification. If an existing personnel position receives grant funding, the position must be back-filled as the agency has an obligation to continue funding the same number of employees.

Refer to the “Application Instructions-Supplanting” section of this solicitation for more information and for examples of supplanting and non-supplanting.

APPLICATION INSTRUCTIONS

I. HOW TO APPLY:

Applications for JAG funding must be submitted online via the Missouri Department of Public Safety WebGrants System at <https://dpsgrants.dps.mo.gov>. WebGrants is a web-based computer application that will support the application and administration of grants available from the Missouri Department of Public Safety, Office of the Director.

New Organizations

If your applicant organization has not yet registered with the WebGrants system:

1. Acquire a DUNS (Data Universal Numbering System) Number

A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. Obtaining a DUNS number is a free, one-time activity. Ask the grant administrator, chief financial officer, or authorizing official of your organization to identify your DUNS number. If your organization does not know its DUNS number or needs to register for one, visit <https://www.dnb.com/>.

The Federal Funding Accountability and Transparency Act (FFATA) requires the Missouri Department of Public Safety to provide information on all federal spending awards to a single, searchable website at www.USASpending.gov. The organization's DUNS is provided to FFATA so be sure the information provided is that of your unit of state or local government.

2. Acquire or Renew Registration with the System for Award Management (SAM) - Formerly known as CCR (Central Contractor Registration) Database

The System for Award Management (SAM) is a Federal Government owned and operated free website that centralizes information about grant recipients. You can register online at <https://www.sam.gov>. Please note that applicant organizations must update or renew their SAM registration at least once a year to maintain an active registration.

Federal guidelines require that applicant organizations must (1) be registered in SAM.gov prior to submitting an application; (2) provide a valid DUNS number in its application; and (3) continue to maintain an active SAM registration with current information at all times during which it has an active grant award.

3. Complete the "Register Here" on the WebGrants login page

Personal Information

The Personal Information section should contain work-related information for the individual registering in WebGrants.

- **Name:** provide your proper salutation title (Mr., Ms., Colonel, Sheriff, Deputy, Chief, Lt., Sgt., etc) and first and last name
- **Job Title:** provide your job title
- **Email:** provide an email address that will be checked regularly as WebGrants will send scheduled alerts pertaining to the application and grant processes.

NOTE: The emails will be sent from dpswebgrants@dps.mo.gov so ensure this email address is added to your contact list or selected as a safe sender to avoid the emails being filtered as junk or spam.

- **Mailing Address:** provide your agency's mailing address (excluding the city, state, and zip code). If your agency has a PO Box, that information should be listed here. If your agency does not have a PO Box, then the street address should be listed here.
- **Street Address 1:** provide your agency's physical street address where applicable and different than the Mailing Address provided above. Do not repeat the Mailing Address!
- **Street Address 2:** provide additional information where applicable. Do not repeat the Mailing Address or Street Address 1 information!
- **City/State/Zip:** provide your agency's city, state, and zip code
- **Phone/Extension:** provide a daytime telephone number and an extension, where applicable. If your telephone number is a direct line, leave the extension field blank.
- **Fax:** provide a fax number

Organization Information

The Organization Information section should contain information pertaining to the applicant agency (unit of state or local government).

- **Applicant Agency:** provide your unit of state or local government followed by a comma and the project agency. For example, the MUSTANG Drug Task Force with a pass-thru agency of Cole County would enter "Cole County, MUSTANG".
- **Organization Type:** select "Government". If your organization is not a government organization, refer to the "General Program Guidelines-Eligible Applicants" section of the solicitation for more information.
- **Federal Tax ID #:** provide the 9-digit FEIN # of your unit of state or local government
- **DUNS #:** provide the 9-digit DUNS number of your unit of state or local government
- **CCR Code/Valid Until Date:** provide the 5 digit CAGE Code assigned from SAM for your unit of state or local government and the respective Expiration Date of such SAM registration
- **Organization Website:** provide the website of your unit of state or local government, where available. This field is not required; may leave blank.
- **Mailing Address:** provide the mailing address of your unit of state or local government. If your unit of government has a PO Box, that information should be listed here. If your unit of government does not have a PO Box, then the street address should be listed here.
- **Street Address 1:** provide the physical street address where applicable and different than the mailing address provided above for your unit of state or local government. Do not repeat the Mailing Address!
- **Street Address 2:** provide additional information where applicable. Do not repeat the Mailing Address or Street Address 1 information!
- **City/State/Zip/+4:** provide the city, state, zip code, +4 zip code extension of your unit of state or local government
- **County:** select the county in which your unit of state or local government is located
- **Congressional District:** select the congressional district in which your unit or state or local government is located
- **Phone/Extension:** provide a daytime telephone number and an extension, where applicable, for your unit of state or local government. If the telephone number is a direct line, leave the extension field blank.
- **Fax:** provide a fax number of the unit of state or local government

Once the above fields are completed, click the “Register” link. A confirmation page will be displayed and you will receive a confirmation email to the email address provided under the Personal Information section of the registration form.

Once the registration is submitted, notification will be sent to the Missouri Department of Public Safety to approve the new user. The registrant will receive another email when the Missouri Department of Public Safety approves or disapproves the registration. If your registration is approved, your User ID and Password are active and you may log into the system. If your registration is disapproved, the email will contain the reason.

Once your registration is approved, you may add additional users from your organization to view application and/or subaward information. To add registered users, log into WebGrants, click the ‘My Profile’ module from the Main Menu, select the applicable Associated Organization name, click ‘Add’ under the Registered Users section, and complete all the required fields on the form. Users which are added by an approved registered user will not be subject to approval by the Missouri Department of Public Safety.

NOTE: Only new organizations should complete the registration form on the login page. Returning organizations should not complete this form as it will re-register the existing organization. If you have forgotten your login information, do not re-register to obtain a new login. It will only create duplicate and unnecessary records in the system database and may not allow the user to see all appropriate grant records. If you are unsure if your organization has an existing profile, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation.

❑ **Returning Organizations**

If your applicant organization has already registered with the WebGrants system, login with the User ID and Password previously provided to you during the registration process. (If you have misplaced or forgotten your login information, utilize the ‘Forgot User ID’ and/or ‘Forgot Password’ tools on the login screen of WebGrants to retrieve such information. The Missouri Department of Public Safety staff are unable to retrieve such sensitive information, but if you have trouble retrieving your login information, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation.) And then complete the following steps before you start your application:

1. Verify your Work Information

Under the ‘My Profile’ module of WebGrants, review all work-related information provided. Click ‘Edit’ where necessary to update or correct any of your work information.

2. Verify your Organization Information

Under the ‘My Profile’ module of WebGrants, click on your department’s name under the Associated Organizations section and review all information provided for your applicant agency. Click ‘Edit’ where necessary to update or correct any organization information, including the DUNS number or the CCR Code and Expiration Date, which derives from the System for Award Management (SAM).

SAM is a Federal Government owned and operated free website that centralizes information about grant recipients. You can register online at <https://www.sam.gov>. Please note that organizations must update or renew their SAM registration at least once a year to maintain an active registration. Federal guidelines require that applicant organizations must (1) be registered in SAM.gov prior to submitting

an application; (2) provide a valid DUNS number in its application; and (3) continue to maintain an active SAM registration with current information at all times during which it has an active award.

A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. Obtaining a DUNS number is a free, one-time activity. Ask the grant administrator, chief financial officer, or authorizing official of your organization to identify your DUNS number. If your organization does not know its DUNS number, visit <https://www.dnb.com/>.

The Federal Funding Accountability and Transparency Act (FFATA) requires the Missouri Department of Public Safety to provide information on all federal spending awards to a single, searchable website at www.USASpending.gov. Organization information relating to DUNS number, address, congressional district, and county is provided to FFATA so be sure the information provided is that of your unit of state or local government.

NOTE: DO NOT change the entry of your Applicant Agency name as it has been entered in such a manner to distinguish your project from other projects by the same applicant agency.

3. Verify the Registered Users Associated with your Organization

Under the 'My Profile' module of WebGrants, click on your department's name under the Associated Organization's section and review the registered users associated with your organization. If it is necessary to update or correct any information provided for a user, be sure to make those changes as described below.

If it is necessary to add additional registered users from your organization, click 'Add' under the 'Registered Users' table. Additional users added by an already registered user are not subject to approval by the Missouri Department of Public Safety.

NOTE: As users are added to WebGrants, they are not automatically associated as a contact to your organization's grant(s). Therefore, if you have an open grant(s) and want the additional registered user to receive notifications from WebGrants regarding the grant(s), you are required to submit a *Change of Information Form (Appendix C)* to your DPS Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

If it is necessary to remove registered users from your organization, please contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation so the individual can be properly removed from contact lists and deactivated from WebGrants.

NOTE: For security reasons, do not share your UserID and Password with other users. Each individual should maintain his or her own login information. In addition, do not reuse the profile of a previously employed individual as it affects the record keeping within WebGrants for previous grants. Finally, if you have an open grant(s) and need to remove a registered user from WebGrants, you are required to submit a *Change of Information Form (Appendix C)* to your DPS Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

All Organizations

Once the above process has been completed, you are ready to start your application. On the Main Menu screen of WebGrants, click the 'Funding Opportunities' module and then click the appropriate funding opportunity.

New applicants to the JAG funding opportunity must choose 'Start a New Application'.

Returning applicants to the JAG funding opportunity have the option to 1) 'Copy an Existing Application' or 2) 'Start a New Application'. As presumed, copying an existing application will allow the applicant to copy forward information from a previously submitted application, thus reducing time re-entering same or similar information, and starting a new application will allow the applicant to create an application from scratch.

Please keep the following tips and instructions in mind while completing an application:

- ✓ **Agencies which are currently being served by a grant-funded multi-jurisdictional task force should request resources through the applicant agency (pass-thru agency) of the task force project.**
- ✓ **Proper capitalization and sentence case is requested when typing each application form. Do not turn on 'Caps Lock' and leave on your 'Caps Lock' when filling out the application forms. The use of 'Caps Lock' throughout the forms makes it difficult to review the application and creates issues when data is extracted from WebGrants and merged into external documents, reports, etc.**
- ✓ **Each form has required fields indicated by a red asterisk (*). Forms can be saved without completing each required field, but the form cannot be marked complete without completing each required field**
- ✓ **The JAG DTF application consists of 12 forms. Each form must be 'Marked as Complete' before the application may be submitted.**

NOTE: A form that has been marked complete is still editable until the application is submitted. A checkmark in the 'Complete' column will not prevent you from editing information on the form. An application may not be submitted, however, until a checkmark exists in the 'Complete' column for every form.

- ✓ **WebGrants is programmed to automatically close the funding opportunity based on the application deadline stated in the solicitation. Late applications will not be accepted for circumstances such as illness, bereavement, internet connection issues, broken scanners, staffing conflicts, emergency responses, etc. Therefore, start early and submit prior to the application deadline!**

II. APPLICATION FORMS:

FORM #1: GENERAL INFORMATION

The purpose of this form is to identify the primary contact, project title, and organization.

- **Primary Contact:** this drop-down field will pre-populate with the name of the individual associated with the login information. This individual may be any person associated with the proposed project and will be the general point of contact regarding the written and submitted application.

NOTE: This individual will be the **ONLY** recipient of emails generated by WebGrants during the application, review, and negotiation (revision) phases so chose carefully. If the appropriate individual is not an option, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation.

- **Project Title:** enter the task force name under which the project operates.

NOTE: Do not use the funding opportunity or grant title as your project title. If the project is a continuation of a previously funded project, use the same project title as the previous year.

- **Organization:** this drop-down field will pre-populate based on the organization associated with the selected primary contact person. If an individual is registered in WebGrants and is associated with multiple organizations (e.g. grant writer), the user may see more than one option for this question and will need to select the respective organization.

NOTE: If the appropriate applicant agency is not an option, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation. The applicant agency may need to be added as a new Organization in WebGrants and/or the individual associated with the login information may need to be associated to the existing Organization. Do not select an inappropriate applicant agency simply because the appropriate option doesn't exist.

FORM #2: CONTACT INFORMATION

The purpose of this form is to collect the names and contact information for the individuals that will be responsible for the oversight and administration of the proposed project.

- **Authorized Official:** the individual who has the authority to legally bind the applicant agency into a contract.
 - If the applicant agency or pass-thru agency is a city, the Mayor or City Administrator (as applicable to the agency's structure) shall be the Authorized Official.
 - If the applicant agency or pass-thru agency is a county, the Presiding County Commissioner or County Executive (as applicable to the agency's structure) shall be the Authorized Official.

Authorized Official
The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract. Refer to the above mentioned Grant Solicitation for further instructions.

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:* Missouri
City State Zip

Email:*

Phone:*
Ext.

Fax:*

- ❖ **Name:** enter the Title (e.g. Mr., Ms., Dr.), the First Name, and the Last Name of the proper Authorized Official.
- ❖ **Job Title:** enter the Job Title (e.g. Presiding Commissioner, County Executive) of the identified Authorized Official.
- ❖ **Agency:** enter the Agency name (e.g. Cole County Commissioner’s Office, City of Columbia) of the identified Authorized Official.
- ❖ **Mailing Address:** enter the mailing address of the identified Authorized Official. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ **Street Address 1:** if a PO Box was entered in the Mailing Address field, enter the physical street address of the identified Authorized Official. If the physical street address was entered in the Mailing Address field, leave this field blank.
- ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- ❖ **City/State/Zip:** enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- ❖ **Email:** enter the Email address of the identified Authorized Official.
- ❖ **Phone:** enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Authorized Official. Leave the Ext. field blank if the phone number is a direct line.
- ❖ **Fax:** enter the Fax number of the identified Authorized Official.

- **Project Director:** the individual who will have direct oversight of the proposed law enforcement project.
 - If the applicant agency or pass-thru agency is a city, the Police Chief shall be the Project Director.
 - If the applicant agency or pass-thru agency is a county, the Sheriff shall be the Project Director.
 - If the applicant agency or pass-thru agency is a city or county but is not overseen by the law enforcement agency at the unit of local government, the Task Force Board Director/President/Chair shall be the Project Director.

NOTE: For grant purposes, the Project Director cannot be the same person as the Authorized Official. If the Project Director is listed as the same person as the Authorized Official, the application may be denied.

Project Director
The Project Director is the individual that will have direct oversight of the proposed law enforcement project. Refer to the above mentioned Grant Solicitation for further instructions.

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:* Missouri
City State Zip

Email:*

Phone:*
Ext.

Fax:*

- ❖ **Name:** enter the Title (e.g. Sheriff, Chief, Mr., Ms.), the First Name, and the Last Name of the proper Project Director.
- ❖ **Job Title:** enter the Job Title (e.g. Sheriff, Chief) of the identified Project Director.
NOTE: As applicable, applicants entering their Task Force Board Director/President/Chair as the Project Director may need to clarify the job title as, for example, Sheriff/Board Chair to appropriately reflect the individual’s job title and their role as Project Director.
- ❖ **Agency:** enter the Agency name (e.g. Cole County Sheriff’s Office, Columbia Police Department) of the identified Project Director.
- ❖ **Mailing Address:** enter the mailing address of the identified Project Director. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ **Street Address 1:** if a PO Box was entered in the Mailing Address field, enter the physical street address of the identified Project Director. If the physical street address was entered in the Mailing Address field, leave this field blank.
- ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- ❖ **City/State/Zip:** enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- ❖ **Email:** enter the Email address of the identified Project Director.
- ❖ **Phone:** enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Project Director. Leave the Ext. field blank if the phone number is a direct line.
- ❖ **Fax:** enter the Fax number of the identified Project Director.

- **Fiscal Officer:** the individual who has responsibility for accounting and audit issues at the applicant agency or pass-thru agency level.
 - If the applicant agency or pass-thru agency is a city, the City Clerk, City Treasurer, or City Administrator (as applicable to the agency’s structure) shall be the Fiscal Officer.
 - If the applicant agency or pass-thru agency is a county, the County Treasurer or Director of Finance (as applicable to the agency’s structure) shall be the Fiscal Officer.

NOTE: For grant purposes, the Fiscal Officer cannot be the same person as the Authorized Official or Project Director. If the Fiscal Officer is listed as the same person as the Authorized Official or Project Director, the application may be denied.

Fiscal Officer

The Fiscal Officer is the individual who has responsibility for accounting and audit issues at the applicant agency or pass-thru agency level. Refer to the above mentioned Grant Solicitation for further instructions.

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:* Missouri
City State Zip

Email:*

Phone:*
Ext.

Fax:*

- ❖ **Name:** enter the Title (e.g. Mr., Ms.), the First Name, and the Last Name of the proper Fiscal Officer.
 - ❖ **Job Title:** enter the Job Title (e.g. City Clerk, City Treasurer, County Treasurer, Director of Finance) of the identified Fiscal Officer.
 - ❖ **Agency:** enter the Agency name (e.g. Cole County Treasurer’s Office, City of Columbia Finance Department) of the identified Fiscal Officer.
 - ❖ **Mailing Address:** enter the mailing address of the identified Fiscal Officer. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
 - ❖ **Street Address 1:** if a PO Box was entered in the Mailing Address field, enter the physical street address of the identified Fiscal Officer. If the physical street address was entered in the Mailing Address field, leave this field blank.
 - ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
 - ❖ **City/State/Zip:** enter the City, verify the State is listed as Missouri, and enter the Zip Code.
 - ❖ **Email:** enter the Email address of the identified Fiscal Officer.
 - ❖ **Phone:** enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Fiscal Officer. Leave the Ext. field blank if the phone number is a direct line.
 - ❖ **Fax:** enter the Fax number of the identified Fiscal Officer.
- **Officer in Charge:** the individual that will act as the supervisor or commander of the proposed project. This individual will be the primary contact for questions regarding the drug task force operations.

Officer in Charge
The Officer in Charge is the individual that will act as the supervisor or commander of the proposed project.

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. Do not enter a covert office address though.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here. Do not provide covert office address though.

Street Address 2:

City/State/Zip:* Missouri
City State Zip

Email:*

Phone:*
Ext.

Fax:*

- ❖ **Name:** enter the Title (e.g. Mr., Ms., Sgt., Lt., Capt., Chief Deputy), the First Name, and the Last Name of the proper Officer in Charge.
- ❖ **Job Title:** enter the Job Title of the identified Officer in Charge.
- ❖ **Agency:** enter the Agency name (e.g. Agency XYZ Task Force, MSHP – Division of Drug and Crime Control) of the identified Officer in Charge.
- ❖ **Mailing Address:** enter the mailing address of the identified Officer in Charge. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ **Street Address 1:** if a PO Box was entered in the Mailing Address field, enter the physical street address of the identified Officer in Charge. If the physical street address was entered in the Mailing Address field, leave this field blank.
- ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- ❖ **City/State/Zip:** enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- ❖ **Email:** enter the Email address of the identified Officer in Charge.
- ❖ **Phone:** enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Officer in Charge. Leave the Ext. field blank if the phone number is a direct line.
- ❖ **Fax:** enter the Fax number of the identified Officer in Charge.

FORM #3: PROJECT SUMMARY

The purpose of this form is to collect general information regarding the proposed project, such as:

The screenshot shows a web form with the following fields:

- Application Type:** A dropdown menu.
- Current Subaward Number(s):** A text input field.
- Program Category:** A list box containing "Corrections and Community Corrections", "Crime Victim and Witness", "Drug Treatment", and "Law Enforcement". Below the list is the instruction "Please press Ctrl + Click to select multiple items".
- Project Type:** A dropdown menu.
- Geographic Area:** A text input field.
- Brief Summary:** A text input field.
- Program Income Generated:** Radio buttons for "Yes" and "No".

- **Application Type-** indicate the type of application based on the following:

- NEW = the application is being submitted as part of a competitive bid process and is not currently being funded by the Missouri Department of Public Safety

NOTE: This option would be true if the project is not a continuation of a previously-funded project.

- RENEWAL = the application is being submitted as part of a renewal funding opportunity and is currently being funded by the Missouri Department of Public Safety

NOTE: This option is not applicable to JAG and therefore should not be selected.

- CONTINUATION = the application is being submitted as part of a competitive bid process to continue a program currently funded by the Missouri Department of Public Safety

NOTE: This option would be true if the project is a continuation of a previously-funded project with no major changes.

- EXPAND/ENHANCE AN EXISTING PROJECT = the application is being submitted as part of a competitive bid process to specifically expand or enhance an existing project currently funded by the Missouri Department of Public Safety

NOTE: This option would be true if the project is a continuation of a previously-funded project but additional services are included that would expand or enhance the original project.

- **Current Subaward Number(s)** - indicate the subaward number issued by the Missouri Department of Public Safety if the project is currently funded by a DPS grant (i.e. the Application Type is identified as Continuation or Expand/Enhance an Existing Project). Leave this question blank or put N/A if the project is not currently funded (i.e. the Application Type is identified as New).

- **Program Category** – select the following option: Law Enforcement.

- **Project Type** – select if the scope/service area of the project will be statewide, regional, or local.
- **Geographic Area** – provide a general overview of the geographical area to be served by the proposed project.

NOTE: For example, if a project were to serve central Missouri, you might put “Boone, Cooper, Moniteau, Morgan, Miller, Cole, Maries, Osage, and Callaway Counties located in central Missouri” for this question.

- **Brief Summary of the Project** – provide a brief summary of the services to be offered by the proposed project or a general overview of the outcome of the proposed project. Please do not repeat information verbatim from your narrative.

NOTE: This field is limited to 950 characters.

- **Program Income Generated** – indicate if program income will be generated. Program Income, as it relates to this funding opportunity, is defined as income generated as a direct result of a grant-funded project. For example, federal equitable sharing funds are an example of program income.

FORM #4: BUDGET

The purpose of this form is to identify all costs associated with the proposed project for which funding is requested.

A. PERSONNEL:

Include the salaries of all individuals working on the proposed project for which funding is requested.

Personnel

1. Include all personnel to be funded on the proposed project. If the project includes more than one individual, repeat this step for each person.
2. The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Funding Requested.

Provide the name of the individual for which grant funding is requested. If the name is unknown, put TBH.

Name*

Provide the job title of the individual.

Title*

Select whether the position is a Created (new) position that currently does not exist within the agency or a Retained (existing) position that does currently exist with the agency.

Position*

Select the employment status based on the individual's status with the organization (not on this project).

Employment Status*

Enter the actual (or anticipated) salary per pay period for the individual. Do not round! If the individual will experience a salary increase during the project period, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Salary per Pay Period*

Enter the number of pay periods for which funding is being requested at the above Salary per Pay Period amount. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Number of Pay Periods*

Indicate the percentage of funding being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following is an example to aid in the completion of the Personnel budget form:

EXAMPLE 1 – Full-time, retained position (meaning that a position existed through JAG or another source and the agency is maintaining the same level of staffing) for John Smith paid bi-weekly (26 pay periods a

year) at a salary of \$1,100.00 each pay period with no salary increase expected during the 12 month project period. The applicant agency will be contributing 25% of the salary cost from non-grant sources and therefore is only requesting 75% funding from the grant.

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Funding Requested	Total Cost
John Smith	Officer	Retained	FT	1,100.00	26	75	\$21,450.00

NOTE: The text entered under the NAME column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a salary change may occur during the project period, a budget line item should be included to reflect the initial salary and to reflect the change (increase or decrease) in salary. The following is an example to aid in the completion of the Personnel budget form:

EXAMPLE 2 – Full-time, created position (meaning that the position is in addition to existing positions and the agency is increasing its level of staffing) for John Smith paid monthly at a salary of \$2,000 each pay period but expected to receive a \$100 salary increase on January 1. The applicant agency is requesting 100% funding from the grant.

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Funding Requested	Total Cost
John Smith (July - Dec)	Officer	Created	FT	2,000.00	6	100	\$12,000.00
John Smith (Jan - June)	Officer	Created	FT	2,100.00	6	100	\$12,600.00
						Subtotal =	\$24,600.00

B. PERSONNEL JUSTIFICATION:

Personnel Justification

Personnel Justification

If personnel is not included in the budget, skip this section.

If personnel is included in the budget, provide the following justification for each position (preferably in the same order as the position is listed in the budget category):

If the position is new (created):

- Provide a description of the job responsibilities the individual will be expected to perform
- Where applicable to the posted position, identify any experience that will be expected of the individual

If the position exists (retained):

- Provide a description of the job responsibilities
- Provide a description of the experience possessed by the individual

If a salary change may occur during the project period and a separate line is included in the budget to reflect such change, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

If personnel are included in the budget, provide the following justification for each position (preferably in the same order as the position is listed in the budget category):

If the position is new (created), provide the following information per position:

- a description of the job responsibilities the individual will be expected to perform

- where applicable to the posted position, identify any experience that will be expected of the individual

If the position exists (retained), provide the following information:

- a description of the job responsibilities
- a description of the experience possessed by the individual

If a salary change may occur during the project period and a separate line is included in the budget to reflect such change, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel budget category to avoid discrepancies in the budget category and the budget justification.

C. PERSONNEL BENEFITS:

Include the fringe benefits of any individuals working on the proposed project for which funding is requested.

Personnel Benefits

1. Identify the fringe benefits for which funds are requested. If an individual is eligible for multiple benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as Salary/Premium x Percentage/# of Periods x % of Funding Requested.

Select the applicable fringe benefit to be included in the budget. This field is necessary for DPS reports.

Category*

Enter text based on how the fringe benefit will be displayed on the Claim report, often just repeating the option selected in the Category field. Where applicable, may need to clarify the individual(s) eligible for the selected fringe benefit where not all individuals are eligible. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

If the cost basis is a percentage of salary, enter the individual's salary. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the project period, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Salary/Premium*

If the cost basis is a percentage of salary, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Percentage/# of Periods*

Indicate the percentage of funding being requested for the specified benefit. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Personnel Benefits budget form:

EXAMPLE 1 – Based on the previous Example 1 for Personnel, John Smith’s grant-funded salary is \$21,450.00 (\$1,100 x 26 pay periods x 75% funding requested), but his total salary is \$28,600 (\$1,100 x 26 pay periods). If the applicant agency is requesting only 75% funding of employer fringe benefits as well, some examples may include:

- Dental Insurance - \$5.00 per month for the 12-month project period
- FICA/Medicare – 7.65% of salary (of \$28,600)
- Life Insurance - \$10.00 per month for the 12-month project period
- Medical Insurance - \$100.00 per month for the 12-month project period
- Pension (LAGERS) – 8% of salary (of \$28,600)
- Unemployment Comp – 1.2% of the first \$12,500 of salary
- Workers Comp – 2.823567% of salary (of \$28,600)

Category (Select from drop down box)	Item	Salary/Premium	Percentage/ # of Periods	% Funding Requested	Total Cost
Dental Insurance	Dental Insurance	5.00	12	75	\$60.00
FICA/Medicare	FICA/Medicare	28,600.00	0.0765	75	\$1,640.93
Life Insurance	Life Insurance	10.00	12	75	\$120.00
Medical Insurance	Medical Insurance	100.00	12	75	\$1,200.00
Pension/Retirement	LAGERS	28,600.00	0.08	75	\$1,716.00
Unemployment Comp	Unemployment Comp	12,500.00	0.012	75	\$112.50
Workers Comp	Workers Comp	28,600.00	0.0283	75	\$607.04

NOTE: The text entered under the ITEM column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a premium rate or fringe benefit percentage is expected to change during the project period, a budget line item should be included to reflect the initial rate/percentage and to reflect the change. The following is an example to aid in the completion of the Personnel Benefits budget form:

EXAMPLE 2 – John Smith’s total annual salary is \$28,600. His medical insurance premium is expected to increase from \$100/month to \$120/month on January 1. In addition, his pension LAGERS rate is expected to increase from 8% of salary to 9% of salary on January 1. The applicant agency is requesting 75% reimbursement for these employer fringe benefits.

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost
Medical Insurance	Medical Insurance (July - Dec)	100.00	6	75	\$450.00
Medical Insurance	Medical Insurance (Jan - June)	120.00	6	75	\$540.00
Pension/Retirement	LAGERS (July - Dec)	14,300.00	0.08	75	\$858.00
Pension/Retirement	LAGERS (Jan - June)	14,300.00	0.09	75	\$965.25

D. PERSONNEL BENEFITS JUSTIFICATION:

Personnel Benefits Justification

Benefits Justification

If personnel benefits are not included in the budget, skip this section.

If personnel benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the fringe benefit is listed in the budget category) to identify the cost and why it is needed.

If a premium or rate change may occur during the project period and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

If personnel benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the fringe benefit is listed in the budget category) to identify the cost and why it is needed.

If a premium or rate change may occur during the project period and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

For example:

Dental Insurance is contributed by the employer to Delta Dental at a rate of \$5.00 per month per employee to provide coverage for oral care.

FICA/Medicare is contributed by the employer to the IRS at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.

Life Insurance is contributed by the employer to Assurant Insurance at a rate of \$10.00 per month per employee to provide coverage in the event of death of the insured person.

Medical Insurance is contributed by the employer to United Healthcare at a rate of \$100.00 per month per employee to provide coverage in the event of illness or injury to the insured person. Premiums are based on the calendar year and are expected to increase to \$120.00 per month per employee on January 1, 2020.

Pension is contributed by the employer to the Missouri Local Government Employer Retirement System (LAGERS) at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase to 9% on January 1, 2020.

Unemployment Comp is contributed by the employer at rate of 1.2% of the first \$12,500 of salary in the calendar year to provide employees, whose jobs have been terminated through no fault of their own, monetary payments for a given period of time or until they find a new job.

Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.83% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.

NOTE: While important to clarify the percentage or premium per employee, it is recommended that agencies refrain from repeating the calculations outlined in the Personnel Benefits budget category to avoid discrepancies in the budget category and the budget justification.

E. PERSONNEL OVERTIME:

Include any overtime for individuals working on the proposed project for which funding is requested.

Personnel Overtime	
<small>1. Include all personnel-overtime to be funded on the proposed project. Repeat this step for each individual receiving overtime. 2. The Total Cost will automatically calculate as Hourly Overtime Pay x Hours on Project x % of Funding Requested.</small>	
<small>Provide the name of the individual for which overtime funding is requested. If the name is unknown, put TBH.</small>	
Name*	<input type="text"/>
<small>Provide the job title of the individual.</small>	
Title*	<input type="text"/>
<small>Enter the hourly overtime pay rate for the individual. Do not round! If an individual expects a salary increase during the project period, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.</small>	
Hourly Overtime Pay*	<input type="text" value="\$0.00"/>
<small>Enter the number of anticipated hours the individual will spend on the project at the above Hourly Overtime Pay rate. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.</small>	
Hours on Project*	<input type="text"/>
<small>Indicate the percentage of funding being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.</small>	
% of Funding Requested*	<input type="text"/>

The following is an example to aid in the completion of the Personnel Overtime budget form:

EXAMPLE 1 – John Smith will work approximately 200 hours of overtime on the proposed project. His overtime hourly pay rate is \$22.00, and the applicant agency is requesting 100% reimbursement of the cost.

Name	Title	Hourly Overtime Pay	Hours on Project	% of Funding Requested	Total Cost
John Smith	Officer	22.00	200	100	\$4,400.00

NOTE: The text entered under the NAME column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a change in overtime pay rate may occur during the project period, a budget line item should be included to reflect the initial overtime hourly pay and to reflect the change (increase or decrease) in overtime hourly pay. The following is an example to aid in the completion of the Personnel Overtime budget form:

EXAMPLE 2 – John Smith expects a salary increase on January 1. It is anticipated that he will work 100 hours during the months of July - December at an hourly rate of \$22.00/hour, and that he will work another 100 hours during the months of January - June at a an hourly rate of \$24.00/hour. The applicant agency is requesting 100% reimbursement of the cost.

Name	Title	Hourly Overtime Pay	Hours on Project	% of Funding Requested	Total Cost
John Smith (July - Dec)	Officer	22.00	100	100	\$2,200.00
John Smith (Jan - June)	Officer	24.00	100	100	\$2,400.00

F. PERSONNEL OVERTIME JUSTIFICATION:

Personnel Overtime Justification

Overtime Justification

If overtime is not included in the budget, skip this section.

If overtime is included in the budget, provide the following justification:

- description of the job responsibilities and any experience the individual possesses as it relates to the proposed project, for any personnel positions not included in the Personnel budget category
- description of why overtime funding is necessary to the project
- rationale for the number of hours budgeted for overtime, per position where applicable

If an overtime pay rate change may occur during the project period and a separate line is included in the budget to reflect such change, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

If overtime is included in the budget, provide the following justification:

- a description of the job responsibilities and any experience the individual possesses as it relates to the proposed project, for any personnel positions not included in the Personnel budget category
- a description of why overtime funding is necessary to the project
- rationale for the number of hours budgeted for overtime, per position where applicable

If an overtime pay rate change may occur during the project period and a separate line is included in the budget to reflect such change, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel Overtime budget category to avoid discrepancies in the budget category and the budget justification.

G. PERSONNEL OVERTIME BENEFITS:

Include the overtime fringe benefits of any individuals working on the proposed project for which funding is requested.

Personnel Overtime Benefits

1. Identify the overtime fringe benefits for which funds are requested. If an individual is eligible for multiple benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as Overtime/Premium x Percentage/# of Periods x % of Funding Requested.

Select the applicable overtime fringe benefit to be included in the budget. This field is necessary for DPS reports.

Category*

Enter text based on how the fringe benefit will be displayed on the Claim report, often just repeating the option selected in the Category field. Where applicable, may need to clarify the individual(s) eligible for the selected fringe benefit where not all individuals are eligible. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

If the cost basis is a percentage of overtime, enter the individual's overtime total. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the project period, refer to the Grant Solicitation identified above in the form instructions for further instructions and examples.

Overtime/Premium*

If the cost basis is a percentage of overtime, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Percentage/# of Periods*

Indicate the percentage of funding being requested for the specified benefit. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following is an example to aid in the completion of the Personnel Overtime Benefits budget form:

EXAMPLE 1 – Based on the previous Example 1 for Personnel Overtime, John Smith’s grant-funded overtime is \$4,400.00. If the applicant agency is requesting 100% funding of employer fringe benefits as well, some examples may include:

- FICA/Medicare – 7.65% of salary (of \$4,400)
- Pension (LAGERS) – 8% of salary (of \$4,400)
- Workers Comp – 2.823567% of salary (of \$4,400)

Category <small>(Select from drop down box)</small>	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost
FICA/Medicare	FICA/Medicare	4,400.00	0.0765	100	\$336.60
Pension/Retirement	LAGERS	4,400.00	0.08	100	\$352.00
Workers Comp	Workers Comp	4,400.00	0.0283	100	\$124.52

NOTE: The text entered under the ITEM column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a premium rate or fringe benefit percentage is expected to change during the project period, a budget line item should be included to reflect the initial rate/percentage and to reflect the change. The following is an example to aid in the completion of the Personnel Overtime Benefits budget form:

EXAMPLE 2 – John Smith’s total overtime salary is \$4,400. His pension LAGERS rate is expected to increase from 8% of overtime salary to 9% of overtime salary on January 1. Presuming overtime salary will be \$2,200.00 for July – December and \$2,200.00 for January – June, the applicant agency is requesting 100% reimbursement for this employer fringe benefit.

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost
Pension/Retirement	LAGERS (July - Dec)	2,200.00	0.08	100	\$176.00
Pension/Retirement	LAGERS (Jan - June)	2,200.00	0.09	100	\$198.00

H. PERSONNEL OVERTIME BENEFITS JUSTIFICATION:

Personnel Overtime Benefits Justification

Overtime Benefits Justification

If overtime benefits are not included in the budget, skip this section.

If overtime benefits are included in the budget, provide justification for each overtime fringe benefit (preferably in the same order as the overtime fringe benefit is listed in the budget category) to identify the cost and why it is needed.

If a premium or rate change may occur during the project period and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

If overtime benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the fringe benefit is listed in the budget category) by identifying the cost and why it is needed.

If a premium or rate change may occur during the project period and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

For example:

FICA/Medicare is contributed by the employer to the IRS at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.

Pension is contributed by the employer to the Missouri Local Government Employer Retirement System (LAGERS) at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase to 9% on January 1, 2020.

Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.83% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.

NOTE: While important to clarify the percentage or premium per employee, it is recommended that agencies refrain from repeating the calculations outlined in the Personnel Overtime Benefits budget category to avoid discrepancies in the budget category and the budget justification.

I. TRAVEL/TRAINING:

Include any travel or training related costs for which funding is requested.

Travel or training related costs may include, but not be limited to: fleet vehicle fuel, fleet vehicle maintenance, airfare/baggage, airport parking, lodging, hotel parking, meals, registration/tuition fees, rental car and fuel, mileage, shuttles, taxis, tolls, etc.

Due to the uncertainty of shuttles, taxis, toll roads, and parking, a “Miscellaneous” line tied to a particular travel event can be included within the budget to lump these variable expenses.

Travel should be in the most direct, practical route with prudence to the use of federal/state funds! Travel is often part of the job and travel arrangements and payments are intended to be neutral to the Subrecipient with no advantage or benefit to the Subrecipient.

Per the [Department of Justice \(DOJ\), Office of Justice Programs \(OJP\) Financial Guide, Chapter 3.9 - Allowable Costs](#), recipients and subrecipients must follow their own established travel policies, and only in the absence of an established travel policy shall the federal travel policy be utilized. The State of Missouri has an established travel policy. Because the Missouri Department of Public Safety is the state administering agency of the JAG monies, reimbursement of grant expenditures shall adhere to the travel policy adopted by the Missouri Department of Public Safety. Therefore, Subrecipients may be required to adhere to their local travel policy (per their department guidelines), but Subrecipients are encouraged to adhere to the state travel policy (where possible) because reimbursement of allowable grant expenditures will be handled pursuant to the current version of the “DPS Subrecipient Travel Guidelines”, which can be found at <https://dps.mo.gov/dir/programs/cjle/jag.php>.

Travel/Training	
<small>1. Itemize travel or training expenses by event or type. Repeat this step to include each expense. 2. Tuition or registration fees should be included on this form, but Consultant or Trainer Fees must be included under the Contractual budget category. 3. Travel must be by the most direct, practical route. The amount of mileage allowance shall not exceed the state's mileage allowance rate, which can be found at www.ao.mo.gov. Lodging expenses shall adhere to federal per diem rates, which can be found at www.gsa.gov. Meal expenses shall adhere to state per diem rates, which can be found at www.ao.mo.gov. Incidentals will not be allowed. 4. The Total Cost will automatically calculate as Unit Cost x Duration x Number x % of Funding Requested.</small>	
<small>Select the applicable travel-related cost to include in the budget. This field is necessary for DPS reports.</small>	
Category*	<input type="text"/>
<small>Identify the type of expense. If requesting training, enter the name of the training or conference followed by the cost type. Refer to the Grant Solicitation identified in the above form instructions for examples.</small>	
Item*	<input type="text"/>
<small>Enter the amount or rate per month, mile, day, ticket etc. being requested. For airfare/baggage, enter the ticket price. For lodging, enter the daily room rate. For meals, enter the daily per diem rate. For fuel, enter the anticipated cost per day or month of travel. For mileage, enter the mileage rate. For further examples and instructions, refer to the Grant Solicitation identified in the above form instructions.</small>	
Unit Cost*	<input type="text" value="\$0.00"/>
<small>Enter the number of months, miles, days, etc to represent the duration or frequency of the requested expense. If the expense is a one-time fee (e.g. airfare, registration fee), enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.</small>	
Duration*	<input type="text"/>
<small>Enter the number of vehicles, people, rooms, etc. being requested for the expense.</small>	
Number*	<input type="text"/>
<small>Indicate the percentage of funding being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.</small>	
% of Funding Requested*	<input type="text"/>

The following are examples to aid in the completion of the Travel/Training budget form:

EXAMPLE 1 – John Smith is requesting to attend the 3-day Missouri Narcotic Officers Association (MNOA) Conference and anticipates the following costs. The applicant agency is requesting 100% reimbursement of the training costs.

- lodging for 4 nights at the federal GSA rate of \$95.00/day + approximately \$10.00/day in taxes and surcharges for a total of \$105.00/day
- meals for 4 days at a state per diem rate of \$30.00/day
- mileage allowance for driving a personal vehicle for 100 miles at the state rate of \$0.37/mile
- registration costing \$130

EXAMPLE 2 – In addition, John Smith’s department supplies him with a vehicle, which requires fuel averaging \$150/month and vehicle maintenance averaging \$25/month. The applicant agency is requesting 75% reimbursement of these costs.

Category (Select from drop down box)	Item	Unit Cost (Amount or rate per mile, month, day, ticket)	Duration (Number of months, miles, days)	Number (Number of vehicles, people, rooms)	% of Funding Requested	Total Cost
Lodging	MNOA Conference – Lodging	105.00	4	1	100	\$420.00
Meals	MNOA Conference – Meals	30.00	4	1	100	\$120.00
Mileage	MNOA Conference – Mileage	0.37	100	1	100	\$37.00
Registration	MNOA Conference – Registration	130.00	1	1	100	\$130.00
Fuel	Fuel	150.00	12	1	75	\$1,350.00
Other	Vehicle Maintenance	25.00	12	1	75	\$225.00

NOTE: The text entered under the **ITEM** column, the number entered under the **NUMBER** column, and the percentage entered under the **% OF FUNDING REQUESTED** is how the line item will display on the Claim-Reimbursement form if your application is successful.

J. TRAVEL/TRAINING JUSTIFICATION:

Travel/Training Justification

Travel/Training Justification

If travel/training is not included in the budget, skip this section.

If non-training/non-meeting travel costs are included in the budget, address the following information for each cost (preferably in the order listed in the budget category):

- description of why the cost is necessary to the success of the proposed budget
- rationale for the budgeted cost

If training/meeting travel costs are included in the budget, address the following information for each training/meeting (preferably in the order listed in the budget category):

- the location of the training/meeting (if unknown, clearly identify the location of the training/meeting is TBA)
- the date(s) of the training/meeting (if unknown, clearly identify the date(s) of the training/meeting is TBA)
- who will be attending the training/meeting
- a synopsis of the training/meeting
- anticipated benefit of the training/meeting, making sure to clarify why the training/meeting is pertinent to the person(s) attending

If the person attending the training/meeting is not budgeted within the Personnel or Personnel Overtime budget category, be sure to also clarify who the person is, their role/job responsibilities with the project, and any experience possessed as it relates to the proposed project.

If **non-training/non-meeting travel costs** are included in the budget, address the following information for each cost (preferably in the order listed in the budget category):

- description of why the cost is necessary to the success of the proposed project

- rationale for the budgeted cost (e.g. clarifying the number of vehicles if the number exceeds the number of budgeted/known personnel, clarifying how the unit cost for fuel was derived)

If **training/meeting travel costs** are included in the budget, address the following information for each training/meeting:

- the location of the training/meeting (if unknown, clearly identify that the location of the training/meeting is TBA)
- the date(s) of the training/meeting (if unknown, clearly identify that the dates of the training/meeting is TBA)
- who will be attending the training/meeting
- a synopsis of the training
- anticipated benefit of the training/meeting, making sure to clarify why the training/meeting is pertinent to the person(s) attending.

If the person attending the training/meeting is not budgeted within the Personnel or Personnel Overtime budget category, be sure to also clarify who the person is, their role/job responsibilities with the project, and any experience possessed as it relates to the proposed project.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Travel/Training budget category to avoid discrepancies in the budget category and the budget justification.

K. EQUIPMENT:

Include any equipment for which funding is requested.

Equipment is defined as tangible, non-expendable (non-consumable) personal property having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit.

Items included in the Equipment budget category must be recorded and tracked in an inventory control list and tagged to reflect its source of funding, where possible.

NOTE: An applicant may use its own definition of equipment provided that the definition would, at least, include the equipment described above.

Equipment	
<p>1. Itemize equipment by item. To include more than one item, repeat this step for each budget item. 2. Equipment is defined as tangible property, having a useful life of more than one year. Equipment must be recorded and tracked in an Inventory Control Listing and tagged to reflect its source of funding, where possible. Items not meeting these guidelines should be listed in the Supplies/Operations budget category. 3. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.</p>	
<p>Identify the equipment item being requested. Refer to the Grant Solicitation identified above in the form instructions for examples.</p>	
Item*	<input type="text"/>
<p>Provide any necessary details, if applicable, to describe the item, such as brand, model number, size, capability, included accessories, etc. If requesting mobile radios, must provide the manufacturer and model number so DPS can verify its compliance with the Missouri Statewide Interoperability Network (MOSWIN).</p>	
Description	<input type="text"/>
<p>Provide the price of the item, including shipping, installation, etc., if applicable.</p>	
Unit Cost*	<input type="text" value="\$0.00"/>
<p>Provide the requested number of items to be purchased.</p>	
Quantity*	<input type="text"/>
<p>Provide the name of the vendor from which you obtained the unit pricing. If your application is approved, you will not be obligated to purchase the item from this vendor.</p>	
Source of Bid	<input type="text"/>
<p>Indicate the percentage of funding being requested for the equipment item. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.</p>	
% of Funding Requested*	<input type="text"/>

The following are examples to aid in the completion of the Equipment budget form:

EXAMPLE 1 – John Smith requests to purchase a replacement Mobile Radio to meet the State’s interoperability requirements. The Motorola XTL 2500 VHF mobile radio was priced from Motorola at \$2,000 each, plus \$100 installation/programming. The applicant agency requests 50% reimbursement from the grant and will cover 50% of the cost from other non-grant sources.

EXAMPLE 2 – John Smith also requests to purchase a replacement desktop computer. The computer was priced from Dell at \$1,000 each, plus \$20 shipping. The applicant agency requests 100% reimbursement from the grant.

Item	Description	Unit Cost	Quantity	Source of Bid	% of Funding Requested	Total Cost
Mobile Radio	Motorola XTL 2500VHF; includes installation & programming	2,100.00	1	Motorola	50	\$1,050.00
Desktop Computer	Includes shipping	1,020.00	1	Dell	100	\$1,020.00

NOTE: The text entered under the **ITEM** column, the number entered under the **QUANTITY** column, and the percentage entered under the **% OF FUNDING REQUESTED** is how the line item will display on the Claim-Reimbursement form if your application is successful.

L. EQUIPMENT JUSTIFICATION:

Equipment Justification

Equipment Justification

If equipment is not included in the budget, skip this section.

If equipment is included in the budget, provide the following for each budget line item (preferably in the same order listed in the budget category):

- What is the item?
- How will the item be used?
- Who will use the item?
- Is the item a replacement to current equipment, in addition to current equipment, or something the agency doesn't currently have?

If equipment is included in the budget, provide justification for each budget line (preferably in the same order listed in the budget category). Make sure to address the following information:

- what is the item
- how will the item be used
- who will use the item
- whether the item is a replacement to current equipment, in addition to current equipment, or something the agency doesn’t current have

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Equipment budget category to avoid discrepancies in the budget category and the budget justification.

M. SUPPLIES/OPERATIONS:

Include any supplies or operational costs for which funding is requested.

Supplies/Operations costs may include, but not be limited to: office supplies (e.g. pens, paper, tape, staples, batteries, postage, etc), field supplies (e.g. evidence bags, collection tubes, test kits, gloves, etc), training materials, printed materials, computer software, etc.

NOTE: "Supplies", such as office supplies and field supplies, are considered consumable items. While a "supply" may include non-consumable items (depending on the item), it should not be used as a catch-all budget line for equipment, furniture, software, and other items that are not coined "supplies". Costs should be clearly budgeted as separate line items.

Supplies/Operations

1. List by type of supply or operational expense. To include more than one supply or operational expense, repeat this step for each budget item.
 2. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.

List each budget item by type of supply or operational expense. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

Select the basis for cost estimate to reflect the frequency of the unit cost.

Basis for Cost Estimate*

Enter the amount or rate per day, month, quarter, year, person, etc. based on the frequency selected under Basis for Cost Estimate. If your agency expects a rate change during the project period in any operational expense, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Unit Cost*

Enter the requested number of days, months, people, units, etc. If the expense is a one-time cost, enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Quantity*

Indicate the percentage of funding being requested for the supply/operational expense. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Supplies/Operations budget form:

EXAMPLE 1 – John Smith requests office supplies averaging \$25/month for the 12 month project period. The applicant agency is requesting 100% reimbursement from the grant.

EXAMPLE 2 – John Smith also requires drug testing once a quarter. He expects the testing will cost \$50 a test. The applicant agency is requesting 100% reimbursement from the grant.

Item	Basis for Cost Estimate <i>(Select from drop down box)</i>	Unit Cost	Quantity	% of Funding Requested	Total Cost
Office Supplies	Monthly	25.00	12	100	\$300.00
Drug Testing	Quarterly	50.00	4	100	\$200.00

NOTE: The text entered under the ITEM column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful. Therefore, be sure if requesting multiple quantities of an item, to include the quantity in the Item column.

N. SUPPLIES/OPERATIONS JUSTIFICATION:

Supplies/Operations Justification

Supplies/Operations Justification

If supplies/operations are not included in the budget, skip this section.

If supplies/operations are included in the budget, provide the following justification for each expense (preferably in the same order listed in the budget category):

- *why the supply or operational cost is necessary for the proposed project, making sure to clearly identify how the item will be used*
- *who will use (or benefit from) the supply or operational cost*

If a rate change may occur during the project period for an operating expense and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

If supplies/operations are included in the budget, provide justification for each expense (preferably in the same order listed in the budget category). Make sure to address the following information:

- why the supply or operational cost is necessary for the proposed project, making sure to clearly identify how the item will be used
- who will use (or benefit from) the supply or operational cost

If a rate change may occur during the project period for an operating expense and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Supplies/Operations budget category to avoid discrepancies in the budget category and the budget justification.

O. CONTRACTUAL:

Include any contractual support or consultant services for which funding are requested.

Contractual costs may include, but not be limited to: office telephones, cell phones, internet service, office rent, office utilities, security alarm, vehicle lease, vehicle insurance, copier lease, computer/data support, officer liability insurance, consultant fees, etc.

Contractual

1. List by type of contractual support or consultant service. To include more than one type of contractual expense, repeat this step for each item.
 2. Consultant services shall not exceed \$650 for an 8-hour day (or \$81.25/hour). Rates exceeding this amount would be subject to approval by the Bureau of Justice Assistance.
 3. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.

Identify the type of contractual or consultant service. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item*

Select the basis for cost estimate to reflect the frequency of the unit cost.

Basis for Cost Estimate*

Enter the amount or rate per hour, day, month, quarter, year, person, etc. based on the frequency selected under Basis for Cost Estimate. If your agency expects a rate change during the project period in any contractual expense, refer to the Grant Solicitation identified in the above form instructions for further instructions and examples.

Unit Cost*

Enter the requested number of months, quarters, hours, sessions, etc. If the expense is a one-time cost, enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Quantity*

Indicate the percentage of funding being requested for the contractual expense. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

The following are examples to aid in the completion of the Contractual budget form:

EXAMPLE 1 – John Smith requests office telephone service for the 12 month project period, which is shared with the department but averages 50% usage towards the proposed project. The telephone service costs \$70/month.

EXAMPLE 2 – John Smith also requests internet service. The internet provider has indicated a rate increase from \$45/month to \$50/month effective January 1. The applicant agency is requesting 100% reimbursement from the grant.

EXAMPLE 3 – John Smith also requests Office Rent. The landlord has indicated a rate increase from \$400/month to \$450/month effective January 1. The applicant agency is requesting 50% reimbursement from the grant.

EXAMPLE 4 – John Smith also requests the Utilities (electric, water, sewer, and trash) be funded. These services average \$150/month. The applicant agency is requesting 100% reimbursement from the grant.

EXAMPLE 5 – John Smith also requests the Security Alarm be funded. This service costs \$75/quarter. The applicant agency is requesting 100% reimbursement from the grant.

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EXAMPLE 6 – John Smith also requests that 2 vehicles be leased. The leasing will average \$5,000/year per vehicle. The applicant agency is requesting 75% reimbursement from the grant.

EXAMPLE 7 – Finally, John Smith requests to hire a consultant to train the department on the Guidelines of Civil Protection. The consultant’s course will last 8 hours and charges \$35/hour. The applicant agency is requesting 100% reimbursement from the grant.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost
Office Telephone	Monthly	70.00	12	50	\$420.00
Internet (July - Dec)	Monthly	45.00	6	100	\$270.00
Internet (Jan - June)	Monthly	50.00	6	100	\$300.00
Office Rent (July - Dec)	Monthly	400.00	6	50	\$1,200.00
Office Rent (Jan - June)	Monthly	450.00	6	50	\$1,350.00
Utilities (Electric, Water, Sewer, & Trash)	Monthly	150.00	12	100	\$1,800.00
Security Alarm	Quarterly	75.00	4	100	\$300.00
Vehicle Lease (2)	Annually	10,000.00	1	75	\$7,500.00
Consultant – Civil Protection Training (8 hrs)	Hourly	35.00	8	100	\$280.00

NOTE: The text entered under the ITEM column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful. Therefore, be sure if requesting multiple quantities of an item, to include the quantity in the Item column.

P. CONTRACTUAL JUSTIFICATION:

Contractual Justification

Contractual Justification

If contractual or consultant services are not included in the budget, skip this section.

If contractual or consultant services are included in the budget, provide the following justification for each expense (preferably in the same order listed in the budget category):

- *why the item is necessary for the proposed project, making sure to clearly identify how the item is used*
- *who will benefit from the item*

If a rate change may occur during the project period for a contractual expense and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

If contractual or consultant services are included in the budget, provide justification for each expense (preferably in the same order listed in the budget category):

- why the item is necessary for the proposed project, making sure to clearly identify how the item is used
- who will benefit from the item

If a rate change may occur during the project period for a contractual expense and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Contractual budget category to avoid discrepancies in the budget category and the budget justification.

FORM #5: BRIEF HISTORY

The purpose of this narrative form is to identify the drug task force and provide some background information regarding the drug task force. This information provides the grantor with a basic understanding of the history of the project.

On this form, in a narrative format, identify the following information:

- When the task force originally organized.
- Why the task force originally organized.
- The number of agencies involved in the task force at the time of organization.

Brief History

Brief History*

Identify the following information to provide an overview of the project:

- When the task force originally organized.
- Why the task force originally organized.
- The number of agencies involved in the task force at the time of organization.

FORM #6: STATEMENT OF THE PROBLEM

The purpose of this narrative form is to define the problem you will be attempting to impact with the project for which you are requesting funds. This information provides the grantor with a basic understanding of the problem(s) that the task force faces and the issue(s) that will be addressed, as well as to provide facts to support the problem references.

On this form, in a narrative format, provide the following information:

- Identify the problem(s) being addressed by the use of the requested funds.
- Include facts and statistics on incidents of crime to demonstrate a need for funding. For example, include statistics relating to drug activity that affects your service area, such as types of drugs or organizational rings that exist, street value of those drugs compared to previous year to demonstrate an increase or decrease in demand, number of investigations, number of arrests, total amount of seized narcotics and/or property, etc.
- Identify existing resources (or the lack thereof), demographic and geographic specifications (e.g. proximity to source area of drugs, interstates, bus stations, surrounding local law enforcement agencies, clandestine drug lab collection station), etc. to demonstrate a need for funding.

Statement of the Problem

Statement of the Problem*

Provide the following information to define the problem that you will be attempting to impact with the project for which you are requesting funds:

- Identify the problem(s) being addressed by the use of funds being requested.
- Include current facts and statistics on incidents of crime to demonstrate a need for funding.
- Identify existing resources (or the lack thereof), demographic and geographic specifications, etc. to demonstrate a need for funding.

FORM #7: GOALS AND OBJECTIVES

The purpose of this form is to identify the statewide goals for drug task forces and gather information to determine the probability of the project to meet the desired objectives.

Goal #1: Collaboration with Other Law Enforcement Agencies

Objective #1 – Coverage and Collaboration

1. Will the task force serve a county during the upcoming grant year that was not served by a JAG-funded drug task force during the previous grant year?
 - If Yes, identify the county(s) that will be served during the upcoming grant year that wasn't served by a JAG-funded drug task force during the prior grant year.
 - If No, explain why the task force will not serve during the upcoming grant year a county previously unserved by another JAG-funded drug task force during the previous grant year. (If there is not an unserved county contiguous to the task force's service area to be served in the upcoming grant year, the explanation can simply state that each county contiguous to the task force's service area was and will continue to be served by another JAG-funded drug task force during the upcoming grant year.)

NOTE: The color-coded Memorandum of Understanding (MOU) signing map maintained by the Department of Public Safety should be referenced for the response to this objective. Generally, but not always, task forces' service areas are defined by MOUs.

Goal #1 - Collaboration with Other Agencies

Objective #1 - Coverage and Collaboration

For the following question, the color-coded Memorandum of Understanding (MOU) signing map maintained by the Department of Public Safety should be referenced for the response. Generally, but not always, task forces' service areas are defined by MOUs.

1. Will the task force serve a county during the upcoming grant year that was not served by a JAG-funded drug task force during the previous grant year?* Yes No

Narrative*

- *If Yes, identify the county(s) that will be served during the upcoming grant year that wasn't served by a JAG-funded drug task force during the prior grant year.*
- *If No, explain why the task force will not serve during the upcoming grant year a county previously unserved by another JAG-funded drug task force during the previous grant year. (If there is not an unserved county contiguous to the task force's service area to be served in the upcoming grant year, the explanation can simply state that each county contiguous to the task force's service area was and will continue to be served by another JAG-funded drug task force during the upcoming grant year.)*

2. Does the task force actively engage with a prosecutor(s) or other attorney(s) for representation or legal advice on task force policies, procedures, and operations?
 - If Yes, identify the prosecutor(s) or other attorney(s) and describe the nature of such services for each respective person identified.
 - If No, explain the plan to become more actively involved with a prosecutor or other attorney for representation or legal advice on task force policies, procedures, and operations.

NOTE: The term “task force policies, procedures, and operations” includes, but is not limited to, policy writing, task force board operations, search warrant applications, investigations, and sunshine law matters.

For the following question, the term “task force policies, procedures, and operations” includes, but are not limited to, policy writing, task force board operations, search warrant applications, investigations, and sunshine law matters.

2. Does the task force actively engage with a prosecutor(s) or other attorney(s) for representation or legal advice on task force policies, procedures, and operations? Yes No

Narrative*

- If Yes, identify the prosecutor(s) or other attorney(s) and describe the nature of such services for each respective person identified.
- If No, explain the plan to become more actively involved with a prosecutor or other attorney for representation or legal advice on task force policies, procedures, and operations.

Objective #2 – Investment

1. Do all of the agencies signing the MOU contribute resources (e.g. personnel, currency, equipment, fuel, office space, etc)?
 - If Yes, list each of the agencies signing the MOU. Then, next to the name of each agency listed, identify its respective contribution(s) and the approximate monetary value of each contribution.
 - If No, list each of the agencies signing the MOU. Then, next to the name of each agency listed that does contribute, identify its respective contribution(s) and the approximate monetary value of each contribution. For any agency signing the MOU but not contributing resources, next to the agency’s name, identify its respective reason for not contributing.

NOTE: The term “MOU” (or Memorandum of Understanding) refers to the agreement signed between the participating agencies and could also be called a Memorandum of Agreement (MOA), Letter of Agreement (LOA), etc.

NOTE: In addition, the term "resources" has not been defined due to other implications for task forces, but "resources" are considered things of value to the task force that are above and beyond the normal course of services that would be provided by the MOU signer. For example, providing police back-up when called upon is a service that would normally exist within the police community and is not considered a "resource" for this question. In addition, personnel loaned to the task force but then reimbursed 100% are not considered contributions as there is no financial investment (or financial loss in terms of costs) from the loaning agency given that the costs are reimbursed 100%. A contributed “resource” generally results in a monetary loss by the donating agency (whether as cash or an in-kind contribution) and a monetary gain by the receiving agency (whether as cash or an in-kind contribution).

NOTE: Lastly, multiple signers within a city (e.g. Police Department, Fire Department, etc) represent 1 city subdivision, and multiple signers within a county (e.g. Sheriff's Office, Prosecutor's Office, Park Rangers, Emergency Management Agency, etc) represent 1 county subdivision. Likewise,

multiple signers within state government (e.g. Highway Patrol, Department of Natural Resources, Department of Conversation, etc) represent 1 state subdivision, and multiple signers within federal government (e.g. DEA, Postal Inspectors, Forest Service, National Guard, etc) represent 1 federal subdivision. This is not intended to discourage MOU signers within a governmental subdivision but rather to protect the integrity of a multi-jurisdictional project. All JAG-funded drug task forces are expected to have a minimum of 10 governmental subdivisions signing its Memorandum of Understanding (MOU). This question, however, asks that all MOU signers be addressed through (not just government subdivisions).

Goal #1 - Collaboration with Other Agencies

Objective #2 - Investment

For the following question, the term "MOU" (or Memorandum of Understanding) refers to the agreement signed between the participating agencies and could also be called a Memorandum of Agreement (MOA), Letter of Agreement (LOA), etc.

Also for the following question, the term "resources" has not been defined due to other implications for task forces, but "resources" are considered things of value to the task force that are above and beyond the normal course of services that would be provided by the MOU signer. For example, providing police back-up when called upon is a service that would normally exist within the police community and is not considered a "resource" for this question. In addition, personnel loaned to the task force but then reimbursed 100% are not considered contributions as there is no financial investment (or financial loss in terms of costs) from the loaning agency given that the costs are reimbursed 100%. A contributed "resource" generally results in a monetary loss by the donating agency (whether as cash or an in-kind contribution) and a monetary gain by the receiving agency (whether as cash or an in-kind contribution).

NOTE: multiple signers within a city (e.g. Police Department, Fire Department, etc) represent 1 city subdivision, and multiple signers within a county (e.g. Sheriff's Office, Prosecutor's Office, Park Rangers, Emergency Management Agency, etc) represent 1 county subdivision. Likewise, multiple signers within state government (e.g. Highway Patrol, Department of Natural Resources, Department of Conversation, etc) represent 1 state subdivision, and multiple signers within federal government (e.g. DEA, Postal Inspectors, Forest Service, National Guard, etc) represent 1 federal subdivision. This is not intended to discourage MOU signers within a governmental subdivision but rather to protect the integrity of a multi-jurisdictional project. All JAG-funded drug task forces are expected to have a minimum of 10 governmental subdivisions signing its Memorandum of Understanding (MOU). The following question asks that all MOU signers be addressed through (not just governmental subdivisions).

1. Do all of the agencies signing the MOU contribute resources (e.g. personnel, currency, equipment, fuel, office space, etc)?* Yes No

Narrative*

- If Yes, list each of the agencies signing the MOU. Then, next to the name of each agency listed, identify its respective contribution(s) and the approximate monetary value of each contribution.*
- If No, list each of the agencies signing the MOU. Then, next to the name of each agency listed that does contribute, identify its respective contribution(s) and the approximate monetary value of each contribution. For any agency signing the MOU but not contributing resources, next to the agency's name, identify its respective reason for not contributing.*

Objective #3 – Deconfliction

- Has the task force adopted a written policy(s) for deconfliction that addresses all of the following: 1) when to deconflict and 2) how or through which means to deconflict?
 - If Yes, identify the policy name(s) and respective policy number(s).
 - If No, explain the plan to implement such written policy.

NOTE: A copy of the policy(s) subject to this question is not requested nor required with the application. Please do not submit with the application.

NOTE: In addition, this question only addresses the minimum objectives reviewed during the previous policy evaluation process. The additional objective that addressed the need to document documentation is not included in this question and thus should not be factored into the response.

Goal #1 - Collaboration with Other Agencies

Objective #3 - Deconfliction

NOTE: a copy of the policy(s) subject to the following question is not requested nor required with the application. Please do not submit with the application. Also, the following question only addresses the minimum objectives reviewed during the previous policy evaluation process. The additional objective that addressed the need to document deconflictions is not included in this question and thus should not be factored into the response.

1. Has the task force adopted a written policy(s) for deconfliction that addresses all of the following: 1) when to deconflict and 2) how or through which means to deconflict? Yes No

Narrative*

- If Yes, identify the policy name(s) and respective policy number(s).
- If No, explain the plan to implement such written policy.

Objective #4 – Information Sharing

1. Has the task force adopted a written policy(s) for information sharing with other JAG-funded drug task forces that addresses all of the following: 1) the type(s) of information to be shared and 2) through which means information will be shared?
 - If Yes, identify the policy name(s) and respective policy number(s).
 - If No, explain the plan to implement such written policy.

NOTE: A copy of the policy(s) subject to this question is not requested nor required with the application. Please do not submit with the application.

Goal #1 - Collaboration with Other Agencies

Objective #4 - Information Sharing

NOTE: a copy of the policy(s) subject to the following question is not requested nor required with the application. Please do not submit with the application.

1. Has the task force adopted a written policy(s) for information sharing with other JAG-funded drug task forces that addresses all of the following: 1) the type(s) of information to be shared and 2) through which means information will be shared? Yes No

Narrative*

- If Yes, identify the policy name(s) and respective policy number(s).
- If No, explain the plan to implement such written policy.

2. Did the task force participate in semi-annual regional meetings with other JAG-funded drug task forces during the prior calendar year?
- If Yes, list the date and location of each semi-annual regional meeting, as well as provide a list of the agencies in attendance, of each semi-annual regional meeting attended during the prior calendar year.
 - If No, where applicable, list the date and location, as well as provide a list of agencies in attendance, of any semi-annual regional meeting that was attended during the prior calendar year. Then, explain the plan to coordinate and/or participate in future regional meetings with other JAG-funded drug task forces.

NOTE: A semi-annual regional meeting with other JAG-funded drug task forces should occur during the period of April-June and again during the period of July-September. (This objective coupled with the next objective of semi-annual statewide OIC meetings in March and October will promote a total of 4 meetings per year.)

For the following question, a semi-annual regional meeting with other JAG-funded drug task forces should occur during the period of April-June and again during the period of July-September. (This objective coupled with the next objective of semi-annual statewide OIC meetings in March and October will promote a total of 4 meetings per year.)

2. Did the task force participate in semi-annual regional meetings with other JAG-funded drug task forces during the prior calendar year?* Yes No

Narrative*

- If Yes, list the date and location of each semi-annual regional meeting, as well as provide a list of the agencies in attendance, of each semi-annual regional meeting attended during the prior calendar year.
- If No, where applicable, list the date and location, as well as provide a list of agencies in attendance, of any semi-annual regional meeting that was attended during the prior calendar year. Then, explain the plan to coordinate and/or participate in future regional meetings with other JAG-funded drug task forces.

3. Did the task force participate in both semi-annual statewide drug task force commander (OIC) meetings hosted by the Department of Public Safety during the prior calendar year?
- If Yes, list the date of each semi-annual statewide drug task force commander (OIC) meeting attended during the prior calendar year.
 - If No, where applicable, list the date of any semi-annual statewide drug task force commander (OIC) meeting that was attended during the prior calendar year. Then, explain the plan to participate in future semi-annual statewide drug task force commander (OIC) meetings hosted by the Department of Public Safety.

NOTE: The semi-annual statewide drug task force commander (OIC) meetings, as of recent years, have been hosted in March and October in Springfield, MO. The prior year's meeting dates were 03/27/2018 and 10/26/2018. (This objective coupled with the preceding objective of semi-annual regional meetings in April-June and July-September will promote a total of 4 meetings per year.)

For the following question, the semi-annual statewide drug task force commander (OIC) meetings, as of recent years, have been hosted in March and October in Springfield, MO. The prior year's meeting dates were 03/27/2018 and 10/26/2018. (This objective coupled with the preceding objective of semi-annual regional meetings in April-June and July-September will promote a total of 4 meetings per year.)

3. Did the task force participate in both semi-annual statewide drug task force commander (OIC) meetings hosted by the Department of Public Safety during the prior calendar year? Yes No

Narrative*

- If Yes, list the date of each semi-annual statewide drug task force commander (OIC) meeting attended during the prior calendar year.
- If No, where applicable, list the date of any semi-annual statewide drug task force commander (OIC) meeting that was attended during the prior calendar year. Then, explain the plan to participate in future semi-annual statewide drug task force commander (OIC) meetings hosted by the Department of Public Safety.

Goal #2: Minimum Standards

Objective #1 - Standard Operating Procedures (SOPs)

1. Has the task force adopted a written policy(s) for personnel hiring/selection that addresses all of the following: 1) whether the task force commander and/or board is included in the selection process for new officers and 2) a requirement of drug/alcohol testing as a condition of begin offered employment?
 - If Yes, identify the policy name(s) and respective policy number(s).
 - If No, explain the plan to implement such written policy.

NOTE: A copy of the policy(s) subject to this question is not requested nor required with the application. Please do not submit with the application.

NOTE: In addition, this question only addresses the minimum objectives reviewed during the previous policy evaluation process. The additional objectives that addressed 1) authority to exercise disciplinary action in the event an officer violates a task force policy, 2) conducting performance evaluations, and 3) conducting ongoing post-employment drug/alcohol testing are not included in this question and thus should not be factored into the response.

Goal #2 - Minimum Standards

Objective #1 - Standard Operating Procedures (SOPs)

NOTE: a copy of the policy(s) subject to the following question is not requested nor required with the application. Please do not submit with the application. Also, this question only addresses the minimum objectives reviewed during the previous policy evaluation process. The additional objectives that addressed 1) authority to exercise disciplinary action in the event an officer violates a task force policy, 2) conducting performance evaluations, and 3) conducting ongoing post-employment drug/alcohol testing are not included in this question and thus should not be factored into the response.

1. Has the task force adopted a written policy(s) for personnel hiring/selection that addresses all of the following: 1) whether the task force commander and/or board is included in the selection process for new officers and 2) a requirement of drug/alcohol testing as a condition of being offered employment? Yes No

Narrative*

- If Yes, identify the policy name(s) and respective policy number(s).
- If No, explain the plan to implement such written policy.

2. Has the task force adopted a written policy(s) for informants that addresses all of the following: 1) the types of information/records that shall be contained in an informant's file, 2) a designation to the task force commander (or similar person of approval) to review/approve informant files, 3) a requirement for a full debrief/initial documented interview with informants, 4) a requirement for a log to be maintained for all activity conducted as it pertains to each informants, 5) a process for the security/custody of informant files, 6) a requirement to maintain professional/ethical relationships with informants, 7) a requirement for the presence of two officers (at least one of the same sex) when meeting with an informant, 8) the terms and conditions for the use of juveniles as informants, 9) how and by whom informant payments are authorized, 10) a requirement of officers to prepare a receipt for all payments made to informants and to identify the signatory parties for such receipts, 11) the measures to be taken in the event an informant fails to abide by the task force/informant agreement, and 12) a requirement to periodically review informant files and deactivate informants that are not considered active?

- If Yes, identify the policy name(s) and respective policy number(s).
- If No, explain the plan to implement such written policy.

NOTE: A copy of the policy(s) subject to this question is not requested nor required with the application. Please do not submit with the application.

NOTE: a copy of the policy(s) subject to the following question is not requested nor required with the application. Please do not submit with the application.

2. Has the task force adopted a written policy(s) for informants that addresses all of the following: 1) the types of information/records that shall be contained in an informant's file, 2) a designation to the task force commander (or similar person of approval) to review/approve informant files, 3) a requirement for a full debrief/initial documented interview with informants, 4) a requirement for a log to be maintained for all activity conducted as it pertains to each informant, 5) a process for the security/custody of informant files, 6) a requirement to maintain professional/ethical relationships with informants, 7) a requirement for the presence of two officers (at least one of the same sex) when meeting with an informant, 8) the terms and conditions for the use of juveniles as informants, 9) how and by whom informant payments are authorized, 10) a requirement of officers to prepare a receipt for all payments made to informants and to identify the signatory parties for such receipts, 11) the measures to be taken in the event an informant fails to abide by the task force/informant agreement, and 12) a requirement to periodically review informant files and deactivate informants that are not considered active?*

Yes No

Narrative*

- If Yes, identify the policy name(s) and respective policy number(s).
- If No, explain the plan to implement such written policy.

3. Has the task force adopted a written policy(s) for evidence that addresses all of the following: 1) a requirement to document the chain of custody of evidence, 2) the safekeeping, processing, and storage of evidence, and 3) a process for the disposal/return of evidence?

- If Yes, identify the policy name(s) and respective policy number(s).
- If No, identify the plan to implement such written policy.

NOTE: A copy of the policy(s) subject to this question is not requested nor required with the application. Please do not submit with the application.

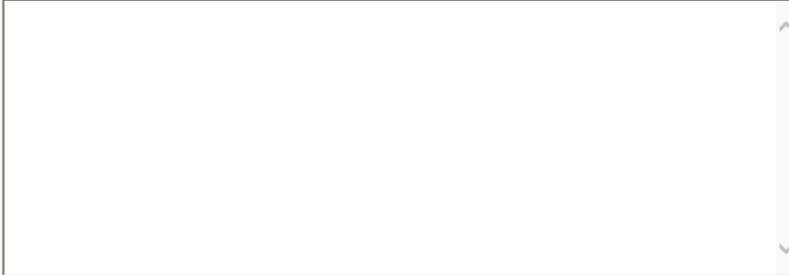
NOTE: In addition, this question only addresses the minimum objectives reviewed during the previous policy evaluation process. The additional objectives that addressed the handling/documentation of currency, firearms, and hazardous evidence are not included in this question and thus should not be factored into the response.

NOTE: a copy of the policy(s) subject to the following question is not requested nor required with the application. Please do not submit with the application. Also, this question only addresses the minimum objectives reviewed during the previous policy evaluation process. The additional objectives that addressed the handling/documentation of currency, firearms, and hazardous evidence are not included in this question and thus should not be factored into the response.

3. Has the task force adopted a written policy(s) for evidence that addresses all of the following: 1) a requirement to document the chain of custody of evidence, 2) the safekeeping, processing, and storage of evidence, and 3) a process for the disposal/return of evidence? Yes No

Narrative*

- If Yes, identify the policy name(s) and respective policy number(s).
- If No, explain the plan to implement such written policy.



Objective #2 – Minimum Training

1. Have all task force officers received a minimum 30 hour, accredited course in basic narcotic training?
 - If Yes, list the name of each task force officer. Then, next to the name of each task force officer listed, identify the applicable training course completed, making sure to identify the course's training provider.
 - If No, list the name of each task force officer. Next to the name of each task force officer listed that has completed the training, identify the applicable training course completed, making sure to identify the course's training provider. Next to the name of any task force officer that has not completed the training, identify the respective reason and the plan to complete such training. (Be specific.)

NOTE: "Basic" training should cover drug laws, drug identifications, planning/risk management, searches, and courtroom testimony. Typically, "basic" training is conducted through a classroom, lecture setting. This objective extends to all task force officers (grant funded and non-grant funded). In addition, the 30 hours must be achieved as a "block course", which is a continuum of dates and hours for one training session; individual classes adding up to 30 hours do not qualify for this objective.

Goal #2 - Minimum Standards

Objective #2 - Minimum Training

For the following question, "basic" training should cover drug laws, drug identifications, planning/risk management, searches, and courtroom testimony. Typically, "basic" training is conducted through a classroom, lecture setting. This objective extends to all task force officers (grant funded and non-grant funded). In addition, the 30 hours must be achieved as a "block course", which is a continuum of dates and hours for one training session; individual classes adding up to 30 hours do not qualify for this objective.

1. Have all task force officers received a minimum 30 hour, accredited course in basic narcotic training? Yes No

Narrative*

- If Yes, list the name of each task force officer. Then, next to the name of each task force officer listed, identify the applicable training course completed, making sure to identify the course's training provider.
- If No, list the name of each task force officer. Next to the name of each task force officer listed that has completed the training, identify the applicable training course completed, making sure to identify the course's training provider. Next to the name of any task force officer that has not completed the training, identify the respective reason and the plan to complete such training. (Be specific.)

2. Have all task force officers received a minimum 24 hour, accredited course in advanced narcotic training?

- If Yes, list the name of each task force officer. Then, next to the name of each task force officer listed, identify the applicable training course completed, making sure to identify the course's training provider.
- If No, list the name of each task force officer. Next to the name of each task force officer listed that has completed the training, identify the applicable training course completed, making sure to identify the course's training provider. Next to the name of any task force officer that has not completed the training, identify the respective reason and the plan to complete the training. (Be specific.)

NOTE: "Advanced" training should cover surveillance, undercover buys, and confidential informant management. Typically, "advanced" training consists of a combination of classroom and practical coursework. This objective extends to all task force officers (grant funded and non-grant funded). In addition, the 24 hours must be achieved as a "block course", which is a continuum of dates and hours for one training session; individual classes adding up to 24 hours do not qualify for this objective.

For the following question, "advanced" training should cover surveillance, undercover buys, and confidential informant management. Typically, "advanced" training consists of a combination of classroom and practical coursework. This objective extends to all task force officers (grant funded and non-grant funded). In addition, the 24 hours must be achieved as a "block course", which is a continuum of dates and hours for one training session; individual classes adding up to 24 hours do not qualify for this objective.

2. Have all task force officers received a minimum 24 hour, accredited course in advanced narcotic training? Yes No

Narrative*

- If Yes, list the name of each task force officer. Then, next to the name of each task force officer listed, identify the applicable training course completed, making sure to identify the course's training provider.
- If No, list the name of each task force officer. Next to the name of each task force officer listed that has completed the training, identify the applicable training course completed, making sure to identify the course's training provider. Next to the name of any task force officer that has not completed the training, identify the respective reason and the plan to complete the training. (Be specific.)



3. Have all task force officers received Clandestine Meth Lab Certification (and as applicable, Re-Certification)?

- If Yes, list the name of each task force officer. Then, next to the name of each task force officer listed, identify the most recent applicable training course completed, making sure to identify the course's training provider.
- If No, list the name of each task force officer. Next to the name of each task force officer listed that has completed the training, identify the most recent applicable training course completed, making sure to identify the course's training provider. Next to the name of any task force officer that has not completed the training, identify the respective reason and the plan, where applicable, to complete the training. (Be specific.)

NOTE: Initial and refresher clandestine meth lab training certification is required for all personnel participating in the clean-up and/or disposal of a clandestine meth lab by the "Missouri Department of Public Safety Mitigation Plan for Clandestine Methamphetamine Laboratory Enforcement Operations" and OSHA regulation 29 CFR 1910.120, as applicable pursuant to EPA regulation 40 CFR 311.

For the following question, initial and refresher clandestine meth lab training certification is required for all personnel participating in the clean-up and/or disposal of a clandestine meth lab by the "Missouri Department of Public Safety Mitigation Plan for Clandestine Methamphetamine Laboratory Enforcement Operations" and OSHA regulation 29 CFR 1910.120, as applicable pursuant to EPA regulation 40 CFR 311.

3. Have all task force officers received Clandestine Meth Lab Certification (and as applicable, Re-Certification)?* Yes No

Narrative*

- If Yes, list the name of each task force officer. Then, next to the name of each task force officer listed, identify the most recent applicable training course completed, making sure to identify the course's training provider.
- If No, list the name of each task force officer. Next to the name of each task force officer listed that has completed the training, identify the most recent applicable training course completed, making sure to identify the course's training provider. Next to the name of any task force officer that has not completed the training, identify the respective reason and the plan, where applicable, to complete the training. (Be specific.)

Goal #3: Prevention, Education, and Rehabilitation Activities

Objective #1 – Prevention & Education

1. Was the task force involved in a prevention program(s) and/or an education program(s) during the prior calendar year?

- If Yes, identify the prevention and/or education program and describe how and/or by whom the program was provided and the purpose/goal of the program. (NOTE: If the task force was involved in more than one prevention or education program during the prior calendar year, address each program in a separate paragraph. This will ensure that each paragraph of information is a self-contained explanation of the program.)
- If No, explain why the task force was not involved in any prevention or education program during the prior calendar year. Then, describe the plan, where applicable, to get involved in a prevention or education program during the current or upcoming calendar year.

NOTE: Prevention programs are designed to "prevent" the use and/or existence of narcotics. Such programs generally include actions being taken or laws being implemented and include, but are not limited to, legislation, local ordinances, coalitions, prescription take-back programs, neighborhood watch programs, and town hall meetings.

NOTE: Education programs are designed to "educate" the public about the use, recognition, and/or existence of narcotics. Such programs generally are informational to include, but not limited to, programs, presentations, and fair/expo booths for businesses, civic organizations, government organizations, radio stations, law enforcement agencies, libraries, parents, students, teachers, etc.

Goal #3 - Prevention, Education, and Rehabilitation Activities

Objective #1 - Prevention and Education

Prevention programs are designed to "prevent" the use and/or existence of narcotics. Such programs generally include actions being taken or laws being implemented and include, but are not limited to, legislation, local ordinances, coalitions, prescription take-back programs, neighborhood watch programs, and town hall meetings.

Education programs are designed to "educate" the public about the use, recognition, and/or existence of narcotics. Such programs generally are informational to include, but not limited to, programs, presentations, and fair/expo booths for businesses, civic organizations, government organizations, radio stations, law enforcement agencies, libraries, parents, students, teachers, etc.

1. Was the task force involved in a prevention program(s) and/or an education program(s) during the prior calendar year?* Yes No

Narrative*

- If Yes, identify the prevention and/or education program and describe how and/or by whom the program was provided and the purpose/goal of the program. (NOTE: If the task force was involved in more than one prevention or education program during the prior calendar year, address each program in a separate paragraph. This will ensure that each paragraph of information is a self-contained explanation of the program.)
- If No, explain why the task force was not involved in any prevention or education program during the prior calendar year. Then, describe the plan, where applicable, to get involved in a prevention or education program during the current or upcoming calendar year.

Objective #2 – Rehabilitation

1. Was the task force involved in a rehabilitation program(s) during the prior calendar year?

- If Yes, identify the rehabilitation program and describe how and/or by whom the program was provided and the purpose/goal of the program. (NOTE: If the task force was involved in more than one rehabilitation program during the prior calendar year, address each program in a separate paragraph. This will ensure that each paragraph of information is a self-contained explanation of the program.)
- If No, explain why the task force was not involved in any rehabilitation program during the prior calendar year. Then, describe the plan, where applicable, to get involved in a rehabilitation program during the current or upcoming calendar year.

NOTE: Rehabilitation programs include, but are not limited to, drug court and treatment programs.

Goal #3 - Prevention, Education, and Rehabilitation Activities

Objective #2 - Rehabilitation

Rehabilitation programs include, but are not limited to, drug court and treatment programs.

1. Was the task force involved in a rehabilitation program(s) during the prior calendar year?* Yes No

Narrative*

- If Yes, identify the rehabilitation program and describe how and/or by whom the program was provided and the purpose/goal of the program. (NOTE: If the task force was involved in more than one rehabilitation program during the prior calendar year, address each program in a separate paragraph. This will ensure that each paragraph of information is a self-contained explanation of the program.)
- If No, explain why the task force was not involved in any rehabilitation program during the prior calendar year. Then, describe the plan, where applicable, to get involved in a rehabilitation program during the current or upcoming calendar year.

FORM #8: SUPPLANTING

The purpose of this narrative form is to address the issue of supplanting. Supplanting is defined as taking the place of or replacing with something else. Supplanting is strictly unallowable under this grant program. Federal/state funds cannot be awarded towards budget items that are and will continue to be funded by another source of money. Federal/state funds shall only be used to supplement existing funds for program activities, and as a result, the grantor must collect this information to ensure supplanting does not exist. Potential supplanting will be the subject of justification provided in the grant application and monitoring by the Missouri Department of Public Safety.

On this form, in a narrative format, describe whether or not other federal, state, or local funds are available to the applicant agency for the purpose of the requested funding. Be specific!

If any of the following factors apply to the proposed project, provide information to address those factors that apply:

- If other federal, state, or local monies are available (e.g. COPS, Asset Forfeitures, General Revenue, Member Dues/Contributions, etc), please address why JAG funding is being requested.

NOTE: All applicant agencies have a local operating budget (whether it is sufficient or not) and as such would need to address why JAG funding is being requested for the project.

- If the application includes existing costs (e.g. funded by an existing source of monies), explain how those costs are currently being funded and if and when that funding source will cease.

NOTE: Existing costs include, but are not limited to, costs for continuation projects currently funded by JAG. Need to clearly identify the existence of such financial assistance and when such grant funds cease.

- If program income is anticipated or could be generated as a result of the grant-funded project, explain how those monies will not supplant JAG funds.

Supplanting

Supplanting*

Describe whether or not other federal, state, or local funds are available to the applicant agency for the purpose of the project. Be specific!

If any of the following factors apply to the proposed project, provide information to address the factors that apply:

- *If other federal, state, or local monies are available, please address why JAG funding is being requested.*
- *If the application includes existing costs, explain how those costs are currently being funded and if and when that funding source will cease.*
- *If program income is anticipated or could be generated as a result of the grant-funded project, explain how those monies will not supplant JAG funds.*

Examples of non-supplanting:

1. For FY 2019, City A appropriates a total of \$25 million for law enforcement activities, including salary and benefits for 100 police officers and purchase of 5 police cruisers. In FY 2019, City A is awarded federal JAG funds, which it uses to hire 5 police officers, in addition to the 10 hired with local funds, and purchases 2 new police cruisers, in addition to the 5 purchased with local funds. City A expends all of the \$25 million in local funds appropriated for FY 2019 for law enforcement activities.

In this scenario, City A has not used JAG funds to supplant state or local funds, but rather has used the funds “to increase the amount of funds that would, in the absence of federal funds, be made available for law enforcement activities”.

2. For FY 2019, City B appropriates a total of \$15 million in local funds for law enforcement activities, of which \$75,000 is budgeted for equipment for training of new police recruits. In FY 2019, City B is awarded federal JAG funds. It uses the federal funds to purchase the training equipment and hire additional officers, and uses the \$75,000 in local funds originally budgeted for equipment to hire a dispatcher. Total expenditures of local funds for law enforcement activities remain constant.

Despite the fact that local funds were shifted from equipment to hiring, the amount of state or local funds that would, in the absence of federal funds, be made available for law enforcement activities has not changed.

3. For FY 2019, City C appropriated \$15 million in local funds for law enforcement activities, including salary and benefits for 80 police officers. Due to anticipated revenue shortfalls in FY 2020, City C intends to lay off 10 police officers at the end of the FY 2019 (facts that City C is able to substantiate). In FY 2019, City C is awarded federal JAG funds, which is proposed to use for the hiring of 5 police officers. For FY 2020, City C appropriates funds to pay salary and benefits of 70 police officers. At the start of FY 2020, City C lays off 5 of its 80 police officers and uses federal JAG funds to continue the salary and benefits for 5 other officers.

In this scenario (which assumes that City C can document that the planned layoff of 10 officers was not made in anticipation of the availability of federal funds), City C will use JAG funds to pay the salary and benefits for 5 police officers who would have been laid off but for the availability of federal funds. Local funding for law enforcement activities has been reduced, but not because of the availability (or anticipated availability) of JAG funds.

4. State X’s initial FY 2019 appropriation for law enforcement activities is sharply reduced due to an across-the-board cut in the State budget. This results in a hiring freeze. When State X receives federal JAG funds, it uses the funds to fill 15 correctional officer positions that were included in the initial budget but were vacant due to the hiring freeze.

The total amount of State funds available for law enforcement activities in State X has been reduced, but not because of the availability (or anticipated availability) of JAG funds.

Examples of supplanting:

1. For FY 2019 State Y budgeted \$1 million in state funds to be used for renovation of a particular prison. Later in FY 2019, in response to the availability of JAG funds, the State determines that it will use JAG funds for the prison renovation, and will use the funds the State had budgeted for the prison renovation instead to provide health services for infants and children. No additional state funds were added to the State’s budget in any other law enforcement category.

There would have been a decrease in the amount of funds that would, in the absence of federal funds, be made available for law enforcement activities.

- For FY 2019, County A budgeted \$1 million in local funds to be used for law enforcement activities, including salary and benefits of 30 officers. Later in FY 2019, in response to the availability of JAG funds, the County determines that it will use JAG funds for the salaries and benefits of 5 of the existing officers, and will use the funds the County had budgeted for salaries and benefits instead to purchase new voting machines in preparation for the upcoming election.

There would have been a decrease in the amount of funds that would, in the absence of federal funds, be made available for law enforcement activities.

Documentation and Record Retention: If circumstances raise a question of possible supplanting, the state or unit of local government should retain whatever documentation is produced during the ordinary course of government business that will help substantiate that supplanting has not occurred. Depending on the circumstances, relevant documents might include annual appropriations acts, executive orders directing broad reductions of operating budgets, or city or county council resolutions or meeting minutes concerning budget cuts and layoffs.

FORM #9: AUDIT REQUIREMENTS

The purpose of this form is to gather general audit information relating to your agency. As a recipient of federal/state funds, applicants are expected to have financial responsibility in the usage of monies and the record keeping of documentation.

Audit Requirements	
Date last audit was completed:*	<input type="text"/>
Date(s) covered by last audit:*	<input type="text"/>
Last audit performed by:*	<input type="text"/>
Phone number of auditor:*	<input type="text"/>
Date of next audit:*	<input type="text"/>
Date(s) to be covered by next audit:*	<input type="text"/>
Next audit will be performed by:*	<input type="text"/>
<small>Total amount of financial assistance received from all entities, including the Missouri Department of Public Safety, during the date(s) covered by your agency's last audit, as indicated above.</small>	
<small>The Federal Amount refers to funds received directly from the Federal Government or federal funds passed through state agencies in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.</small>	
<small>The State Amount refers to funds received directly from the State of Missouri, not including federal pass-thru funds, in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.</small>	
Federal Amount:*	<input type="text" value="\$0.00"/>
State Amount:*	<input type="text" value="\$0.00"/>

The form will collect the following information:

- Date Last Audit was Completed: enter the month and year (at a minimum) in which the last audit report was completed/released
- Date(s) Covered by Last Audit: enter the date range (e.g. mm/dd/yyyy – mm/dd/yyyy) covered by the last completed audit
- Last Audit Performed By: enter the name of the auditing company/firm that performed the last audit

- Phone Number of Auditor: enter the telephone number of the auditing company/firm that performed the last audit
- Date of Next Audit: enter the month (if known) and year in which the next audit report will be completed/released; enter TBD if unknown
- Date(s) to be Covered by Next Audit: enter the date range (e.g. mm/dd/yyyy – mm/dd/yyyy) to be covered by the next completed audit; enter TBD if unknown
- Next Audit will be Performed By: enter the name of the auditing company/firm that will perform the next audit; enter TBD if unknown
- Federal Amount: enter the total amount of federal financial assistance (i.e. grant monies, loan guarantees, property, cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance) received during the last audited period. The Federal Amount should relate directly to the timeframe identified in the Date(s) Covered by Last Audit field and should be pulled directly from the Schedule of Expenditures of Federal Assistance (SEFA) section of the published audit report.
- State Amount: enter the total amount of state financial assistance (i.e. grant monies, loan guarantees, property, cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance) received during the last audited period. (Unlike the Federal Amount that can be pulled directly from the last published audit report, the State Amount may need to be compiled through other means.)

Per the [U.S. Department of Justice \(DOJ\), Office of Justice Programs \(OJP\) Financial Guide, Chapter 3.19 – Audit Requirements](#), units of government that have expended \$750,000 or more in federal funds (from all sources including pass-thru subawards) in their organization’s fiscal year (12-month turnaround reporting period) are required to arrange for a single organization-wide audit conducted in accordance with the provisions of [Title 2 C.F.R. Subpart F \(§ 200.500 et seq.\)](#) Regardless if the applicant meets the criteria to have an organization-wide audit, this form must still be completed.

NOTE: Do not attach a copy of the latest audit report at the time of application. A copy must be submitted within 60 days of the project period start date via the “Correspondence” component of the grant within WebGrants if the total reported in the Federal Amount field equals or exceeds \$750,000.

Refer to the “DPS Financial and Administrative Guide”, which can be found at <https://dps.mo.gov/dir/programs/cjle/jag.php> for more information regarding audit responsibilities.

FORM #10: REQUIRED ATTACHMENT

The purpose of this form is to collect the following document:

- **Memorandum of Understanding (MOU)**
Applicants submitting for a multi-jurisdictional drug task force are required to submit a MOU reflective of each municipality, political subdivision, and/or other entity that pledges to participate in the project. The MOU is necessary to support the multi-jurisdictional nature of the project, especially if the applicant agency or pass-thru agency is ineligible for JAG funds otherwise.

The MOU must outline the organizational and operational mandates of the task force.

The MOU must be current and contain the signatures of each member party. Because the document is an attachment, it does not need to contain original signatures of each member party. It is recommended, however, that the MOU be re-signed each year to show that all parties are current with the agreement; but if the MOU is continuous, at a minimum, the Missouri Department of Public Safety requires a letter be

included with the MOU indicating that all signing parties are still in office and continue to agree with the terms. The letter may be scanned directly with the MOU or may be uploaded on the “Other Attachments” application form.

NOTE: To verify the “current” state of the MOU, make sure the signatures are dated!

Required Attachment							Mark as Complete Go to Application Forms
Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?	
Memorandum of Understanding (MOU)							

Last Edited By:

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.

FORM #11: OTHER ATTACHMENTS

The purpose of this form is to allow the applicant to attach any other documents applicable to the proposed project or available to support information provided within an application form. Other attachments may include, but not be limited to, vendor quotes for goods or services, letters of support, etc.

NOTE: If your project does not have “other attachments”, just click ‘Mark as Complete’ and proceed with the submission of the application.

Other Attachments				Mark as Complete Go to Application Forms
Description	File Name	File Size	Delete?	

Last Edited By:

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.

FORM #12: CERTIFIED ASSURANCES

This component of the application requires the Authorized Official to attest to the compliance of all conditions relating to the grant program and the proposed project, as applicable. The typed name, in lieu of a signature at the time of application, represents the legal binding acceptance of the terms of the application and statement of the veracity of the representations made in the application.

Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

2019 JAG Certified Assurances

In addition, as a drug task force project, I agree to fully comply with the Missouri Department of Public Safety's Mitigation Plan for Clandestine Methamphetamine Laboratory Enforcement Operations if the assistance is provided:

Mitigation Plan for Clandestine Methamphetamine Laboratory Enforcement Operations

I am aware that failure to comply with any of the terms and conditions outlined in the Certified Assurances and/or Mitigation Plan could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance. Where the Authorized Official is unable to certify to any of the statements in the Certified Assurances or Mitigation Plan, he or she shall provide an explanation below and may attach documentation under the 'Other Attachments' form where needed.

I have read and agree to the terms and conditions of the grant.* Yes No

If you marked No to the question above, please explain:

Your typed name as the applicant authorized official, in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.

Authorized Official Name:*

Job Title:*

Date:* 

NOTE: The name provided on this form must match the name listed as the Authorized Official on the "Contact Information" application form to constitute a valid application. Only the proper Authorized Official has the authority to bind the unit of state or local government into a contract with the Missouri Department of Public Safety. As a result, an application may be automatically denied if the incorrect Authorized Official name is provided. In addition, the Date must be current and reflective of the last edited date of the application. Because the signature of the Authorized Official represents the veracity of the representations made in the application, the signature date should not be prior to the last edited date of the forms, with the exception of the Certified Assurances form. Likewise, the signature date should not be after the submission date of the application.

III. **SUBMITTING AN APPLICATION:**

The applicant shall submit all data as requested and required within the application forms. Failure to submit all required, requested data could disqualify the proposal from further consideration. **Applicants will not be contacted if they fail to submit all required, requested data.**

Once all the application components are 'Marked as Complete', please review the application by clicking the 'Preview' button. You may print a copy of the application from the preview screen or save an Adobe PDF copy of the application from the preview screen.

Once you feel the application is ready for submission, click the 'Submit' button. A confirmation screen will appear which may be printed for your records if you feel it necessary. The individual selected as the Primary Contact in the "General Information" form of the application will receive a confirmation email of submission from dpswebgrants@dps.mo.gov.

Applications must be submitted through WebGrants no later than 5:00 p.m. on Wednesday, March 20, 2019. Proposals cannot be submitted after this date and time so applicants are encouraged to begin the process immediately to meet the application deadline. Applications submitted through any means other than WebGrants will not be considered for funding.

If the applicant determines prior to the application deadline that **revisions are necessary to any form** of the application, the applicant must **contact the Missouri Department of Public Safety by email prior to the**

deadline to have the application unlocked. The email should be sent to dpswebgrants@dps.mo.gov and should clearly indicate which form(s) to be re-opened for the necessary change(s). The applicant should ensure the application is resubmitted by the stated deadline. Once the application deadline has lapsed, the resubmitted application may be disqualified from further consideration.

If the applicant experiences unforeseen **technical WebGrants issues** beyond the applicant's control that prevent submission of its application by the deadline, the applicant must **contact the Missouri Department of Public Safety staff by email within 24 hours after the deadline** and request approval to submit the application. The email should be sent to dpswebgrants@dps.mo.gov and must include a description of the technical difficulties, a timeline of submission efforts, a screenshot of the error code, and any other information as necessary to report the problem experienced. The Missouri Department of Public Safety will consider all submitted information to determine if the application will be accepted.

POST-APPLICATION INFORMATION

I. **APPLICATION REVIEW:**

A review panel of internal staff members of the Missouri Department of Public Safety, Office of the Director, Criminal Justice/Law Enforcement (CJ/LE) Unit and members of the Drug Task Force (DTF) Advisory Group will evaluate all applications.

In evaluating each application, the review panel will consider the following factors:

- Demonstration the proposed project fits within the parameters of the JAG Program.
- Eligibility of the proposed project for the JAG Program from the State.
- Demonstration of need including geographic location, local demographics, local statistics, other programs and/or resources available to the applicant agency, etc.
- Adequate correlation between the cost of the project and the objective(s) to be achieved.
- Ability of project to meet the identified goals and objectives.
- Overall description of the intended use of the grant funds.
- Demonstration that the JAG funds will not be used to supplant other federal, state, or local funds.
- Compliance with state statutory reporting requirements to include, but not limited to, Racial Profiling and Federal Forfeiture reporting.
- Legally binding signature by the proper Authorized Official on the “Certified Assurances” form of the submitted application.
- Available funding for the JAG Program.

II. **FUNDING NOTIFICATION:**

With the approval of the Director of the Missouri Department of Public Safety (or his/her designee), applicants will be notified via WebGrants of the decisions made by the review panel approximately 3-6 weeks following the Review Meeting. (The Review Meeting is scheduled for May 1, 2019.) The notification will be sent from dpswebgrants@dps.mo.gov to the person listed as the Primary Contact on the “General Information” form of the application.

Applications may be approved as requested, approved with revisions (in full or in part), or disapproved. Applicants will be provided with the rationale behind the review panel’s decisions.

It is anticipated that the funding requests will easily exceed the amount of money available. Please be patient as the review process can be rather tedious and time consuming. Funding notifications will not be released through any other means than WebGrants so do not contact the Missouri Department of Public Safety to try to obtain information before it is released!

PROGRAM-SPECIFIC GRANT GUIDELINES

I. DPS FINANCIAL AND ADMINISTRATIVE GUIDE

Subrecipients must adhere to the applicable guidelines outlined in the “DPS Financial and Administrative Guide”, which can be found at <https://dps.mo.gov/dir/programs/cjle/jag.php>.

II. DPS SUBRECIPIENT TRAVEL GUIDELINES

If travel/training costs are approved within the budget, the Subrecipient must adhere to the applicable guidelines outlined in the “DPS Subrecipient Travel Guidelines”, which can be found at <https://dps.mo.gov/dir/programs/cjle/jag.php>.

III. RADIO INTEROPERABILITY GUIDELINES

If radios are approved within the budget, the Subrecipient must adhere to the applicable guidelines outlined in the “Radio Interoperability Guidelines”, which can be found at <https://dps.mo.gov/dir/programs/cjle/jag.php>.

IV. CHANGE IN PERSONNEL:

Notification of personnel changes must be communicated to the Missouri Department of Public Safety via the “Correspondence” component of the grant within WebGrants using the *Change of Information Form* (Appendix C).

The completed *Change of Information Form* must be submitted as an attachment to the Correspondence. Additional information not captured in the *Change of Information Form* may be supplied in the message of the Correspondence, but the message of the Correspondence shall not substitute for the Subrecipient’s requirement to complete the *Change of Information Form*.

A. My Profile

1. Removing an Individual

If an individual needs to be removed as a registered user for the Organization, please notify the Missouri Department of Public Safety, within a timely manner, so the individual can be properly disassociated with the organization’s profile and removed from all contact lists.

Do not remove a registered user, and do not re-use a prior employee’s profile!

The Missouri Department of Public Safety will make the necessary change(s) and will notify the Subrecipient when the change(s) have been completed.

2. Adding an Individual

If an individual needs to be added as a registered user for the Organization, first complete the registration form in the “My Profile” module of WebGrants. Do not re-use a prior employee’s profile!

Notify the Missouri Department of Public Safety once the registration is complete so the individual can be added to the proper contact lists.

The Missouri Department of Public Safety will make the necessary change(s) and will notify the Subrecipient when the change(s) have been completed.

B. Contact Information form

Changes in or temporary absence of the Authorized Official, Project Director, Fiscal Officer, and/or Officer in Charge as listed on the “Contact Information” component of the grant within WebGrants must be communicated to the Missouri Department of Public Safety, within a timely manner.

The Missouri Department of Public Safety will edit the “Contact Information” component based on the notification and will notify the Subrecipient when the change(s) has been completed.

NOTE: Refer to the “Program-Specific Grant Guidelines-Reporting Requirements-Law Enforcement Task Force Training” section of the solicitation for more information regarding the potential need to complete online training for a new agency executive or task force commander. The training certificates should ideally be submitted at the same time of notification of the personnel change but no more than 30 days after the personnel change.

C. Budget form

Changes in grant-funded personnel as listed on the “Budget” component of the grant within WebGrants must be communicated to the Missouri Department of Public Safety, in a timely manner.

The Missouri Department of Public Safety will edit the “Budget” component based on the notification and will notify the Subrecipient when the change(s) has been completed.

NOTE: Refer to the “Program-Specific Grant Guidelines-Reporting Requirements-Law Enforcement Task Force Training” section of the solicitation for more information regarding the need to complete online training for new task force officers. The training certificates should ideally be submitted at the same time of notification of the personnel change but no more than 30 days after the personnel change.

V. REPORTING REQUIREMENTS:

A. Claims

Recipients of JAG funds are required to submit a monthly Claim report in WebGrants to verify actual cash expenditures and request reimbursement of those expenditures. A Claim report must be submitted each month, until the project is programmatically and financially completed, even if there are no expenditures to claim. Only one Claim report may be submitted per month.

Claim reports are due no later than the 10th day following the reporting period of each month. This deadline is subject to change only if the 10th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the Claim report schedule:

Claim ID Number	Reporting Period	Due Date
001	07/01/2019 – 07/31/2019	August 12, 2019
002	08/01/2019 – 08/31/2019	September 10, 2019
003	09/01/2019 – 09/30/2019	October 10, 2019
004	10/01/2019 – 10/31/2019	November 12, 2019
005	11/01/2019 – 11/30/2019	December 10, 2019
006	12/01/2019 – 12/31/2019	January 10, 2020
007	01/01/2020 – 01/31/2020	February 10, 2020
008	02/01/2020 – 02/29/2020	March 10, 2020

009	03/01/2020 – 03/31/2020	April 10, 2020
010	04/01/2020 – 04/30/2020	May 11, 2020
011	05/01/2020 – 05/31/2020	June 10, 2020
012	06/01/2020 – 06/30/2020	July 10, 2020
013 (if applicable)	07/01/2020 – 07/31/2020	August 10, 2020
014 (if applicable)	08/01/2020 – 08/31/2020	September 10, 2020

Failure to submit the required report on a monthly basis, by the due date, may result in delay of reimbursement until the following month and/or cancellation of the subaward if the delinquency becomes problematic.

The Claim report will consist of the following five (5) forms:

1. **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (monthly).
2. **Detail of Expenditure** - - used to identify the pay date, pay check number, payee, description, total cost, percent of funding requested, and amount claimed to grant for reimbursement per cost activity; this data is collected on an Excel spreadsheet and the file is uploaded to the report form.
3. **Reimbursement** - - used to identify the Federal/State Share, as applicable, per budget line; the totals identified on this form are aggregate totals from the *Detail of Expenditure Form*.
4. **Program Income** - - used to identify any monies earned and/or expended as a result of the grant-funded project. Program income is revenue/income generated as a direct result of an agency-funded project. Program income must be used for the purposes of and under the conditions applicable to the award. Unless specified otherwise, program income shall be expended within the project period. Federal forfeiture monies earned as a result of grant activities may be expended over the life of the project so long as it is continually reported.

Monies received from a federal government agency under the Equitable Sharing Program are subject to the provisions outlined in the “Guide to Equitable Sharing for State and Local Law Enforcement Agencies” and the “Equitable Sharing Wires”, which are available online at <https://www.justice.gov/criminal/afmls/equitable-sharing/>.

Program income from asset seizures and forfeitures is considered earned when the property has been adjudicated to the benefit of the plaintiff (i.e., law enforcement entity). For more information regarding program income, refer to the [U.S. Department of Justice \(DOJ\), Office of Justice Programs \(OJP\) Financial Guide, Chapter 3.4 - Program Income](#).

5. **Attachments** - - used to upload copies of documentation to support the expenditures, as required. The following documentation is required:
 - If requesting reimbursement for personnel, personnel benefits, personnel overtime, or personnel overtime benefits, documentation of such costs must be provided. This includes, but is not limited to, 1) a payroll report or paystub outlining the paid wages and employee deductions and/or employer benefits and 2) a rate sheet for any fringe benefit for which reimbursement is requested but is not displayed on the payroll report or paystub.

- If requesting reimbursement for travel/training costs, receipts must be provided. For meals incurred during travel, which do not require receipts under the state travel policy, a substitute document could be an employee expense report detailing the meal costs per day. In addition, a copy of the ‘certificate of attendance’ or similarly issued attendance record must be provided for training costs. If a certificate is not provided by the trainer, a memo or letter must be provided as a substitute.
- If requesting reimbursement for equipment, a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the quantity, the item description, and the unit cost and/or extended cost.
- If requesting reimbursement for supplies, operating costs, contractual costs, or consultant services, a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the nature of the costs, and the unit cost and/or extended cost.

NOTE: The Missouri Department of Public Safety may request additional documentation be submitted with the Claim report for purposes of desk monitoring the reimbursement of expenditures. Each JAG Subrecipient will receive a site visit during the project period (unless extenuating circumstances prevent such), but any documentation that can be submitted with the Claim will lessen the site visit burden at a later date.

Reimbursement funds will be disbursed approximately the 25th day of each month. Recipients may track payments within the WebGrants system but obtain exact payment information through the Missouri Vendor Services Portal at <https://www.vendorservices.mo.gov/vendorservices/Portal/Default.aspx>. Click “Vendor Payment” in the green toolbar. Select FEIN and enter your agency’s Federal Tax ID Number (FEIN). You may then search for a payment by 1) Invoice Number, 2) Check/EFT Number, 3) Dollar Amount, or 4) Date/Location. The prefix of a Payment Number for JAG disbursements will be PG029.

B. Status Reports

Recipients of JAG funds are required to submit quarterly Status Reports in WebGrants. These reports allow the Missouri Department of Public Safety to collect statistical information and monitor the progress/completion of your approved project.

Status Reports are due no later than the 10th day following the reporting period of each quarter, until the project is programmatically and financially completed. This deadline is subject to change only if the 10th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the Status Report schedule:

Report ID Number	Reporting Period	Due Date
01	07/01/2019 – 09/30/2019	October 10, 2019
02	10/01/2019 – 12/31/2019	January 10, 2020
03	01/01/2020 – 03/31/2020	April 10, 2020
04	04/01/2020 – 06/30/2020	July 10, 2020

Failure to submit the required report on a quarterly basis, by the due date, may result in the delay of reimbursement until the report is received and/or cancellation of the subaward if the delinquency becomes problematic.

The Status Report will consist of the following two (2) forms:

1. **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (quarterly).
2. **Drug Task Force** - - used to provide statistical information to include, but not limited to, organizational structure, number of employees, case activity, arrest activity, drug buys, samples, informant expenses, search warrants, eradicated marijuana, number of meth labs, drug seizures, education/training programs, community involvement, and rehabilitation. Subrecipients are also allowed to provide a narrative of information to describe work activities and/or areas of interest not reported elsewhere in the report and/or to provide any details necessary to explain responses in the report.

C. Performance Measurement Tool (PMT) Reports

Recipients of JAG funds are also required to submit quarterly PMT Reports via the federal online system at <https://bjapmt.ojp.gov>. This reporting mechanism was implemented by the Office of Justice Programs, Bureau of Justice Assistance (BJA) as a means to collect financial and statistical data relating to the sub-award of JAG funds.

PMT Reports are due no later than the 15th day following the reporting period of each quarter, until the project is programmatically and financially completed. This deadline is subject to change only if the 15th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the PMT report schedule:

PMT Report Schedule	Reporting Period	Due Date
Quarter 1	07/01/2019 – 09/30/2019	October 15, 2019
Quarter 2	10/01/2019 – 12/31/2019	January 15, 2020
Quarter 3	01/01/2020 – 03/31/2020	April 15, 2020
Quarter 4	04/01/2020 – 06/30/2020	July 15, 2020

Failure to submit the required report on a quarterly basis, by the due date, may result in the delay of reimbursement until the report is received and/or cancellation of the subaward if the delinquency becomes problematic.

Log-on information and report instructions for the PMT system will be provided to each Subrecipient.

D. Law Enforcement Task Force Training

Law enforcement task forces are required to complete online training provided by the Center for Task Force Integrity and Leadership (CTFLI), which is funded through a grant from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. The training is free of charge and can be found at www.ctfli.org. Registration and login information for the CTFLI must be obtained from the federal contractors that operate the website.

The training is intended for the task force commander, agency executive (e.g. project director, board president, etc), task force officers, and other task force members of equivalent rank. This training includes four (4) curriculum aimed at addressing task force effectiveness, as well as other key issues including privacy and civil liberties/rights, task force performance measurement, personnel selection, and task force oversight and accountability.

NOTE: The “Methamphetamine Investigative Management” training is not one of the currently required training curriculum so while personnel may complete the offered training, its certificate is not collected or retained by the Missouri Department of Public Safety. Under the current requirements, certificates need only be forwarded for the following curriculum: 1) Executive Leadership, 2) Task Force Commander Leadership and Management, 3) Safeguarding Privacy, Civil Rights, and Civil Liberties in Task Force Operations, and 4) Criminal Intelligence Systems Operating Policies.

- ❑ If the drug task force is not currently funded through a 2018 JAG grant administered by the Missouri Department of Public Safety, its members must complete this training within 120 days of award (October 28, 2019).
- ❑ If the drug task force is currently funded through a 2018 JAG grant administered by the Missouri Department of Public Safety, its members have satisfied the requirement for the 4-year period and do not need to retake such training until the 2022 JAG project period (unless the federal requirement changes).
- ❑ If at any time during the project period, a new commander, agency executive, or grant-funded officer is added to the task force, the individual will be required to complete training within 30 days of hire date.

Each individual required to complete this training must complete all 4 curriculum sessions and forward a copy of the ‘Certificate of Completion’ to the Missouri Department of Public Safety via the “Correspondence” component of the grant within WebGrants. Failure to comply with this requirement and complete the required training within the stated time period may result in delay of reimbursement of funds and/or cancellation of the subaward.

VI. SUBAWARD ADJUSTMENTS:

A. Budget Revisions

A Subaward Adjustment for a budget revision must be submitted for the following requests:

- Transfer of funds from one budget line/category to another budget line/category to cover increases in cost

NOTE: The Missouri Department of Public Safety allows Subrecipients to request reimbursement up to a 10% increase in the budget line without prior approval. For example, if a Fuel line is budgeted for \$5,000, a 10% increase would account for \$500. Therefore, the Subrecipient can claim costs up to \$5,500 (so long as monies exist in the budget) without prior approval through a budget revision. Costs exceeding 10% will be subject to review by the Missouri Department of Public Safety and may or may not be allowed depending on the availability of funds and/or the length of project period remaining in the award.

- Addition of a new budget line item in any budget category
- Increase in the quantity of a line item in any budget category (e.g. increase from 5 months to 6 months for medical insurance coverage, increase from the purchase of 2 laptops to 3 laptops, increase from the usage of 1 air card to 2 air cards, increase from the lease of 5 vehicles to 8 vehicles)

Subrecipients shall submit a request via the “Subaward Adjustment” component of the grant within WebGrants in the event a budget revision is necessary. The Missouri Department of Public Safety will review the request and ‘negotiate’ the “Budget” component of the grant for edits if the request is

allowable. Once all necessary edits are made, the Missouri Department of Public Safety will prepare a *Subaward Adjustment Notice* (Appendix E), which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Subaward Adjustment for budget revisions should be submitted at least 30 days prior to the proposed change and will not be allowed after April 30, 2020.

B. Program Revisions

A Subaward Adjustment for a program revision must be submitted for the following requests:

- Change in the applicant agency
- Change in the project site
- Change in the project service area
- Change in the scope of programmatic activities
- Change in the general purpose of the grant

Subrecipients shall submit a request via the “Subaward Adjustment” component of the grant within WebGrants in the event a program revision is necessary. The Missouri Department of Public Safety will review the request and follow-up depending on the type of program revision. Once all necessary documents are collected, the Missouri Department of Public Safety will prepare a *Subaward Adjustment Notice* (Appendix E), which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Subaward Adjustment for program revisions should be submitted at least 30 days prior to the proposed change and will not be allowed after April 30, 2020.

VII. MONITORING:

The Missouri Department of Public Safety will monitor all subawards to ensure appropriate fiscal and program records are being maintained. Monitoring is designed to provide assistance to the Subrecipient both from a technical and programmatic standpoint, as well as to provide the Missouri Department of Public Safety with the necessary information to ensure the Subrecipient’s compliance with state and federal laws and grant guidelines.

Desk monitoring will consist of tracking telephone and email communication, as well as reviewing all grant documents and correspondence submitted to the Missouri Department of Public Safety. The Subrecipient may be required to submit monitoring information in writing to the Missouri Department of Public Safety, as requested.

Site visit monitoring will consist of a visit to the Subrecipient’s office(s) to review policies and other records, as applicable to the subaward. The Missouri Department of Public Safety will perform at least one site visit to each Subrecipient during the project period (or shortly thereafter if extenuating circumstances exist). A Site Visit Monitoring Report, which will be provided to the Subrecipient prior to the visit, will be completed by the Missouri Department of Public Safety during the site visit. The Site Visit Monitoring Report will be used as a tool to determine the progress of the project in achieving its purpose and ensuring the project is adhering to program guidelines. The following information and records may be subject to review, as applicable, at the time of the site visit:

- ❑ Personnel manuals, Standard Operating Procedures (SOPs), or similar policies regulating the Subrecipient and the approved project

- Personnel files for grant-funded personnel
- Training plan for grant-funded personnel
- Timesheets and payroll records for grant-funded personnel
- Invoices/receipts for all grant-funded expenditures
- Bid records for grant-funded expenditures
- Sole source procurement, and subsequent approval where applicable
- Inventory listing and tags for grant-funded equipment
- Contractual agreements for each grant-funded contractual service
- Local procurement and travel policies, as applicable
- Internal controls
- Where applicable, compliance with law enforcement agency state statutes:
 - Intergovernmental Drug Laws Enforcement Act, Eligibility for State Grants: [Section 650.150 RSMo](#)
 - Uniform Crime Reports: [Section 43.505 RSMo](#)
 - Racial Profiling Report: [Section 590.650 RSMo](#)
 - Federal Forfeiture Report: [Section 513.653 RSMo](#)
 - Recording of Custodial Interrogations: [Section 590.700 RSMo](#)
 - Forwarding Intoxication-Related Traffic Offenses: [Section 43.544 RSMo](#)
- Compliance with DPS's *Mitigation Plan for Clandestine Methamphetamine Laboratory Enforcement Operations*
- Compliance with federal civil rights laws
 - Equal Employment Opportunity Plan (EEO Utilization Report and/or Certification Form)
 - Non Discrimination in delivery of services and hiring practices
 - Grievance procedures
 - Reporting findings of discrimination
 - Access services to persons with limited English proficiency (LEP)
- Compliance with state civil rights laws
 - Unlawful Employment Practices: [Section 213.055 RSMo](#)
 - Discrimination in Public Accommodations: [Section 213.065 RSMo](#)
- Other information pertinent to the federally-funded project

VIII. CONFIDENTIALITY:

All applications and subsequent information supplied to the Missouri Department of Public Safety as a result of a subaward are considered public records.

However, due to the sensitive nature of some of the information supplied through various grants, the Missouri Department of Public Safety has the authority to screen and block any confidential information regarding the applicant agency, the project, or personnel associated with the project, as applicable, per [Section 610.100.3 RSMo](#) which states "...if any portion of a record or document of a law enforcement officer or agency, other than an arrest report, which would otherwise be open, contains information that is reasonably likely to pose a clear and present danger to the safety of any victim, witness, undercover officer, or other person; or jeopardize a criminal investigation, including records which would disclose the identity of a source wishing to remain confidential or a suspect not in custody; or which would disclose techniques, procedures or guidelines for law enforcement investigations or prosecutions, that portion of the record shall be closed and shall be redacted from any record made available pursuant to this chapter."

APPENDIX A

LIST OF INELIGIBLE APPLICANTS

The units of local government listed below were eligible to apply for a direct [FY 2018 JAG](#) award from the Bureau of Justice Assistance (BJA) and thereby are ineligible to apply for 2019 JAG funds from the Missouri Department of Public Safety, unless the proposed project is multi-jurisdictional and supported by a signed Memorandum of Understanding (MOU).

Refer to the “General Program Guidelines-Funding Allocation” section of the solicitation for more information about the calculation and determination of direct JAG awards from BJA.

- Boone County
- Buchanan County
- Cape Girardeau
- Cape Girardeau County
- Cole County
- Columbia
- Ferguson
- Greene County
- Independence
- Jackson County
- Jasper County
- Jefferson City
- Jefferson County
- Jennings
- Joplin
- Kansas City
- Pettis County
- Raytown
- Scott County
- Sedalia
- Sikeston
- Springfield
- St. Joseph
- St. Louis City
- St. Louis County
- University City

APPENDIX B

LIMITATIONS ON THE USE OF JAG FUNDS

JAG funds may not be used (whether directly or indirectly) for any purpose prohibited by federal statute or regulation, including those purposes specifically prohibited by the JAG Program statute set out at [34 U.S.C. § 10152](#).

In addition, the following requirements are in place for the use of JAG funds for the purchase of body armor, body-worn cameras, police cruisers, and radios:

Body Armor

Agencies seeking funding for body armor are encouraged to seek federal funding through the Bulletproof Vest Program (BVP), to augment the amount of money available for other JAG projects but will not automatically be denied funding for such items if requested. The BVP Program is designed to provide a critical resource to state and local law enforcement agencies for the purchase of ballistic-resistant and stab-resistant body armor. For more information on the BVP Program, go to https://www.bja.gov/ProgramDetails.aspx?Program_ID=82. JAG funds may not be used as any part of the 50% match required by the BVP Program.

Per the Bureau of Justice Assistance's (BJA's) FY 2018 JAG Solicitation, JAG funds may be used to purchase body armor at any threat level designation, make, or model from any distributor or manufacturer, as long as the body armor has been tested and found to comply with the latest applicable National Institute of Justice (NIJ) ballistic or stab standards, which can be found online at <https://www.nij.gov/topics/technology/body-armor/Pages/standards.aspx>.

Further, per BJA's FY 2018 JAG Solicitation, body armor or armor vests must also be "uniquely fitted vests" as this term is used in the context of the BVP Program (see 34 U.S.C. 10202(c)(1)(1)) requiring that grantees using JAG funds to purchase armor vests or body armor that comply with requirements established for BVP grants. For these purposes, "uniquely fitted vests" means protective (ballistic or stab-resistant) armor vests that conform to the individual wearer to provide the best possible fit and coverage, through a combination of: (1) correctly sized panels and carrier, determined through appropriate measurement and (2) properly adjusted straps, harnesses, fasteners, flaps, or other adjustable features. The requirement that body armor be "uniquely fitted" does not require body armor that is individually manufactured based on the measurements of an individual wearer.

In addition, body armor purchased must be made in the United States.

Per BJA's FY 2018 JAG Solicitation, agencies seeking funding for body armor are required to have a written "mandatory wear" policy in effect. Per BJA, there are no requirements regarding the nature of the policy other than it being a mandatory wear policy for all uniformed officers while on duty. Subrecipients of funding for body armor must supply the State Administering Agency (Missouri Department of Public Safety) with a copy of such policy at the time of acceptance of the subaward. It is not necessary to supply a copy at the time of application.

❑ Body-Worn Cameras

Agencies seeking funding for body-worn cameras are encouraged to seek federal funding through the Body-Worn Camera Policy and Implementation Program (BWC Program), to augment the amount of money available for other JAG projects but will not automatically be denied funding for such items if requested. The BWC Program allows jurisdictions to develop and implement policies and practices required for effective program adoption, and to address program factors including the purchase, deployment, and maintenance of camera systems and equipment; data storage and access; and privacy considerations. For more information on the BWC Program, go to https://www.bja.gov/ProgramDetails.aspx?Program_ID=115. JAG funds may not be used as any part of the 50% match required by the BWC Program.

Per the Bureau of Justice Assistance's (BJA's) FY 2018 JAG Solicitation, agencies seeking funding for body-worn cameras (BWCs) must have policies and procedures in place related to equipment usage, data storage and access, privacy considerations, and training. Subrecipients of funding for body-worn cameras must supply the State Administering Agency (Missouri Department of Public Safety) with a copy of such policy(s) and procedure(s) at the time of acceptance of the subaward. It is not necessary to supply a copy at the time of application.

BJA released the BWC Toolkit (<https://www.bja.gov/bwc/>) to share model BWC policies and best practices to assist departments in implementing BWC programs.

❑ Police Cruisers

JAG funds may be used to purchase or lease police cruisers (marked or unmarked).

For purposes of this grant program, a "police cruiser" is defined as a vehicle used in the ordinary course for routine police patrol. Depending on the jurisdiction, a police cruiser could include sedans, sport utility vehicles (SUVs), motorcycles, etc.

As long as the Missouri Department of Revenue/Motor Vehicles does not require licensing or registration for segways, ATVs, and golf carts, JAG funds may be used for the purchase or lease of such items also.

Due to additional restrictions as a result of 34 U.S.C. § 10152, the purchase or lease of any other police vehicle (e.g. pick-up trucks, passenger vans, command centers, wheeled armored vehicles, tactical vehicles, etc) will require a program office approval request be submitted to the Bureau of Justice Assistance (BJA) by the Missouri Department of Public Safety. Such request will require the gathering of information from the Subrecipient. The request is subject to approval by BJA.

❑ Radios (Portables/Handhelds, Mobiles, Repeaters, Base Stations, etc)

Digital mobile radios compliant with APCO Project 25 (P25) specifications embody certain fundamental advantages, including interoperability. The term interoperability refers to radio equipment in compliance with P25 specifications, regardless of the manufacturer, that allows users to be "interoperable" with each other.

Agencies that seek radios for the Missouri Statewide Interoperability Network (MOSWIN) should be aware that multi-band radios (VHF and 700/800 MHz) are the best opportunity for local agencies to harness the coverage and capacity being implemented by the State in the MOSWIN. If the purpose of

the grant application is to acquire radios for use on the MOSWIN, future MOSWIN sites may be built out in 700 MHz. System users must have a dual-band (VHF/700 MHz) mobile radio, installed to the manufacturer's recommended specifications, to obtain optimum benefit from system enhancement.

Agencies applying for mobile radios must ensure that the model being requested is P25 compliant and can operate in the P25 trunked mode at the time of purchase. (Essentially the mobile radio must be a MOSWIN certified radio.) Funds will not be permitted for mobile radio models which do not meet these standards.

Refer to the "Radio Interoperability Guidelines" available online at <https://dps.mo.gov/dir/programs/cjle/jag.php> for reference to a list of mobile radios certified as meeting the P25 standard by the Department of Homeland Security and certified to operate on the MOSWIN by the manufacturer.

Agencies that can access the MOSWIN with a MOSWIN-certified mobile radio can purchase non-P25 base stations, repeaters, or portable radios.

MOSWIN is designed to provide 95% coverage for a properly installed mobile radio. Portable radio coverage varies greatly based on a number of variables. The use of an in-car repeater system is recommended if the requested portable is intended to support mission critical communications.

Regardless of the type of request for radios, agencies requesting funding for radios or radio-related equipment must articulate in the "Budget – Equipment Justification" section of the application how they would access the MOSWIN via a trunked P25 mobile radio or how they plan on utilizing the equipment requested to access the MOSWIN. In addition, agencies must acknowledge whether the request is for:

1. Single band radios (mobile/portable) that will not operate on MOSWIN with the applicant demonstrating their ability to operate on MOSWIN utilizing other radios, or;
2. Single band VHF High Band radios (mobile/portable) that will operate on MOSWIN, or;
3. Multi-Band Radios that will operate on the MOSWIN network with the ability to access VHF High Band (150 MHz) and 700/800 MHz spectrum within the MOSWIN network.

NOTE: Agencies seeking any type of radio or radio-related accessory are encouraged to contact the Missouri Interoperability Center by phone at (855) 4-MOSWIN or by email at moswin.sysadmin@dps.mo.gov to ensure the appropriate communication devices are purchased for the department's needs and location to the nearest MOSWIN tower and to ensure the appropriate administrative requirements are met as it relates to the MOSWIN. The Missouri Interoperability Center staff can also provide helpful information regarding the department's ability to access the MOSWIN and how to articulate such within the grant application.

APPENDIX C

CHANGE OF INFORMATION FORM

The *Change of Information Form* must be used to identify changes in personnel during the project period. The *Change of Information Form* must be sent as an attachment in the “Correspondence” component of the grant within WebGrants. Any other information not collected on this form may be provided in the message of the Correspondence.

	MISSOURI DEPARTMENT OF PUBLIC SAFETY CRIMINAL JUSTICE/LAW ENFORCEMENT (CJ/LE) UNIT CHANGE OF INFORMATION FORM		
Date: <input style="width: 150px;" type="text"/>			
Subrecipient Name:	<input style="width: 250px;" type="text"/>	Subaward Number:	<input style="width: 100px;" type="text"/>
Contact Person:	<input style="width: 250px;" type="text"/>	Phone Number:	<input style="width: 100px;" type="text"/>
<i>*If the change affects multiple subawards, please complete a form for each subaward and submit via the Correspondence component of each subaward.*</i>			
Is the following change(s) as a result of criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<hr/>			
MY PROFILE/CONTACT INFORMATION			
<i>If the change affects the My Profile module and/or the Contact Information grant form, please complete the following. If the change does not affect the My Profile module and/or the Contact Information grant form, skip this section.</i>			
<i>Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.</i>			
Name of Individual Being Removed:		Last Date of Employment :	
<hr/>			
<i>Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.</i>			
Name of Individual Being Added:		Job Title:	
Mailing Address:			
Street Address: <i>(if different than the mailing address)</i>			
City:		Zip Code:	
Email:			
Phone:		Ext:	
Fax:			
If communicating an addition, has the individual been added as a registered user in WebGrants via the “My Profile” module?	<input type="checkbox"/> Yes, and please select as a grant contact and add to the appropriate distribution list		
	<input type="checkbox"/> Yes, but please do not add as a grant contact or to the distribution list		
	<input type="checkbox"/> No, the individual will not have access to WebGrants and therefore was not added		
<hr/>			
BUDGET			
<i>If the change affects the Budget form, please complete the following. If the change does not affect the Budget form, skip this section.</i>			
Name of Individual Being Removed:	Last Date of Employment : (m/d/yyyy)	Individual Being Added: (if unknown, list as TBH)	Hire Date: (m/d/yyyy)
<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>
Provide a brief summary of the new individual's experience, certifications, and job responsibilities for the Budget – Personnel Justification section:			
<input style="width: 100%; height: 100%;" type="text"/>			
<small>SUBMIT THIS FORM AS AN ATTACHMENT TO YOUR DPS INTERNAL CONTACT VIA THE ‘CORRESPONDENCE’ COMPONENT OF WEBGRANTS. IF YOU NEED TO SUPPLY ADDITIONAL INFORMATION, PLEASE INCLUDE IN THE MESSAGE OF THE CORRESPONDENCE.</small>			
<small>DPS revised 1-2019</small>			

APPENDIX D

SUBAWARD

The *Subaward* document constitutes an agreement between the Missouri Department of Public Safety and the Subrecipient for use of state/federal funds in the implementation of the awarded project.

	MISSOURI DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE DIRECTOR SUBAWARD	P.O. Box 749 Jefferson City, MO 65102 Phone: (573) 751-4905	
Subrecipient Name:		Subrecipient DUNS Number:	
«Subrecipient»		«DUNS_Number»	
DPS Funding Opportunity Title:	Project Period Start Date:	Project Period End Date:	
2019 JAG - DTFs	07/01/2019	06/30/2020	
Project Title:		Subaward Number:	
«Project_Title»		«Subaward_Number»	
Project Description:			
«Project_Description»			
Federal Subaward Total:	CFDA Number and Name:		
\$«Federal_Subaward»	16.738 – Edward Byrne Memorial Justice Assistance Grant Program		
Research and Development Project:		Indirect Cost Rate for Federal Award:	
No		N/A	
Name of Federal Awarding Agency:		Federal Award Date:	
Department of Justice, Office of Justice Programs, Bureau of Justice Assistance		«Federal_Award_Date»	
Name of State Administering Agency (SAA):		SAA Federal Award Number:	
Missouri Department of Public Safety, Office of the Director P.O. Box 749 Jefferson City, MO 65102		«Federal_Award_Number»	
<p>This Subaward is made in the amount and for the project period referenced above to the Subrecipient identified above. This Subaward is subject to compliance with the general conditions governing grants and subawards and any attached Certified Assurances or Special Conditions. This Subaward is subject to compliance with all federal and state laws and all guidelines identified in the above mentioned DPS Funding Opportunity.</p> <p>The undersigned Subrecipient Authorized Official hereby acknowledges he/she is authorized to legally bind the Subrecipient and certifies acceptance of the above-described Subaward on the terms and conditions specified or incorporated by reference above and those stated in the approved application.</p>			
Subrecipient Authorized Official (AO) Name:		Subrecipient Project Director (PD) Name:	
«AO_First_Name» «AO_Last_Name»		«PD_First_Name» «PD_Last_Name»	
Subrecipient AO Signature:	Date:	Subrecipient PD Signature:	Date:
<p>This Subaward shall be in effect for the duration of the project period stated above and funds shall be made available on the Subaward Date with return of this signed document to the Missouri Department of Public Safety and upon full execution by signature of the Authorized Official of the Missouri Department of Public Safety, Office of the Director.</p>			
Authorized Official, Missouri Department of Public Safety			Subaward Date
			07/01/2019

APPENDIX E

SUBAWARD ADJUSTMENT NOTICE

The *Subaward Adjustment Notice* constitutes approval from the Missouri Department of Public Safety for a modification to the original *Subaward*.

	MISSOURI DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE DIRECTOR SUBAWARD ADJUSTMENT NOTICE	P.O. Box 749 Jefferson City, MO 65102 Phone: (573) 751-4905																																																			
ADJUSTMENT NO.	SUBAWARD NUMBER	ADJUSTMENT DATE																																																			
		December 28, 2018																																																			
SUBRECIPIENT NAME																																																					
PROJECT TITLE																																																					
PRESENT PROJECT PERIOD		TYPE OF SUBAWARD ADJUSTMENT																																																			
FROM	TO	(Select)																																																			
MESSAGE TO SUBRECIPIENT: THIS SUBAWARD IS CHANGED, AMENDED, OR ADJUSTED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS MAY BE SET FORTH BELOW.																																																					
CONDITIONS OR LIMITATIONS:																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">CURRENT BUDGET</th> <th style="width: 20%;">REVISED BUDGET</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">PERSONNEL</td><td></td><td></td></tr> <tr><td style="text-align: center;">PERSONNEL BENEFITS</td><td></td><td></td></tr> <tr><td style="text-align: center;">PERSONNEL OVERTIME</td><td></td><td></td></tr> <tr><td style="text-align: center;">PERSONNEL OVERTIME BENEFITS</td><td></td><td></td></tr> <tr><td style="text-align: center;">PRN TIME</td><td></td><td></td></tr> <tr><td style="text-align: center;">VOLUNTEER MATCH</td><td></td><td></td></tr> <tr><td style="text-align: center;">TRAVEL/TRAINING</td><td></td><td></td></tr> <tr><td style="text-align: center;">EQUIPMENT</td><td></td><td></td></tr> <tr><td style="text-align: center;">SUPPLIES/OPERATIONS</td><td></td><td></td></tr> <tr><td style="text-align: center;">CONTRACTUAL</td><td></td><td></td></tr> <tr><td style="text-align: center;">RENOVATION/CONSTRUCTION</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td style="text-align: center;">TOTAL PROJECT COST</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td style="text-align: center;">FEDERAL/STATE SHARE</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">LOCAL MATCH SHARE</td> <td></td> <td></td> </tr> </tbody> </table>				CURRENT BUDGET	REVISED BUDGET	PERSONNEL			PERSONNEL BENEFITS			PERSONNEL OVERTIME			PERSONNEL OVERTIME BENEFITS			PRN TIME			VOLUNTEER MATCH			TRAVEL/TRAINING			EQUIPMENT			SUPPLIES/OPERATIONS			CONTRACTUAL			RENOVATION/CONSTRUCTION						TOTAL PROJECT COST	\$0.00	\$0.00				FEDERAL/STATE SHARE			LOCAL MATCH SHARE		
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All terms and conditions of the original Subaward document apply to this Subaward Adjustment Notice.																																																					
AUTHORIZED OFFICIAL, MISSOURI DEPARTMENT OF PUBLIC SAFETY		DATE																																																			

