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RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) PROGRAM 2015 LOCAL SOLICITATION

CFDA #16.593

Contract Period:

July 1, 2015 to June 30, 2016

WebGrants Deadline:

Applications must be submitted no later than 5:00 p.m. on May 6, 2015

<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:

Name	Title	Phone Number
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GENERAL PROGRAM GUIDELINES

I. OVERVIEW:

The Residential Substance Abuse Treatment for State Prisoners (RSAT) Formula Grant Program [42 U.S.C. 3796ff-1(e)] is administered by the U.S. Department of Justice, Bureau of Justice Assistance (BJA), and the Missouri Department of Public Safety is the elected State Administering Agency (SAA) of the grant funds.

The RSAT Program was created by the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322). The RSAT Program assists state and local governments in developing and implementing substance abuse treatment programs in state and local correctional and detention facilities and creating and maintaining community-based aftercare services for offenders.

The goal of the RSAT Program is to break the cycle of drugs and violence by reducing the demand for, use, and trafficking of illegal drugs. The objectives of the RSAT Program are to:

- Enhance the capability of states and units of local government to provide residential substance abuse treatment for incarcerated inmates.
- Prepare offenders for their reintegration into the communities from which they came by incorporating re-entry planning activities into treatment programs.
- Assist both the offenders and their communities through the reentry process through the delivery of community-based treatment and other broad-based aftercare services.

II. FUNDING ALLOCATION:

All federal awards are subject to the availability of appropriated funds and any modifications or additional requirements that may be imposed by law.

The Bureau of Justice Statistics (BJS) calculates, for each state and territory, a minimum base allocation which, can be enhanced by an allocation in proportion to the ratio that its prison population bears to the total prison population of all states and territories.

The prison population includes all inmates under the jurisdiction of the state or territory for whom the state has legal authority and responsibility. The counts include inmates who may be housed in other states, county or city jails, or other adult correctional facilities.

At least 10% of the total state allocation shall be made available to local and tribal correctional and detention facilities - provided such facilities exist – for either residential substance abuse treatment programs or jail-based substance abuse treatment programs that meet the criteria outlined under the General Program Guidelines - Eligible Programs section of this solicitation.

III. ELIGIBLE APPLICANTS:

Any unit of state or local government may apply for RSAT funds from the Missouri Department of Public Safety, Office of the Director.

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

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

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. Failure to submit and/or unresolved issues (issues resulting in the report not being approved) with 3 or more months of UCR Reports will result in the automatic denial of the application. A copy of such reports shall 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 2014 Racial Profiling Report will result in the automatic denial of the application. A copy of such report shall 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 January thirty-first for the previous calendar year with the department of public safety and the state auditor's office.

NOTE: The form is available at <http://www.dps.mo.gov/dir/federal-forfeiture-reporting.asp>. It is the responsibility of the applicant to verify the submission of this report prior to submitting an application. Failure to submit a 2014 Federal Forfeiture Report will result in the automatic denial of the application. A copy of such report shall 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.

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 shall not be submitted with the application.

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.

- ❑ [Section 577.005 RSMo](#) – **Written Policy on Forwarding Intoxication-Related Traffic Offenses**
Pursuant to 577.005.1 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 shall not be submitted with the application.

IV. INELIGIBLE APPLICANTS:

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

V. ELIGIBLE PROGRAMS:

RSAT funds may be used to implement three types of programs:

1. Residential Programs:

Residential substance abuse treatment programs provide individual and group treatment activities for offenders in residential facilities that are operated by state and local correctional agencies. These programs must:

- ❑ Operate at least 6 and no more than 12 months.
- ❑ Be provided in residential treatment facilities set apart from the general correctional population. Set apart means a completely separate facility or a dedicated housing unit within a facility exclusively for use by program participants.
- ❑ Focus on the substance abuse problems of the inmate.
- ❑ Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance and related problems.
- ❑ Require urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants, including both periodic and random testing and for former participants while they remain in the custody of the state or local government.
- ❑ If possible, participation in the residential program should be limited to inmates who have 6 to 12 months remaining in their term of confinement so that they can be released from prison after completing the treatment program, rather than returning to the general prison population.
- ❑ If possible, the program design should be based on effective, scientific practices.

2. Jail-Based Programs:

Jail-based substance abuse programs provide individual and group treatment activities for offenders in jails and local correctional facilities. These programs must:

- ❑ Last at least 3 months.
- ❑ Focus on the substance abuse problems of the inmate.
- ❑ Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance and related problems.
- ❑ If possible, programs should separate the treatment population from the general correctional population.
- ❑ If possible, the program design should be based on effective, scientific based practices.

3. Aftercare:

Aftercare services must involve coordination between the correctional treatment program and other social service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, self-help, and peer group programs that may aid in rehabilitation.

Note: To qualify as an aftercare program, the head of the substance abuse treatment program must work in conjunction with state and local authorities and organizations involved in substance abuse treatment to assist in the placement of program participants into community substance abuse treatment facilities upon release. In addition, agencies shall coordinate these activities with any Substance Abuse and Mental Health Service Administration- (SAMSHA) funded state and/or local programs that address the needs of this target population. A state may use amounts received for nonresidential substance abuse treatment aftercare services if the chief executive officer of the state certifies that the state is providing, and will continue to provide, an adequate level of residential treatment services.

VI. EVIDENCE-BASED PROGRAMS OR PRACTICES:

Applicants are strongly urged to provide substance abuse treatment practices and services that have a demonstrated evidence base and that are appropriate for the target population. Applicants can find information on evidence-based treatment practices in the Substance Abuse and Mental Health Services Administration (SAMHSA) *Guide to Evidence-Based Practices* available at www.samhsa.gov/ebpwebguide. The *Guide* provides a short description and a link to dozens of web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings. Note that SAMHSA’s *Guide to Evidence-Based Practices* also references the National Registry of Evidence-Based Programs and Practices (NREPP), a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. Being included in NREPP, or in any other resource listed in the *Guide*, does not mean an intervention is “recommended” or that it has been demonstrated to achieve positive results in all circumstances. Applicants should document that the selected practice is appropriate for the specific target population and purposes of their project.

The Office of Justice Programs (OJP) considers programs and practices to be evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through one or more outcome evaluations. Causal evidence documents a relationship between an activity or intervention (including technology) and its intended outcome, including measuring the direction and size of a change, and the extent to which a change may be attributed to the activity or intervention. Causal evidence depends on the use of scientific methods to rule out, to the extent possible, alternative explanations for the documented change. The strength of causal evidence, based on the factors described above, will influence the degree to which OJP considers a program or practice to be evidence-based. OJP’s CrimeSolutions.gov web site is one resource that applicants may use to find information about evidence-based programs in criminal justice, juvenile justice, and crime victim services.

VII. 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

VIII. INELIGIBLE ACTIVITIES AND COST ITEMS:

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

- Aircraft
- Bonuses or Commissions
- Compensation & Travel of Federal Employees
- Construction/Renovation Projects
- Consultant Rates exceeding \$450

NOTE: Consultant services cannot exceed a rate of \$450 (excluding travel and subsistence costs) for an 8-hour day, or \$56.25/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
- Land Acquisition
- Less-than-lethal Weapons
- Lobbying or Fundraising
- Military-Type Equipment
- Personal Incentives for Employment
- Pre-Paid Gas/Phone Cards
- Vehicles
- Vessels/Boats
- Weapons and Ammunition

IX. CONTRACT PERIOD:

The 2015 RSAT contract period for approved projects is July 1, 2015 through June 30, 2016. Requests for extensions to this contract period are not allowed.

All funds must be obligated and all proposed activities must be performed within this contract 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 contract period end date. 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. Refer to the [“DPS Financial and Administrative Guide”](#) for further clarification.

X. LOCAL MATCH REQUIREMENT:

Federal funds awarded under this program may not cover more than 75% of the total costs of the project. Therefore, applicants must provide **25% of the total project cost** in the form of cash or in-kind services.

- Cash Match** (hard) includes cash spent for project-related costs. Allowable cash match must include those costs, which are allowable with federal funds.
- In-Kind Match** (soft) includes, but is not limited to, the valuation of in-kind services. “In-kind” is the value of something received or provided that does not have a cost associated with it. For example, the value of donated services could be used to comply with the match requirement. Also, third party in-kind contributions may count toward satisfying match requirements provided the grantee receiving the contributions expend them as allowable costs.

NOTE: Matching funds need not be applied at the exact time or in proportion to the obligation of the federal funds. However, the full required matching share percentage must be obligated by the end of the period for which the federal funds have been made available.

XI. 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.

RSAT 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. RSAT funds shall be used to fund new projects, expand/enhance existing projects, or continue a funded project.

Recipients shall not use RSAT 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 examples of supplanting.

APPLICATION INSTRUCTIONS

I. **HOW TO APPLY:**

Applications for RSAT 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 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 www.dunandbradstreet.com.

The DUNS should be that of the applicant agency (unit of government), but if the applicant agency does not have a DUNS number for the unit of government, the project agency's DUNS will be accepted.

2. 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., Dr., 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.

- **Applicant Agency:** provide your unit of state or local government followed by a comma and the project agency. (For example, the Cole County Sheriff’s Office would enter Cole County, Sheriff’s Office.)
- **Organization Type:** select “Government”
- **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:** this field is not required; may leave blank
- **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 contract information. To add registered users, log into WebGrants, click ‘My Profile’ 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 organization has already registered with the WebGrants system, login with the UserID and Password previously provided to you during the registration process. If you have misplaced or forgotten your login information, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation. Complete the following steps before you start your application:

1. Verify your Work Information

Under the 'My Profile' module, 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, click on your Associated Organization's name and review all information provided for your applicant agency. Click 'Edit' where necessary to update or correct any organization information.

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 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 organization 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, click on your Associated Organization's name 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.

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 A) 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.

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 A) to your DPS Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

4. Verify your Organization's 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, visit www.dunandbradstreet.com.

Under the 'My Profile' module, click on your Associated Organization's name and review the DUNS number provided. The DUNS number should be that of the applicant agency (unit of government), but if the applicant agency does not have a DUNS number for the state department, county, city, or university, the project agency's DUNS number will be accepted.

The Missouri Department of Public Safety must report each organization's DUNS number with other relative FFATA data as the DUNS number is coined as being the "unique identifier of the entity". Therefore, it is imperative the DUNS number provided is that of your unit of state or local government.

□ All Organizations

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

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

Returning applicants to the RSAT 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:

✓ **A separate application must be submitted for each project (if the scope of the project differs).**

- ✓ Do not use CAPS when filling out the application forms. The use of CAPS makes it difficult to review the application and creates issues when data is extracted from WebGrants and merged into external documents, reports, etc.
- ✓ Each required field must be completed before the form may be saved. A required field is marked with a red asterisk (*).
Note: If you receive an error message from WebGrants that a field is not in the correct format or was left blank, the cursor will automatically return to the field that contains the issue. Look for this cursor to aid you in resolving the error.
- ✓ The RSAT application consists of 17 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.

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 box 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 recipient of emails generated by WebGrants during the application, review, and negotiation (revision) phases.
- **Project Title:** enter a carefully chosen, brief descriptive title for the proposed project.
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 box 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.

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 into a contract.
 - If the applicant agency is a city, the mayor or city administrator shall be the Authorized Official.
 - If the applicant agency is a county, the county commissioner or county executive shall be the Authorized Official.
 - If the applicant agency is a state department, the director shall be the Authorized Official.

Authorized Official

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

Name:*
Title First Name Last Name

Job Title:*

Agency:*

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

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

Street Address 2:

City/State/Zip:* 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, Director) of the identified Authorized Official.
- **Agency:** enter the Agency name (e.g. Cole County Commissioner’s Office, Missouri Department of Public Safety Director’s Office) of the identified Authorized Official.
- **Mailing Address:** enter the Authorized Official’s mailing address. 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 Authorized Official’s physical street address. 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 project. If the Project Agency is a law enforcement agency, the Project Director must be the Chief or Sheriff of the law enforcement agency.

NOTE: For contract 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 will be denied.

Project Director

The Project Director is the individual that will have direct oversight of the proposed project. If the project agency is a law enforcement agency, the Project Director must be the Chief, Sheriff, or Director of Public Safety.

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, Mr., Ms.), the First Name, and the Last Name of the proper Project Director.
 - **Job Title:** enter the Job Title (e.g. Sheriff, Division Director) of the identified Project Director.
 - **Agency:** enter the Agency name (e.g. Cole County Sheriff's Office, Missouri Department of Public Safety Director's Office) of the identified Project Director.
 - **Mailing Address:** enter the Project Director's mailing address. 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 Project Director's physical street address. 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 level. The Fiscal Officer shall be the City Clerk, County Treasurer, Director of Finance, or person of similar position.

NOTE: For contract 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 will be denied.

Fiscal Officer

The Fiscal Officer is the individual who has responsibility for accounting and audit issues at the applicant agency level (e.g. City Clerk, County Treasurer, Director of Finance).

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. County Treasurer, Director of Finance) of the identified Fiscal Officer.
 - **Agency:** enter the Agency name (e.g. Cole County Treasurer’s Office, Missouri Department of Public Safety Director’s Office) of the identified Fiscal Officer.
 - **Mailing Address:** enter the Fiscal Officer’s mailing address. 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 Fiscal Officer’s physical street address. 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, if different than the Project Director listed above. This individual will be the primary contact for day-to-day questions regarding the grant project and operations.

NOTE: The Officer in Charge may be the same person as the Project Director, and in that case, this section would not need to be completed again.

Officer in Charge

The Officer in Charge is the individual that will act as the supervisor of the proposed project, if different than the Project Director listed above. This individual will be the primary contact for day-to-day questions regarding the grant project and operations.

Name:
Title First Name Last Name

Job Title:

Agency:

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

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

Street Address 2:

City/State/Zip:
City State Zip

Email:

Phone:
Ext.

Fax:

- **Name:** enter the Title (e.g. Mr., Ms., Capt.), 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. Cole County Sheriff's Office, Missouri Department of Public Safety Director's Office) of the identified Officer in Charge.
- **Mailing Address:** enter the Officer in Charge's mailing address. 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 Officer in Charge's physical street address. 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 and options:

- Application Type:** A dropdown menu.
- Current Contract Number(s):** A text input field.
- Program Category:** A dropdown menu with a list of options: Aftercare, Jail-Based Treatment, and Residential Substance Abuse Treatment. 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 with a vertical scrollbar on the right.
- Brief Summary:** A larger text input field with a vertical scrollbar on the right.
- 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 RSAT 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 additions.
 - 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 additions are included to expand or enhance the original project.
- **Current Contract Number(s)** - indicate the contract number issued by the Missouri Department of Public Safety if the same 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 type of program by which the project shall be classified for evaluation purposes. The program categories refer to the 3 eligible purpose areas by which RSAT funds may be awarded. Refer to the General Program Guidelines-Eligible Programs section of this solicitation for more information regarding the 3 purpose areas.
- **Project Type** – select if the scope 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: Specific geographical details are requested on the Proposed Service Area form. Therefore, for example, if a project were to serve Jefferson City, you might put “Jefferson City, located in Cole County in central Missouri” for this field and describe other details in the narrative.

- **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.
- **Program Income Generated** – indicate if program income will be generated. Program Income is defined as income generated as a direct result of an agency-funded project. For example, if the RSAT-funded project charges a fee for the treatment program, the collected fees would be considered 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 Grant Funded Time.
 3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

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 contract period, refer to the grant solicitation included in the Instructions at the top of this page 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 time to be spent on the project for which funding is being requested. For example, if an individual will only devote 50% of their time to the proposed project, enter 50. 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 Grant Funded Time*

Indicate the percentage of salary to be attributed to the project's local match share. 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.

Local Match %*

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

EXAMPLE 1 – Full-time, retained Case Manager position paid bi-weekly at a salary of \$1,100.00 each pay period with no salary increase expected during the 12 month contract period. Agency will pledge 25% local match.

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Grant Funded Time	Total Cost	Local Match %	Local Match Share	Federal/ State Share
John Smith	Case Manager	Retained	FT	\$1,100.00	26	100%	\$28,600.00	25%	\$7,150.00	\$21,450.00

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

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

EXAMPLE 2 – Full-time, created Case Manager position paid monthly at a salary of \$2,000.00 each pay period, but expected to receive a \$100 salary increase after 6 months of successful employment (effective January). Agency will pledge 25% local match.

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Grant Time	Total Cost	Local Match %	Local Match Share	Federal/ State Share
John Smith (July - Dec)	Case Manager	Created	FT	\$2,000.00	6	100%	\$12,000.00	25%	\$3,000.00	\$9,000.00
John Smith (Jan - June)	Case Manager	Created	FT	\$2,100.00	6	100%	\$12,600.00	25%	\$3,150.00	\$9,450.00

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 justification for each position.

If the position is new (created):

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

If the position exists (retained):

- Provide a description of the job responsibilities
- Provide a description of the experience possessed by the individual
- Identify any certification the individual possesses as it relates to the position

If a salary increase is included, address the individual's eligibility for such increase, the percentage of increase, and the effective date of the increase.

If personnel are included in the budget, provide justification for each position.

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

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

- a description of the job responsibilities
- the experience possessed by the individual
- any certification the individual possesses as it relates to the proposed project

Regardless if the position is new or retained, if a salary increase is included in the budget, address the individual's eligibility for such increase, the percentage of increase, and the effective date of the increase.

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.
 3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

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 contract period, refer to the grant solicitation included in the Instructions at the top of this page 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. For example, if an individual is budgeted to only spend 50% of their time on the proposed project, it might be applicable to request only 50% of a fringe benefit (if the fringe is not calculated on salary). 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*

Indicate the percentage of fringe benefit to be attributed to the project's local match share. 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.

Local Match %*

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

EXAMPLE 1 – Based on the previous Example1 for Personnel, John Smith’s annual salary of \$28,600 is included in the grant budget. The following fringe benefits are also requested, with a 25% local match being pledged for each expense:

- FICA/Medicare – 7.65% of salary (\$28,600)
- Pension – 8% of salary (\$28,600)
- Medical Insurance - \$100.00 per month for the 12-month contract period
- Life Insurance - \$10.00 per month for the 12-month contract period
- Dental Insurance - \$5.00 per month for the 12-month contract period
- Unemployment Comp – 11.2% of the first \$13,000 of salary
- Workers Comp - 2.823567% of salary (\$28,600)

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
FICA/Medicare	FICA/Medicare	\$28,600.00	0.0765	100%	\$2,187.90	25%	\$546.98	\$1,640.92
Pension/ Retirement	Pension	\$28,600.00	0.08	100%	\$2,288.00	25%	\$572.00	\$1,716.00
Medical Insurance	Medical Insurance	\$100.00	12	100%	\$1,200.00	25%	\$300.00	\$900.00
Life Insurance	Life Insurance	\$10.00	12	100%	\$120.00	25%	\$30.00	\$90.00
Dental Insurance	Dental Insurance	\$5.00	12	100%	\$60.00	25%	\$15.00	\$45.00
Unemployment Comp	Unemployment Comp	\$13,000.00	0.112	100%	\$1,456.00	25%	\$364.00	\$1,092.00
Workers Comp	Workers Comp	\$28,600.00	0.0283	100%	\$809.38	25%	\$202.35	\$607.03

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 if your application is successful.

If a premium rate or fringe benefit percentage is expected to change during the contract 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 annual salary is \$28,600. His pension rate is expected to increase from 8% of salary to 8.15% of salary after 6 months of the contract period (effective January). In addition, his medical insurance premium is expected to increase from \$100/month to \$120/month after 6 months of the contract period (effective January). Agency will pledge 25% local match.

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Pension/ Retirement	Pension (July - Dec)	\$14,300.00	0.08	100%	\$1,144.00	25%	\$286.00	\$858.00
Pension/ Retirement	Pension (Jan - June)	\$14,300.00	0.0815	100%	\$1,165.45	25%	\$291.36	\$874.09
Medical Insurance	Medical Insurance (July - Dec)	\$100.00	6	100%	\$600.00	25%	\$150.00	\$450.00
Medical Insurance	Medical Insurance (Jan - June)	\$120.00	6	100%	\$720.00	25%	\$180.00	\$540.00

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 to identify the cost and why it is needed.

If your agency anticipates a premium or rate change during the contract period, 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.

If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.

For example:

- FICA/Medicare is contributed by the employer 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, 2016.
- Pension is contributed by the employer 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 on January 1, 2016 to 8.15%.
- 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	
<p>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. 3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.</p>	
<p>Provide the name of the individual for which overtime funding is requested. If the name is unknown, put TBH.</p>	
Name*	<input type="text"/>
<p>Provide the job title of the individual.</p>	
Title*	<input type="text"/>
<p>Enter the hourly overtime pay rate for the individual. Do not round! If an individual expects a salary increase during the contract period, refer to the grant solicitation included in the Instructions at the top of this page for further instructions and examples.</p>	
Hourly Overtime Pay*	<input type="text" value="\$0.00"/>
<p>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.</p>	
Hours on Project*	<input type="text"/>
<p>Indicate the percentage of overtime to be attributed to the project's local match share. 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>	
Local Match %*	<input type="text"/>

The following are examples 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. Agency will pledge 25% local match.

Name	Title	Hourly Overtime Pay	Hours on Project	Total Cost	Local Match %	Local Match Share	Federal/ State Share
John Smith	Case Manager	\$22.00	200	\$4,400.00	25%	\$1,100.00	\$3,300.00

NOTE: The text entered under the **NAME** column is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a salary increase may occur during the contract period, a budget line item should be included to reflect the initial overtime hourly pay and to reflect the increase 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 6 months into the contract period. It is anticipated that he will work 100 hours during the first 6 months at an hourly rate of \$22.00/hour, and that he will work another 100 hours during the second 6 months at a an hourly rate of \$24.00/hour (effective January). Agency will pledge a 25% local match.

Name	Title	Hourly Overtime Pay	Hours on Project	Total Cost	Local Match %	Local Match Share	Federal/ State Share
John Smith (July to Dec)	Case Manager	\$22.00	100	\$2,200.00	25%	\$550.00	\$1,650.00
John Smith (Jan to June)	Case Manager	\$24.00	100	\$2,400.00	25%	\$600.00	\$1,800.00

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 justification for the expense. Describe why overtime funding is necessary and how it will aid in the success of the project.

If an overtime pay rate increase is included, address the individual's eligibility for such increase, the percentage of increase, and the effective date of the increase.

If overtime is included in the budget, provide justification for the expense. Describe why overtime funding is necessary and how it will aid in the success of the project.

If an overtime pay rate increase is included, address the individual's eligibility for such increase, the percentage of increase, and the effective date of the increase.

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.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

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 contract period, refer to the grant solicitation included in the Instructions at the top of this page for further instructions and examples.

Overtime/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*

Indicate the percentage of fringe benefit to be attributed to the project's local match share. 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.

Local Match %*

Refer to the Budget-Personnel Benefits section above for examples in completing this budget category.

If a change in premium or fringe benefit percentage is expected during the contract period, be sure to include a budget line item to reflect the initial rate/percentage and to reflect the change in rate/percentage.

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 fringe benefit to identify the cost and why it is needed.

If your agency anticipates a premium or rate change during the contract period, 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.

Refer to the Budget-Personnel Benefits Justification section above for examples in completing this budget justification section.

If your agency anticipates a premium or rate change during the contract period, 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 Personnel Overtime Benefits budget category to avoid discrepancies in the budget category and the budget justification.

I. VOLUNTEER MATCH:

Include any in-kind volunteer match, which will be applied to the local match share of the total funding. Volunteer match will be calculated at the state minimum wage of \$7.65/hour (effective January 1, 2015).

Volunteer Match

1. Include Volunteer Match as in-kind local match in your budget, if applicable. Repeat this step for each type of volunteer match.
2. Volunteer hours will be calculated at the state minimum wage rate of \$7.65/hour.
3. The Local Match Share will automatically calculate as Total Hours x \$7.65/hour.

Identify the type of service to be provided by the volunteer(s).

Description of Service*

Indicate the number of volunteers who will be providing the type of service indicated.

Number of Volunteers*

Indicate the total number of hours to be contributed by the volunteer(s) for the type of service indicated. 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.

Total Hours*

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

EXAMPLE 1: Agency has 5 volunteers from Alcoholics Anonymous providing 500 volunteer hours to participants of the treatment program.

EXAMPLE 2: Agency has 3 volunteers from Narcotics Anonymous providing 300 volunteer hours to participants of the treatment program.

Description of Services	Number of Volunteers	Total Hours	Local Match Share
Alcoholics Anonymous	5	500	\$3,825.00
Narcotics Anonymous	3	300	\$2,295.00

NOTE: The text entered under the **DESCRIPTION OF SERVICES** column is how the line item will display on the Claim-Reimbursement form if your application is successful.

J. VOLUNTEER MATCH JUSTIFICATION:

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

If volunteer match is included in the budget, provide the following information:

- a description and justification to include, but not limited to, the number of volunteers that will be used
- the activities that the volunteer(s) will be conducting
- when the volunteer(s) will be conducting the above referenced activities (e.g. day, evening, weekends)

K. TRAVEL/TRAINING:

Include any travel or training related costs for which funding is requested. Costs should be estimated based on the most restrictive travel policy (state or local).

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. However, the travel justification must explain the “Miscellaneous” line.

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 sub-recipient with no advantage or benefit to the sub-recipient.

Per the OJP Financial Guide, [Chapter 3.9 – Allowable Costs](#), sub-recipients of a State must follow their state’s travel policy, in terms of grant expenditures. Therefore, sub-recipients shall adhere to their local travel policy per their department guidelines, but sub-recipients may be reimbursed based on the current grant “Travel Guidelines”, which can be found at: <http://www.dps.mo.gov/dir/programs/cjle/rsat.asp>.

Travel/Training

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.aa.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.aa.mo.gov. Incidentals will not be allowed. Local travel policy will apply if such is more restrictive than those mentioned herein.
 4. The Total Cost will automatically calculate as Unit Cost x Duration x Number.
 5. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Select the applicable travel-related cost to include in the budget. This field is necessary for DPS reports.

Category*

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 included in the Instructions at the top of this page for examples.

Item*

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 included in the Instructions at the top of this page.

Unit Cost*

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, 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.

Duration*

Enter the number of vehicles, people, rooms, etc. being requested for the expense.

Number*

Indicate the percentage of the travel/training-related expense to be attributed to the project’s local match share. 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.

Local Match %*

The following is an example to aid in the completion of the Travel/Training budget form:

EXAMPLE – Agency requests to send 1 case manager to a conference hosted by the U.S. Substance Abuse and Mental Health Service Administration (SAMHSA). Agency will pledge 25% local match on the following anticipated travel costs:

- airfare at an estimated cost of \$400.00 and baggage fees at \$50.00
- airport parking for 5 days at a cost of \$8.00/day
- lodging for 4 nights at the GSA rate of \$95.00/day
- meals for 4 days at a state per diem rate of \$40.00/day
- mileage allowance for driving a personal vehicle round-trip to the airport for 60 miles at \$0.37/mile
- registration costing \$230.00

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)	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Airfare/Baggage	SAMHSA Conf – Airfare/Baggage	\$450.00	1	1	\$450.00	25%	\$112.50	\$337.50
Airport Parking	SAMHSA Conf – Airport Parking	\$8.00	5	1	\$40.00	25%	\$10.00	\$30.00
Lodging	SAMHSA Conf - Lodging	\$95.00	4	1	\$380.00	25%	\$95.00	\$285.00
Meals	SAMHSA Conf - Meals	\$40.00	4	1	\$160.00	25%	\$40.00	\$120.00
Mileage	SAMHSA Conf – Mileage	\$0.37	60	1	\$22.20	25%	\$5.55	\$16.65
Registration	SAMHSA – Registration	\$230.00	1	1	\$230.00	25%	\$57.50	\$172.50

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

L. TRAVEL/TRAINING JUSTIFICATION:

Travel/Training Justification

Travel/Training Justification

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

If non-training travel costs are included in the budget:

- Provide justification for each expense
- Describe why the cost is necessary to the success of the proposed project

If training costs are included in the budget:

- Identify the location of the training (if unknown, clearly identify TBA)
- Identify the date(s) of the training (if unknown, clearly identify TBA)
- Identify who will be attending the training
- Provide a synopsis of the training and/or describe the anticipated benefit of the training

If non-training travel costs are included in the budget, provide justification for each expense and identify why the non-training travel cost is necessary to the success of the proposed project.

If training costs are included in the budget, at a minimum, address the following information for each training course:

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

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.

M. EQUIPMENT:

Include any equipment for which funding is requested.

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

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.
 4. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Provide any necessary details, if applicable, to describe the item, such as brand, model number, size, capability, included accessories, etc.

Item*

Identify the equipment item being requested. Refer to the grant solicitation included in the Instructions at the top of this page for examples.

Description

Provide the price of the item, including shipping, installation, etc., if applicable.

Unit Cost*

Provide the requested number of items to be purchased.

Quantity*

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.

Source of Bid

Indicate the percentage of funding being requested for the equipment item. For example, if funding is requested for only 50% of an item's total cost, enter 50. 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*

Indicate the percentage of the equipment item to be attributed to the project's local match share. 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.

Local Match %*

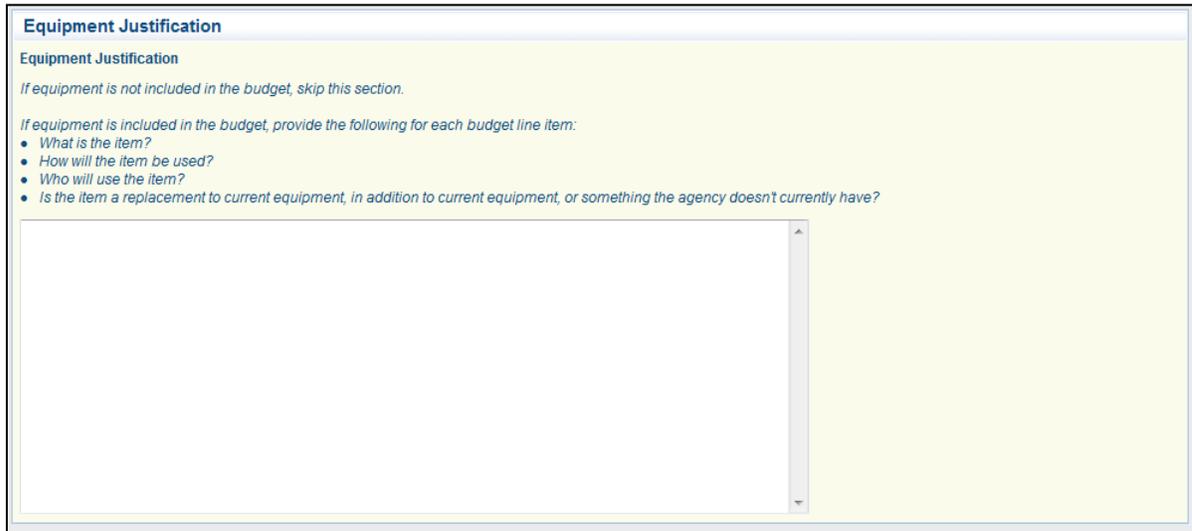
The following is an example to aid in the completion of the Equipment budget form:

EXAMPLE – Agency requests to purchase 5 new drug test kits with mobile printers to be used for urinalysis testing as required by RSAT guidelines. A kit is estimated to cost \$490.00 with a \$10.00 shipping charge, for a total unit cost of \$500.00. The lowest quote was received from an online company called DrugPro. Agency will pledge 25% local match.

Item	Description	Unit Cost	Qty	Source of Bid	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Drug Test Kits with Mobile Printer	Cost includes shipping	\$500.00	5	DrugPro	100%	\$2,500.00	25%	\$625.00	\$1,875.00

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

N. EQUIPMENT JUSTIFICATION:



The screenshot shows a form titled "Equipment Justification" with a light green background. The title is in a blue header bar. Below the title, the text "Equipment Justification" is followed by the instruction "If equipment is not included in the budget, skip this section." Below that, it says "If equipment is included in the budget, provide the following for each budget line item:" followed by a bulleted list of four questions: "What is the item?", "How will the item be used?", "Who will use the item?", and "Is the item a replacement to current equipment, in addition to current equipment, or something the agency doesn't currently have?". Below the list is a large, empty white rectangular area with a vertical scrollbar on the right side, intended for the user to provide justification.

If equipment is included in the budget, provide justification for each budget line. Make sure, at a minimum, to address the following information:

- what the equipment item is
- how the equipment item will be used
- who will use the equipment item
- whether the equipment 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.

O. SUPPLIES/OPERATIONS:

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

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.
 3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

List each budget item by type of supply or operational expense. Refer to the grant solicitation included in the Instructions at the top of this page 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 contract period in any operational expense, refer to the grant solicitation included in the Instructions at the top of this page for further instructions and examples.

Unit Cost*

Enter the requested number of months, days, 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. For example, if funding is requested for only 50% of an item's total cost, enter 50. 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*

Indicate the percentage of the supply or operational expense to be attributed to the project's local match share. 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.

Local Match %*

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

EXAMPLE 1 – Agency provides in-kind janitorial supplies for the 30 program participants at an estimated rate of \$0.75 per day. This calculates to \$22.50 per day x 365 days for all participants.

EXAMPLE 2 – Agency provides in-kind clothing for the 30 program participants at an estimated rate of \$0.20 per day. This calculates to \$6.00 per day x 365 days for all participants.

EXAMPLE 3 – Agency requests funding for journals and workbooks to be used in the treatment program at an estimated cost of \$5.00 per participant. There are 30 participants scheduled to complete the program. Because the agency provides in-kind services indicated above, the agency is pledging no match for this expense.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/State Share
Janitorial Supplies	Daily	\$22.50	365	100%	\$8,212.50	100%	\$8,212.50	\$0.00
Clothing	Daily	\$6.00	365	100%	\$2,190.00	100%	\$2,190.00	\$0.00
Journals & Workbooks	One-Time	\$5.00	30	100%	\$150.00	0%	\$0.00	\$150.00

NOTE: The text entered under the ITEM column 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. 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:

- *Why is the item necessary for the proposed project? Be sure to clearly identify how the item will be used.*
- *Who will use the item?*

If your agency anticipates a rate change during the contract period, 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. Make sure, at a minimum, to address the following information:

- why the supply or operational cost is necessary for the proposed project
- who will use (or benefit) from the supply or operational cost

If your agency anticipates a rate change during the contract period for an operating expense, 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.

Q. CONTRACTUAL:

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

Contractual

1. List by type of contractual support or consultant service. To include more than one type of contractual service, repeat this step for each item.
 2. Consultant services shall not exceed \$450 for an 8-hour day (or \$56.25/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.
 4. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Identify the type of contractual or consultant service. Refer to the grant solicitation included in the Instructions at the top of this page 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 contract period in any contractual expense, refer to the grant solicitation included in the Instructions at the top of this page 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. For example, if funding is requested for only 50% of an item's total cost, enter 50. 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*

Indicate the percentage of the contractual or consultant service to be attributed to the project's local match share. 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.

Local Match %*

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

EXAMPLE 1 – Agency contracts for Substance Abuse Treatment assessments at an estimated cost of \$100.00 per offender. Agency intends to provide treatment to 30 participants and will pledge a 25% local match for this expense.

EXAMPLE 2 – Agency contracts for Case Management Services to 30 participants at an estimated cost of \$25.00 per participant per week, for 52 weeks. This calculates to a total of \$750.00 per week (30 people x \$25 each). Agency will pledge 25% local match for this expense.

EXAMPLE 3 – Agency contracts for Individual Counseling to 30 participants at an estimated cost of \$20.00 per hour. Agency anticipates each individual will require approximately 40 hours of counseling during the program. This calculates to a total of 1200 hours of counseling (30 people x 40 hrs each). Agency will pledge 25% local match for this expense.

Item	Basis for Cost Estimate <small>(Select from drop down box)</small>	Unit Cost	Quantity	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Substance Abuse Assessments (30)	One-Time	\$100.00	30	100%	\$3,000.00	25%	\$750.00	\$2,250.00
Case Management Services	Weekly	\$750.00	52	100%	\$39,000.00	25%	\$9,750.00	\$29,250.00
Individual Counseling	Hourly	\$20.00	1200	100%	\$24,000.00	25%	\$6,000.00	\$18,000.00

NOTE: The text entered under the ITEM column 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.

R. 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:

- Address why the item is necessary for the proposed project.
- Who will benefit from the services?

If your agency anticipates a rate change during the contract period, 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. Make sure, at a minimum, to address the following information:

- why each contractual item is necessary for the proposed project
- who will benefit from the contractual service(s)

If your agency anticipates a rate change during the contract period for a contractual service, 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: STATEMENT OF 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 Project Agency 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 substance abuse issues to demonstrate a need for funding. (i.e. rate of dependence in Missouri compared to United States, illicit drug use rates amongst teenagers and adults, number of prisoners with drug-related offenses, number of prisoners needing substance abuse treatment)
- Identify existing resources (or the lack thereof), demographic and geographic specifications, 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 facts and statistics on lab activity, existing resources or lack thereof, demographic and geographic specifications, etc. to demonstrate a need for funding.*

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FORM #6: GOALS AND OBJECTIVES

The purpose of this narrative form is to explain the expectations for the proposed program. This information is necessary by the grantor to determine the probability of the project to meet its desired expectations and to provide a baseline by which to evaluate the success of the project.

Goals are the program's general desired results. The goals should be clearly stated, realistic and achievable, even if they are not readily measurable.

Objectives are the intermediate results or accomplishments to achieve each goal. The objectives must be both measurable and achievable. To be measurable, the objectives should include a clear baseline (e.g. deadline, timeline, quantity, etc) by which to later evaluate whether or not the objective was achieved.

Goals and Objectives

Goals and Objectives*

Explain your expectations for the proposed program.

Goals are the program's desired results. The goals should be clearly stated, realistic and achievable, even if they are not readily measurable.

Objectives are the intermediate results or accomplishments to achieve each goal. The objectives must be both measurable and achievable.

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The following are examples of goals and objectives. Do not copy these exact goals and objectives!

Goal #1 – Prepare offenders for reintegration into the communities from which they came by incorporating reentry planning activities into treatment programs

Objective #1 – Obtain a 95% completion rate for those admitted to a residential program in FY16.

Objective #2 – Provide access to 2 counselors at least 5 times a day for offenders to obtain reentry information.

Goal #2 – Ensure quality participation in the substance abuse treatment program

Objective #1 – Perform urinalysis testing at least once every month

Objective #2 – Separate the treatment population from the general correctional population

FORM #7: TYPE OF PROGRAM

The purpose of this narrative form is to identify the purpose area for which funds are requested, the general program that will be implemented, and how the anticipations of the project conform to the purpose area. The details provided should be specific and are used by the grantor to ensure the project fits within the parameters of the RSAT program and the identified purpose area.

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

- Identify the project’s purpose area: 1) Aftercare, 2) Jail-Based Treatment, or 3) Residential Substance Abuse Treatment
- Define the services to be provided by the project and identify the evidence-based practice being proposed for implementation. Identify and discuss the evidence that shows that the practice is effective, and discuss the population(s) for which this practice has been shown to be effective and show that is appropriate for the proposed target population. Refer to the General Grant Guidelines - Eligible Program Areas section of this solicitation for more information.
- Indicate who will provide the services provided by the project.
- Describe how the identified services will be offered.

Type of Program

Type of Program*

Provide the following information about the program that will be implemented by the requested funds:

- *Identify the purpose area for which funds are requested: Aftercare, Jail-Based Treatment, or Residential.*
- *Define the services to be provided by the project and identify the evidence-based practice being proposed for implementation. Identify and discuss the evidence that shows that the practice is effective, and discuss the population(s) for which this practice has been shown to be effective and show that is appropriate for the proposed target population.*
- *Indicate who will provide the services provided by the project.*
- *Describe how the identified services will be provided, to include information that identifies how the proposed project will meet the criteria of the eligible purpose area.*

Give as much detail as possible about your proposed project. Flow charts and outlines to support this narrative description may be included under the "Other Attachments" application form.

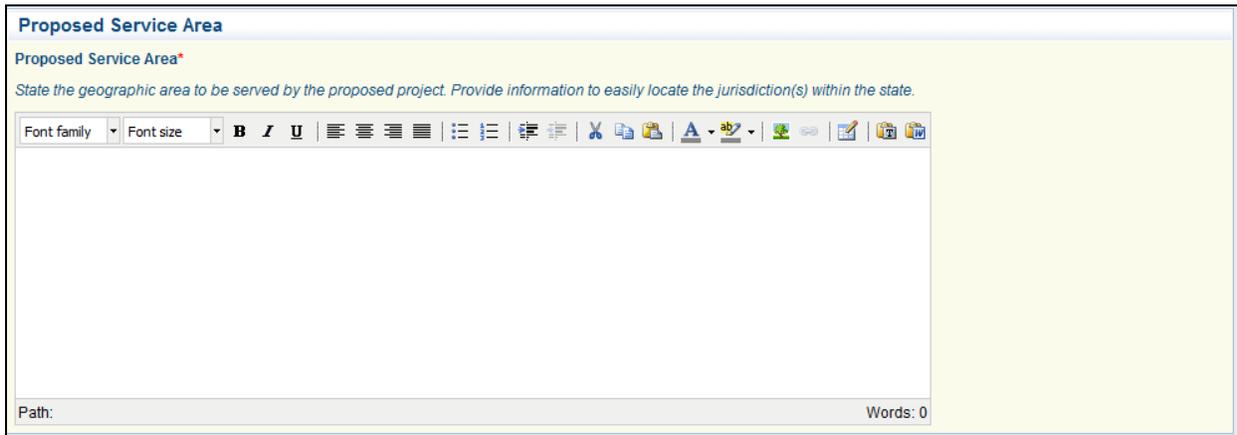
FORM #8: PROPOSED SERVICE AREA

The purpose of this narrative form is to identify the service area. This information is necessary by the grantor to understand the project type (e.g. statewide, regional, or local).

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

- Identify the geographic area to be served by this project. Be sure to provide information to easily locate the jurisdiction(s) within the state.

For example, a project that will serve Cole County may enter: This project will serve Cole County, which is located in central Missouri with a population of 75,990 (as of the 2010 US Census).



The screenshot shows a web form titled "Proposed Service Area". The form has a header with the title and a sub-header "Proposed Service Area*". Below the sub-header is a instruction: "State the geographic area to be served by the proposed project. Provide information to easily locate the jurisdiction(s) within the state." The main body of the form is a rich text editor with a toolbar containing various icons for text formatting (bold, italic, underline, bulleted list, numbered list, link, unlink, indent, outdent, text color, background color), alignment, and other functions. At the bottom of the form, there is a status bar that displays "Path:" on the left and "Words: 0" on the right.

FORM #9: PROJECT IMPLEMENTATION

The purpose of this narrative form is to describe the implementation plan for the proposed project. This information is necessary by the grantor to ensure the project can and will be fully operational shortly after the contract period start date. Flow charts and outlines to support this narrative description may be included under the "Other Attachments" application form but shall not substitute for the completion of this narrative form.

If the proposed project is new, explain the actual steps that will be taken to use the resources requested in your application to implement the program. Provide a timeline for having the requested budget items in place so that the project may be considered fully operational (e.g. if personnel are requested, provide details about the hiring process and an anticipated start date, or if equipment is being requested, provide details about the bid, procurement, installation, and training processes).

If the proposed project is a continuation or enhancement, explain how current efforts will be continued or actions will be taken to add additional services/activities.

Project Implementation

Project Implementation*

If the proposed project is new, explain the actual steps that will be taken to use the resources requested in your application to implement the program. Provide a timeline for having the requested budget items in place so that the project may be considered fully operational.

If the proposed project is a continuation or enhancement, explain how current efforts will be continued or actions will be taken to add additional services/activities.

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FORM #10: 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 funds shall only be used to supplement existing non-federal 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

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

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Examples of non-supplanting:

1. For FY 2016, City A appropriates a total of \$500,000 for correctional activities, including salary and benefits for 10 substance abuse treatment providers. In FY 2016, City A is awarded federal RSAT funds, which it uses to hire 1 residential substance abuse case manager, in addition to the 2 case managers hired with local funds. City A expends all of the \$500,000 in local funds appropriated for FY 2016 for correctional activities.

In this scenario, City A has not used RSAT funds to supplant 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 correctional activities”.

2. For FY 2016, City B appropriates a total of \$500,000 in local funds for correctional activities, of which \$15,000 is budgeted for upgraded urinalysis testing equipment. In FY 2016, City B is awarded federal RSAT funds. It uses the federal funds to purchase the upgraded equipment and uses the \$15,000 in local funds originally budgeted for equipment to hire a part-time aftercare services consultant. Total expenditures of local funds for correctional activities remain constant.

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

3. State X’s initial FY 2016 appropriation for crime laboratory 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 RSAT funds, it uses the funds to fill 2 substance abuse treatment positions that were included in the initial budget but were vacant due to the hiring freeze.

The total amount of state funds available for correctional activities in State X has been reduced but not because of the availability (or anticipated availability) of federal RSAT funds.

Examples of supplanting:

1. For FY 2016, State Y budgeted \$50,000 in state funds to be used for renovation of the treatment building. Later in FY 2016, in response to the availability of federal RSAT funds, the State determines that it will use RSAT funds for the treatment building renovation, and will use the funds the State had budgeted for the building renovation instead to provide health services for infants and children. No additional state funds were added to the State's budget in any other correctional category.

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

2. For FY 2016, County A budgeted \$500,000 in local funds to be used for correctional activities, including salary and benefits of 10 substance abuse treatment personnel. Later in FY 2016, in response to the availability of RSAT funds, the County determines that it will use the federal RSAT funds for the salaries and benefits of 2 of the existing treatment personnel, 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 RSAT funds, be made available for correctional 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 #11: COMMUNITY IMPACT

The purpose of this narrative form is to identify how the proposed project will affect the community(s) that the program will serve, whether directly or indirectly. This information is necessary to the grantor to understand how the proposed project may have a bearing on other issues not directly being addressed by the requested funds.

On this form, in a narrative format, describe how the proposed project will affect the community(s) that your program will serve and the public safety and crime-related issues within those community(s). The community may include the local agencies served by your project but must also include the citizens in the community served by the project.

determine if the project warrants continued funding and/or a re-examination of the project's goals and objectives.

If the proposed project is not currently being supported with 2014 RSAT funds, put N/A on this form.

If the proposed project is currently being supported with 2014 RSAT funds, in an outline format, restate the goals and objectives from your current contract as listed in your approved application. After each objective listed, provide information regarding results attained during the identified timeframe. You may include any reports, surveys, or other measurement tools that support the success of your project in the "Other Attachments" application form but any attachments shall not substitute for the completion of this narrative form.

Report of Success

Report of Success*

If the proposed project is not currently being supported with RSAT funds from the Missouri Department of Public Safety, Office of the Director, put N/A.

If the proposed project is currently being supported with RSAT funds, restate the goals and objectives from your current contract as listed in your approved application. Clearly identify whether or not each objective has been attained.

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FORM #14: CERTIFICATION OF LOCAL MATCH

The purpose of this form is to identify the amount of local match to be contributed towards this project and to assure the source of local match conforms to the definitions and standards established by the grant program.

Applicants must identify the contributing agency's name, source of matching funds, and amount. If an applicant has multiple contributors and/or sources of local match, each "source" must be identified.

If in-kind or volunteer match was identified in the Budget, it must be identified on this form as well. The total amount pledged on the Certification of Local Match form must match the Total Local Match Share reflected on the Budget form.

Certification of Local Match		Mark as Complete Go to Application Forms
Agency Name	Source	Amount
		\$0.00

Refer to the General Grant Guidelines-Local Match Requirement section of this solicitation for more information regarding local match requirements and allowable/unallowable sources of local match.

FORM #15: AUDIT REQUIREMENTS

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

This form will collect information pertaining to the date of the county's last audit, the amount of federal and/or 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, and the anticipated date of the next audit.

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. The State Amount refers to funds received directly from the State of Missouri, not including federal pass-thru funds.</small>	
Federal Amount:*	<input type="text" value="\$0.00"/>
State Amount:*	<input type="text" value="\$0.00"/>

Per the Office of Management and Budget (OMB) [Circular A-133](#) – “Audit of States, Local Governments, and Non-Profit Organizations”, units of government are required to have an organization-wide, independent audit if their organization has expended \$500,000 or more in federal funds within the organization's 12 month fiscal year.

NOTE: Do not attach a copy of the audit at the time of application. A copy must be submitted once the grant status changes to “underway” via the Correspondence component of WebGrants if the total reported in the “Federal Amount” equals or exceeds \$500,000.

Refer to the [“DPS Financial and Administrative Guide”](#) for more information regarding audit responsibilities.

FORM #16: 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 equipment, letters of support, flow chart of project implementation, a survey that will be used in the evaluation of the project, etc.

If your project does not have other attachments, just click ‘Mark as Complete’ and proceed with the completion 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 #17: 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:

2015 RSAT Certified Assurances

I am aware that failure to comply with any of the Certified Assurances 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, 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 form to constitute a valid contract. In addition, the Date must be current and reflective of the funding opportunity year. An application may automatically be declined if an applicant indicates 'No' to the terms and conditions of the grant unless an acceptable explanation is provided, the incorrect Authorized Official name is provided, and/or the Date is not current as these constitute an invalid contract.

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. 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 component 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 Friday, May 6, 2015.

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 **revisions are necessary to any component** 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). Once the application deadline has lapsed, the applicant will be unable to request any portion of their application to be unlocked.

If the applicant experiences unforeseen **technical 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, screen shot of the error code, and other information as necessary. 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 external members with experience in substance abuse treatment and/or mental health 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 RSAT Program.
- 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.
- Probability of project to meet identified goal(s) and objectives.
- Overall description of the intended use of the grant funds.
- Degree of cooperation between local officials, community groups, and citizens to establish and fulfill goals for the overall success of the project.
- Demonstration that the RSAT 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, UCRs, 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 RSAT Program.

II. **FUNDING NOTIFICATION:**

Applicants will be notified via WebGrants approximately 2-4 weeks following the application deadline. 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, or disapproved. Applicants will be provided with the rationale behind the CJ/LE's decisions.

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

Sub-recipients must adhere to the applicable guidelines outlined in the “DPS Financial and Administrative Guide”, which can be found at <http://www.dps.mo.gov/dir/programs/cjle/rsat.asp>.

II. CHANGE IN PERSONNEL:

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

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 sub-recipient’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 sub-recipient 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 sub-recipient 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 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 form based on the notification and will notify the sub-recipient when the change(s) has been completed.

C. Budget form

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

The Missouri Department of Public Safety will edit the Budget form based on the notification and will notify the sub-recipient when the change(s) has been completed.

III. REPORTING REQUIREMENTS:

A. Claim Reports

Recipients of RSAT 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 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 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	07/01/2015 – 07/31/2015	August 10, 2015
002	08/01/2015 – 08/31/2015	September 10, 2015
003	09/01/2015 – 09/30/2015	October 13, 2015
004	10/01/2015 – 10/31/2015	November 10, 2015
005	11/01/2015 – 11/30/2015	December 10, 2015
006	12/01/2015 – 12/31/2015	January 11, 2016
007	01/01/2016 – 01/31/2016	February 10, 2016
008	02/01/2016 – 02/28/2016	March 10, 2016
009	03/01/2016 – 03/31/2016	April 11, 2016
010	04/01/2016 – 04/30/2016	May 10, 2016
011	05/01/2016 – 05/31/2016	June 10, 2016
012	06/01/2016 – 06/30/2016	July 11, 2016
013 (if applicable)	07/01/2016 – 07/31/2016	August 10, 2016
014 (if applicable)	08/01/2016 – 08/31/2016	September 12, 2016

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 contract if the delinquency becomes problematic.

The Claim report will consist of the following forms:

- **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (monthly)

- **Reimbursement** - - used to identify the Federal/State Share and Local Match Share, as applicable, per budget line; the totals identified on this form are aggregate totals from the Detail of Expenditure form
- **Detail of Expenditure** - - used to identify the pay check number, pay date, 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 uploaded to the report form.
- **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 contract period. For further examples or information regarding program income, refer to the Office of Justice Programs (OJP) Financial Guide, [Chapter 3.4 – Program Income](#).
- **Other Attachments** - - used to upload copies of documentation to support the expenditures as required; if requesting reimbursement for travel/training or equipment, proper documentation must be supplied, otherwise all other documentation is optional.

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://vendorservices.mo.gov>. 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 RSAT disbursements will be PG029.

B. Performance Measurement Tool (PMT) Reports

Recipients of RSAT funds are also required to submit quarterly PMT Reports via the federal online system at www.bjaperformancetools.org. This reporting mechanism was implemented by the Bureau of Justice Assistance (BJA) as a means to collect financial and statistical data relating to the sub-award of RSAT funds.

PMT Reports are due no later than the 15th day of the quarter following the reporting period. 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 Status Report schedule:

PMT Report Schedule	Reporting Period	Due Date
Quarter 1	07/01/2015 – 09/30/2015	October 15, 2015
Quarter 2	10/01/2015 – 12/31/2015	January 15, 2016
Quarter 3	01/01/2016 – 03/31/2016	April 15, 2016
Quarter 4	04/01/2016 – 06/30/2016	July 15, 2016

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 contract if the delinquency becomes problematic.

IV. CONTRACT ADJUSTMENTS:

A. Budget Revisions

A Contract 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 sub-recipients 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 sub-recipient 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 contract 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 drug test kits to 3 drug test kits)

Sub-recipients shall submit a request via the Contract Adjustment component of WebGrants in the event a budget revision is necessary. The Missouri Department of Public Safety will review the request and “negotiate” the Budget form for edits if the request is allowable. Once all necessary edits are made, the Missouri Department of Public Safety will prepare a Contract Adjustment Notice, which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Contract Adjustment for Budget Revisions shall be submitted at least 30 days prior to the proposed change and will not be allowed after May 31, 2015.

B. Program Revisions

A Contract 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

Sub-recipients shall submit a request via the Contract Adjustment component of 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 Contract Adjustment Notice,

which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Contract Adjustment for Program Revisions shall be submitted at least 30 days prior to the proposed change.

V. **MONITORING:**

The Missouri Department of Public Safety will monitor all awarded contracts to ensure appropriate fiscal and program records are being maintained. Monitoring is designed to provide assistance to the sub-recipients 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 sub-recipient's compliance with state and federal laws, regulations, and 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 sub-recipient may be required to submit monitoring information in writing to the Missouri Department of Public Safety, as requested.

Site monitoring will consist of a visit to the agency's office(s) and reviewing policies, receipts, and other records, as applicable to the awarded contract. The Missouri Department of Public Safety will perform at least one site monitor to each sub-recipient during the contract period. A Site Monitoring Report, which will be provided to the sub-recipient prior to the visit, will be completed by the Missouri Department of Public Safety during the site visit. The Site Monitoring Report (checklist) 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 files for grant-funded personnel
- Personnel manuals, ordinances, etc.
- Timesheets and payroll records for grant-funded personnel
- Invoices/receipts for all grant-funded expenditures
- Bid records for grant-funded equipment
- Inventory listing and tags for grant-funded equipment
- Contractual agreements, as applicable
- Local procurement and travel policies, as applicable
- Where applicable, compliance with law enforcement agency state statutes:
 - Uniform Crime Reports: [Section 43.505 RSMo](#)
 - Racial Profiling Report: [Section 590.650 RSMo](#)
 - Federal Forfeiture Report: [Section 513.653 RSMo](#)
 - Written Policy on Recording of Custodial Interrogations: [Section 590.700 RSMo](#)
 - Written Policy on Forwarding Intoxication-Related Traffic Offenses: [Section 577.005 RSMo](#)
- Compliance with federal civil rights laws
 - Equal Employment Opportunity Plan (EEO Plan)
 - 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

APPENDIX A

CHANGE OF INFORMATION FORM

The “Change of Information Form” must be used to identify changes in personnel during the contract period. The “Change of Information Form” must be sent as an attachment in the Correspondence component of 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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date:</td> <td colspan="3"></td> </tr> <tr> <td>Agency Name:</td> <td style="width: 40%;"></td> <td>Contract Number:</td> <td style="width: 20%;"></td> </tr> <tr> <td>Contact Person:</td> <td></td> <td>Phone Number:</td> <td></td> </tr> </table>		Date:				Agency Name:		Contract Number:		Contact Person:		Phone Number:	
Date:													
Agency Name:		Contract Number:											
Contact Person:		Phone Number:											
<i>*If the change affects multiple contract numbers, please complete and submit a form for each contract number.*</i>													
MY PROFILE/CONTACT INFORMATION <small>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.</small> <small>Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.</small>													
Name of Individual Being Removed:		Last Date of Employment :											
<small>Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.</small>													
Name of Individual Being Added:		Job Title:											
Mailing Address:													
Street Address: <small>(if different than the mailing address)</small>													
City:		Zip Code:											
Email:													
Phone:		Ext:											
Fax:													
Has this individual been added as a registered user in WebGrants?		<input type="checkbox"/> Yes, 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											
BUDGET <small>If the change affects the Budget form, please complete the following. If the change does not affect the Budget form, skip this section.</small>													
Name of Individual Being Removed:	Last Date of Employment : <small>(m/d/yyyy)</small>	Individual Being Added: <small>(if unknown, list as TBH)</small>	Hire Date: <small>(m/d/yyyy)</small>										
<small>Provide a brief summary of the new individual's experience, certifications, and job responsibilities for the Budget – Personnel Justification section:</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.													
DPS revised 7-2014													

APPENDIX B

AWARD OF CONTRACT FORM

The "Award of Contract" document constitutes a contractual agreement between the Missouri Department of Public Safety and the sub-recipient for use of federal/state funds in the implementation of the awarded project.

 MISSOURI DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE DIRECTOR AWARD OF CONTRACT		P.O. Box 749 Jefferson City, Missouri 65102 Phone: (573) 751-4905
Program Area: 2015 Residential Substance Abuse Treatment Grant (RSAT) Program		Catalog of Federal Domestic Assistance (CFDA) #: 16.593
Sub-recipient Name: «Applicant_Agency»		
Project Title: «Project_Title»		
Contract Period: «Project_Start_Date» to «Project_End_Date»	State/Federal Funds Awarded: \$«Total_Awarded_Amount»	Contract Number: «Contract_Number»
<p>Award is hereby made in the amount and for the period shown above to the above-mentioned sub-recipient. This award is subject to compliance with the general conditions governing grants and contracts, as well as, any attached Certified Assurances. This award is also subject to compliance with all current applicable federal and state laws, regulations and guidelines.</p> <p>The undersigned hereby certify acceptance of the above-described contract on the terms and conditions specified or incorporated by reference above and herein, including those stated in the contract application.</p> <p> <u>«AO_First_Name» «AO_Last_Name»</u> Sub-recipient Authorized Official Name </p> <p> _____ Sub-recipient Authorized Official Signature </p> <p style="text-align: right;"> _____ Date </p> <p> <u>«PD_First_Name» «PD_Last_Name»</u> Sub-recipient Project Director Name </p> <p> _____ Sub-recipient Project Director Signature </p> <p style="text-align: right;"> _____ Date </p> <p>This contract shall be in effect for the duration of the contract period stated herein, and funds shall become available on the award date with the signed return of this form to the Missouri Department of Public Safety and the signature of the Authorized Official of the Missouri Department of Public Safety.</p> <p style="text-align: right;"> _____ 07/01/2015 Date </p> <p> _____ Authorized Official, MO Department of Public Safety </p>		

