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STATE CYBER CRIME GRANT (SCCG)

2017 LOCAL SOLICITATION

CFDA #N/A

Project Period:

June 1, 2016 to May 31, 2017

Application Deadline:

Applications must be submitted no later than 5:00 p.m. on Friday, May 13, 2016

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

Contact Information:

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

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STATE CYBER CRIME GRANT (SCCG) PROGRAM

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GENERAL PROGRAM GUIDELINES

I. OVERVIEW:

The State Cyber Crime Grant (SCCG) program was created within the Missouri Department of Public Safety in state FY13 from monies appropriated through House Bill 2008 to support the continued operation of multi-jurisdictional law enforcement cyber crime task forces.

Prior to the SCCG program, the cyber crime task forces were funded with state Internet Cyber Crime Grant (ICCG) monies until May 2009 and then with federal Multi-Jurisdictional Cyber Crime Grant (MJCCG) monies until February 2013.

The original cyber crime grant program was developed by the State of Missouri in correlation with House Bill 1698, also known as Jessica's Law. The overall purpose of the SCCG program retains this same mission, which is to support a broad range of activities to prevent and control internet crime as it relates to children.

II. FUNDING ALLOCATION:

SCCG funds come from the Missouri General Revenue and are subject to request and approval each fiscal year.

III. ELIGIBLE APPLICANTS:

Any unit of state or local government may apply for SCCG funds from the Missouri Department of Public Safety so long as the project is multi-jurisdictional. A Memorandum of Understanding (MOU) [or Memorandum of Agreement (MOA)] must be submitted with the application to verify the nature of the multi-jurisdictional effort.

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

To be eligible for state funds, the applicant must be in compliance with the following state statutes¹, where such apply to the applicant:

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 with 3 or more months of UCR Reports will result in the automatic denial of the application. A copy of such reports need not be submitted with the application.

Section 590.650 RSMo – Racial Profiling Report

Pursuant to 590.650.3 RSMo, (1) every law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and (2) each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.

NOTE: It is the responsibility of the applicant to verify the submission of this report with the Attorney General's Office prior to submitting an application. Failure to submit the 2015 Racial Profiling

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.

Report will result in the automatic denial of the application. A copy of such report need not be submitted with the application.

□ **Section 513.653 RSMo – Federal Forfeiture Report**

Pursuant to 513.653.1 RSMo, law enforcement agencies involved in using the federal forfeiture system under federal law shall file a report regarding federal seizures and the proceeds therefrom. Such report shall be filed annually by 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://dps.mo.gov/dir/federal-forfeiture-reporting.php>. It is the responsibility of the applicant to verify the submission of this report prior to submitting an application. Failure to submit a 2015 “Missouri Law Enforcement Report: Equitable Sharing Proceeds from Federal Forfeitures” will result in the automatic denial of the application. A copy of such report need not be submitted with the application.

□ **Section 590.700 RSMo – Written Policy on Recording of Custodial Interrogations**

Pursuant to 590.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of this section.

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy need not be submitted with the application.

□ **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 need not be submitted with the application.

IV. INELIGIBLE APPLICANTS:

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

V. ELIGIBLE PURPOSE AREAS:

The goal of the SCCG Program is to make funds available to reduce internet sex crimes against children and improve public safety for children through investigations, forensics, and prevention. SCCG funds may be awarded for any one of the following budget categories as deemed necessary to effectively and efficiently operate the proposed project:

1. Personnel, Personnel Benefits, Personnel Overtime, & Personnel Overtime Benefits

Salaries, overtime, and/or fringe benefits of detectives and computer forensic personnel whose focus is investigating Internet sex crimes against children, including but not limited to enticement of a child, possession or promotion of child pornography.

2. Travel/Training

Training and travel-related costs of law enforcement and forensic personnel as well as prosecuting attorneys and circuit attorneys and consultants hired to provide training at the project agency.

Cyber crime detectives and computer forensic personnel shall meet minimum training standards. Computer crime investigative tasks generally fall into the following three categories:

1. Field Investigations
2. On-Line Investigations
3. Computer Forensic Investigations

The respective minimum training standards, by category, shall either be in place at the time of application for a grant, the training is scheduled to begin within grant period, or that the grant will be primarily to address training needs.

Police/Peace Officer Certification is mandatory and foundational in all aspects for investigators.

➤ **Field Investigator**

Minimum:

- Trained in the Seizure of Electronic Evidence (NW3C ISEE, MO ICAC/Dent Co. BEER Course or similar course)
- Trained and certified to utilize one or more of the following on scene tools:
 - ImageScan (FBI/RCFL on site search tool)
 - Os Triage (On scene search tool)
 - STOP Program (Secure On Site Preview Tool - NW3C)
 - Fast Scan (CPS Search Tool)

Recommended:

- Peer-to-Peer (P2P) Investigations (File sharing training)
- ICAC-Investigative (ICAC-IT) Techniques (Basic Investigative Techniques)

➤ **On-Line Investigator**

Minimum:

- Training in basic online investigation [ICAC Investigative Techniques (ICAC-IT) or similar training]
- Training in undercover communications to identify subjects enticing minors via the Internet [ICAC Undercover Chat (ICAC-UC) Investigations or similar training]
- Some form of documentation, certification, etc., regarding the understanding of the activity with knowledge of the laws and regulations for on-line chat investigations

Recommended:

- Training in Peer-to-Peer (P2P) Investigations
- At least 8 hours annually of additional training in cyber crime investigations

➤ **Computer Forensic Investigator**

Minimum:

- Basic training with programs such as NW3C, Basic Data Recovery & Analysis (BDRA) or similar entry-level training
- Some form of proficiency documentation or certification
- Ability to present the findings for effective prosecution to include advanced forensic tool training with forensic examination tools such as EnCase, Forensic Tool Kit (FTK), and I-Look (or similar tools)

Preferred:

- IACIS, Basic Computer Forensic Examiner Course (BCFE)
- FLETC, Seized Computer Evidence Recovery Specialist Course (SCERS)
- USSS, Basic Computer Evidence Recovery Training Course (BCERT)

Recommended:

- At least 8 hours annually of additional training in computer forensic investigations

3. Equipment

Items directly related to digital imaging, preventing or combating cyber crime activities, or evidence storage to include, but not limited to, projectors, computer hardware, printers, servers, voice changers, voice recorders, evidence lockers, write blocking devices, wireless network finders, digital cameras, camcorders, and other field investigative items not available from the home agency.

NOTE: Items must have a direct effect on combating and/or preventing cyber crimes, meaning that the item would be considered needed specifically to work such crimes. Flashlights, for example, may be used as an investigative tool during search warrants but are not deemed a tool specifically needed for investigating cyber crimes. This item should rather be provided by the officer's law enforcement agency. Costs will be considered for funding based on justification for each item and its direct relation to the purpose of this funding opportunity.

4. Supplies/Operations

Costs directly associated with operating a cyber crime task force and its activities to include, but not limited to, covert P.O. Box, investigative/forensic computer software (without contracts), forensic tools, software licenses/maintenance (without contracts), anti-virus software (without contracts), server software, CD-R/DVD-R, media storage, external hard drives, and cell phone tips.

NOTE: Supply items and operating costs must have a direct effect on combating and/or preventing cyber crimes, meaning that the item would be considered needed specifically to work such crimes.

5. Contractual

Costs directly associated with operating a cyber crime task force and its activities that are secured on a contractual nature to include, but not limited to, investigative/forensic computer software (with contracts), internet access, wireless air cards, software licenses/maintenance (with contracts), anti-virus software (with contracts), server software (with contracts), and consultants hired to provide training at the project agency.

NOTE: Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel costs for a consultant, if applicable, should be included in the Travel/Training budget category.

VI. INELIGIBLE ACTIVITIES AND COST ITEMS:

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

- Bonuses or Commissions
- Construction/Renovation Projects
- Daily Subsistence within Official Domicile
- Entertainment Expenses & Bar Charges

- Finance Fees for delinquent payments
- First Class Travel
- Indirect Costs
- Less-than-lethal Weapons
- Lobbying or Fundraising
- Military-Type Equipment
- Office Equipment (e.g. calculator, shredder, telephone, copier, fax machine, scanner)
- Office Furniture (e.g. desk, chair, bookcase, file cabinet, lamp, table)
- Office Lease/Purchase
- Office Supplies (e.g. pens, pencils, paper, tape, staples, ink cartridges, file folders, postage)
- Personal Incentives for Employment
- Pre-Paid Gas/Phone Cards
- Tasers
- Telephones and Pagers
- Vehicles (Lease or Purchase)
- Weapons and Ammunition

VII. PROJECT PERIOD:

The 2017 SCCG project period is June 1, 2016 through May 31, 2017. Requests for extensions to this project period are not allowed.

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

Funds which have been properly obligated (or can be pro-rated) must then be expended within 10 days (June 10, 2017) following the project 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.

VIII. LOCAL MATCH REQUIREMENT:

There is no local match requirement on the SCCG funding opportunity.

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

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

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

APPLICATION INSTRUCTIONS

I. HOW TO APPLY:

Applications for SCCG 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 <http://www.dnb.com/>.

The DUNS number should be that of the applicant agency (unit of state or local government).

NOTE: Although the DUNS number is a required of receiving federal funds, and the SCCG grant is state funds, the DUNS field is a required field of the organization profile. The field must be completed with accurate data.

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., 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, if the Cole County Sheriff's Office had a Cyber Unit, they would register as the "Cole County, Cyber Unit".)
- **Organization Type:** select "Government". If your organization is not a government organization, refer to the "General Program Guidelines-Eligible Applicants" section of the solicitation for more information.
- **Federal Tax ID #:** provide the 9-digit FEIN # of your unit of state or local government
- **DUNS #:** provide the 9-digit DUNS number of your unit of state or local government
- **CCR Code:** 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
- **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 of 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 grant 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 applicant 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.

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

3. Verify the Registered Users Associated with your Organization

Under the 'My Profile' module, 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 <http://www.dnb.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 state or local government).

NOTE: Although the DUNS number is a required of receiving federal funds, and the SCCG grant is state funds, the DUNS field is a required field of the organization profile. The field must be completed with accurate data.

☐ 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 SCCG funding opportunity must choose 'Start a New Application'.

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

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

- ✓ **Agencies which are currently being served by a grant-funded multi-jurisdictional task force should request resources through the applicant agency (pass-thru agency) of the task force project.**
- ✓ **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 form has required fields indicated by a red asterisk (*). Forms can be saved without completing each required field, but the form cannot be marked complete without completing each required field**
- ✓ **The SCCG application consists of 16 forms. Each form must be 'Marked as Complete' before the application may be submitted.**

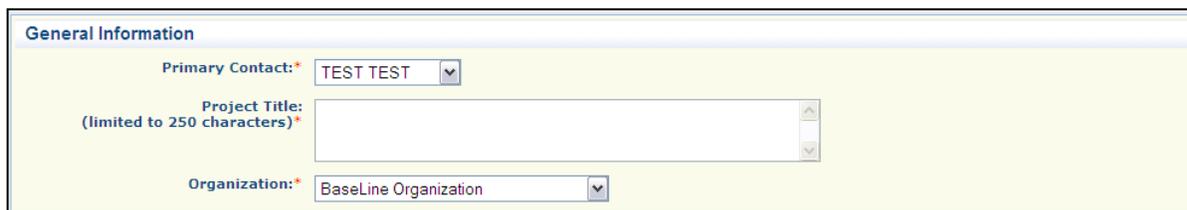
NOTE: A form that has been marked complete is still editable until the application is submitted. A checkmark in the 'Complete' column will not prevent you from editing information on the

form. An application may not be submitted, however, until a checkmark exists in the 'Complete' column for every form.

II. APPLICATION FORMS:

FORM #1: GENERAL INFORMATION

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



The screenshot shows a form titled "General Information" with a light yellow background. It contains three fields: "Primary Contact:*" with a dropdown menu showing "TEST TEST", "Project Title: (limited to 250 characters)*" with a text input field, and "Organization:*" with a dropdown menu showing "BaseLine 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 ONLY recipient of emails generated by WebGrants during the application, review, and negotiation (revision) phases so chose carefully.

- **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 or pass-thru agency is a city, the Mayor or City Administrator shall be the Authorized Official.
 - If the applicant agency or pass-thru agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official.
 - If the applicant agency is a state department, the Department 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. Refer to the above mentioned Grant Solicitation for further instructions.

Name:*
Title First Name Last Name

Job Title:*

Agency:*

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

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

Street Address 2:

City/State/Zip:* Missouri
City State Zip

Email:*

Phone:*
Ext.

Fax:*

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

- **Project Director:** the individual who will have direct oversight of the proposed law enforcement project.
 - If the applicant agency or pass-thru agency is a city, the Police Chief shall be the Project Director.
 - If the applicant agency or pass-thru agency is a county, the Sheriff shall be the Project Director.
 - If the applicant agency is a state department, the Division/Unit Director shall be the Project Director.

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

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

Name:*
Title First Name Last Name

Job Title:*

Agency:*

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

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

Street Address 2:

City/State/Zip:* Missouri
City State Zip

Email:*

Phone:*
Ext.

Fax:*

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

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

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

Fiscal Officer

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

Name:*
Title First Name Last Name

Job Title:*

Agency:*

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

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

Street Address 2:

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

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

Name:
Title First Name Last Name

Job Title:

Agency:

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

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., Sgt., Lt., Capt., Chief Deputy), the First Name, and the Last Name of the proper Officer in Charge.
- ❖ **Job Title:** enter the Job Title of the identified Officer in Charge.
- ❖ **Agency:** enter the Agency name (e.g. Cole County Sheriff's Office, Columbia Police Department, MO Department of Public Safety, Director's Office) of the identified Officer in Charge.
- ❖ **Mailing Address:** enter the mailing address of the identified Officer in Charge. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ **Street Address 1:** if a PO Box was entered in the Mailing Address field, enter the physical street address of the identified Officer in Charge. If the physical street address was entered in the Mailing Address field, leave this field blank.
- ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- ❖ **City/State/Zip:** enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- ❖ **Email:** enter the Email address of the identified Officer in Charge.
- ❖ **Phone:** enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Officer in Charge. Leave the Ext. field blank if the phone number is a direct line.
- ❖ **Fax:** enter the Fax number of the identified Officer in Charge.

FORM #3: PROJECT SUMMARY

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

Application Type:*

Current Subaward Number(s):

Program Category:*

Please press Ctrl + Click to select multiple items

Project Type:*

Geographic Area:*

Brief Summary:*

Program Income Generated:* Yes 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 SCCG 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 additional services are included that would expand or enhance the original project.
- **Current Subaward Number(s)** - indicate the subaward number issued by the Missouri Department of Public Safety if the project is currently funded by a DPS grant (i.e. the Application Type is identified as Continuation or Expand/Enhance an Existing Project). Leave this question blank or put N/A if the project is not currently funded (i.e. the Application Type is identified as New).
- **Program Category** – select the following option: Law Enforcement.

- **Project Type** – select if the scope 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 central Missouri, you might put “Boone, Cooper, Moniteau, Morgan, Miller, Cole, Maries, Osage, and Callaway Counties located in central Missouri” for this question and describe any other details or municipalities 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.

NOTE: This field is limited to 950 characters.

- **Program Income Generated** – indicate if program income will be generated. Program Income, as it related to the grant, is defined as income generated as a direct result of a grant-funded project. For example, if the purpose of the grant is to conduct conferences, any training fees that are generated would be considered program income. Federal equitable sharing funds are also an example of program income.

FORM #4: BUDGET

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

A. PERSONNEL:

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

Personnel	
<p>1. Include all personnel to be funded on the proposed project. If the project includes more than one individual, repeat this step for each person. 2. The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Funding Requested.</p>	
<p>Provide the name of the individual for which grant funding is requested. If the name is unknown, put TBH.</p>	
Name*	<input type="text"/>
<p>Provide the position title of the individual.</p>	
Title*	<input type="text"/>
<p>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.</p>	
Position*	<input type="text"/>
<p>Select the employment status based on the individual's status with the organization (not on this project).</p>	
Employment Status*	<input type="text"/>
<p>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 identified above in the form instructions for further instructions and examples.</p>	
Salary per Pay Period*	<input type="text" value="\$0.00"/>
<p>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.</p>	
Number of Pay Periods*	<input type="text"/>
<p>Indicate the percentage of funding being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.</p>	
% of Funding Requested*	<input type="text"/>

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

EXAMPLE 1 – Full-time, retained position (meaning that a position existed through SCCG or another source and the agency is maintaining the same level of staffing) for John Smith paid semi-monthly (24 pay periods) at a salary of \$1,100.00 each pay period with no salary increase expected during the 12 month project period. The applicant agency is requesting 100% funding from the grant.

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Funding Requested	Total Cost
John Smith	Detective	Retained	FT	1,100.00	24	100	\$26,400.00

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

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

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

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Funding Requested	Total Cost
John Smith (Jun - Nov)	Detective	Created	FT	2,000.00	6	100	\$12,000.00
John Smith (Dec - May)	Detective	Created	FT	2,100.00	6	100	\$12,600.00
SUBTOTAL =							\$24,600.00

B. PERSONNEL JUSTIFICATION:

Personnel Justification

Personnel Justification

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

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

If the position is new (created):

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

If the position exists (retained):

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

If a salary change is included, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

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

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

- a description of the job responsibilities the individual will be expected to perform
- where applicable to the posted position, identify any experience and/or certification that will be expected of the individual

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

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

If a salary change is included, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

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

C. PERSONNEL BENEFITS:

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

Personnel Benefits

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

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

Category*

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

Item*

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

Salary/Premium*

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

Percentage/# of Periods*

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

% of Funding Requested*

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

EXAMPLE 1 – Based on the previous Example1 for Personnel, John Smith’s annual salary of \$26,400 is included in the grant budget. If the agency is requesting 100% funding of employer fringe benefits as well, some examples may include:

- Dental Insurance = \$5.00 per month for the 12-month project period
- FICA/Medicare = 7.65% of salary (of \$26,400)
- Life Insurance = \$10.00 per month for the 12-month project period

- Medical Insurance = \$100.00 per month for the 12-month project period
- Pension (LAGERS) = 8% of salary (of \$26,400)
- Unemployment Comp = 1.2% of the first \$13,000 of salary
- Workers Comp = aggregate 2.823567% of salary (of \$26,400)

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost
Dental Insurance	Dental Insurance	5.00	12	100	\$60.00
FICA/Medicare	FICA/Medicare	26,400.00	0.0765	100	\$2,019.60
Life Insurance	Life Insurance	10.00	12	100	\$120.00
Medical Insurance	Medical Insurance	100.00	12	100	\$1,200.00
Pension/Retirement	LAGERS	26,400.00	0.08	100	\$2,112.00
Unemployment Comp	Unemployment Comp	13,000.00	0.012	100	\$156.00
Workers Comp	Workers Comp	26,400.00	0.0283	100	\$747.12

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

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

EXAMPLE 2 – John Smith’s annual salary is \$26,400 is included in the grant budget. His medical insurance premium is expected to increase from \$100/month to \$120/month on January 1. Agency is requesting 100% reimbursement for these employer fringe benefits. In addition, his pension LAGERS rate is expected to increase from 8% of salary to 9% of salary on January 1.

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost
Medical Insurance	Medical Insurance (Jun – Dec)	100.00	7	100	\$700.00
Medical Insurance	Medical Insurance (Jan - May)	120.00	5	100	\$600.00
Pension/Retirement	LAGERS (Jun - Dec)	15,400.00	0.08	100	\$1,232.00
Pension/Retirement	LAGERS (Jan - May)	11,000.00	0.09	100	\$990.00

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 (preferably in the same order as the fringe benefit is listed in the budget category) to identify the cost and why it is needed.

If your agency anticipates a premium or rate change during the project 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 (preferably in the same order as the fringe benefit is listed in the budget category) by identifying the cost and why it is needed.

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

For example:

- Dental Insurance is contributed by the employer to Delta Dental at a rate of \$5.00 per month per employee to provide coverage for oral care.
- FICA/Medicare is contributed by the employer to the IRS at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.
- Life Insurance is contributed by the employer to Assurant Insurance at a rate of \$10.00 per month per employee to provide coverage in the event of death of the insured person.
- Medical Insurance is contributed by the employer to United Healthcare at a rate of \$100.00 per month per employee to provide coverage in the event of illness or injury to the insured person. Premiums are based on the calendar year and are expected to increase to \$120.00 per month per employee on January 1, 2017.
- Pension is contributed by the employer to the Missouri Local Government Employer Retirement System (LAGERS) at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase to 9% on January 1, 2017.
- Unemployment Comp is contributed by the employer at rate of 1.2% of the first \$13,000 of salary in the calendar year to provide employees, whose jobs have been terminated through no fault of their own, monetary payments for a given period of time or until they find a new job.
- Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.83% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.

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

E. PERSONNEL OVERTIME:

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

Personnel Overtime

1. Include all personnel-overtime to be funded on the proposed project. Repeat this step for each individual receiving overtime.
 2. The Total Cost will automatically calculate as Hourly Overtime Pay x Hours on Project x % of Funding Requested.

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

Name*

Provide the job title of the individual.

Title*

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 identified in the above form instructions for further instructions and examples.

Hourly Overtime Pay*

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.

Hours on Project*

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

% of Funding Requested*

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

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

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

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

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

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

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

F. PERSONNEL OVERTIME JUSTIFICATION:

Personnel Overtime Justification

Overtime Justification

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

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

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

If a change in overtime pay rate is included, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

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

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

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

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

G. PERSONNEL OVERTIME BENEFITS:

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

Personnel Overtime Benefits

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

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

Category*

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

Item*

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

Overtime/Premium*

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

Percentage/ # of Periods*

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

% of Funding Requested*

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

EXAMPLE 1 – Based on the previous Example1 for Personnel Overtime, John Smith’s grant-funded overtime is \$4,400.00. If the applicant agency is requesting only 100% funding of employer fringe benefits as well, some examples may include:

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

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

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

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

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

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

H. PERSONNEL OVERTIME BENEFITS JUSTIFICATION:

Personnel Overtime Benefits Justification

Overtime Benefits Justification

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

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

If your agency anticipates a premium or rate change during the project 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 (preferably in the same order as the fringe benefit is listed in the budget category) by identifying the cost and why it is needed.

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

For example:

- FICA/Medicare is contributed by the employer to the IRS at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.
- Pension is contributed by the employer to the Missouri Local Government Employer Retirement System (LAGERS) at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase to 9% on January 1, 2017.
- Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.83% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.

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

I. TRAVEL/TRAINING:

Include any travel or training related costs for which funding is requested. 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: airfare/baggage, airport parking, lodging, hotel parking, meals, registration 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 state funds! Travel is often part of the job and travel arrangements and payments are intended to be neutral to the Subrecipient with no advantage or benefit to the Subrecipient.

Subrecipients of a State must follow their state's travel policy, in terms of grant expenditures. Therefore, Subrecipients shall adhere to their local travel policy per their department guidelines, but Subrecipients may be reimbursed based on the current "DPS Subrecipient Travel Guidelines", which can be found at <http://www.dps.mo.gov/dir/programs/cjle/sccg.php>.

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 x % of Funding Requested.

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 identified in the above form instructions 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 identified in the above form instructions.

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 (e.g. airfare, registration fee), enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Duration*

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

Number*

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

% of Funding Requested*

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

EXAMPLE – As a new detective, John Smith is requesting to attend the 3-day ICAC-Investigative Techniques (ICAC-IT) training. He will need:

- lodging for 4 nights at the federal GSA rate of \$95.00/day + approximately \$10.00/day in taxes and surcharges for a total of \$105.00/day
- meals for 4 days at a state per diem rate of \$39.00/day
- mileage for driving his personal vehicle for 100 miles at \$0.37/mile to the nearest airport
- airfare costing \$450 (which includes baggage fees)

- airport parking for 4 days at a rate of \$9.00/day
- registration costing \$50
- miscellaneous costs of \$25 for shuttles, cabs, etc if necessary

Category (Select from drop down box)	Item	Unit Cost (Amount or rate per mile, month, day, ticket)	Duration (Number of months, miles, days)	Number (Number of vehicles, people, rooms)	% of Funding Requested	Total Cost
Lodging	ICAC-IT Training - Lodging	105.00	4	1	100	\$420.00
Meals	ICAC-IT Training - Meals	39.00	4	1	100	\$156.00
Mileage	ICAC-IT Training – Mileage	0.37	100	1	100	\$37.00
Airfare/Baggage	ICAC-IT Training – Airfare/Baggage	450.00	1	1	100	\$450.00
Airport Parking	ICAC-IT Training – Airport Parking	9.00	4	1	100	\$36.00
Registration	ICAC-IT Training – Registration	50.00	1	1	100	\$50.00
Other	ICAC-IT Training – Miscellaneous Shuttles/Taxis	25.00	1	1	100	\$25.00
SUBTOTAL =						\$1,134.00

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

J. TRAVEL/TRAINING JUSTIFICATION:

Travel/Training Justification

Travel/Training Justification

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

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

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

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

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

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

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

- description of why the cost is necessary to the success of the proposed project
- rationale for the budgeted cost (e.g. clarifying the number of vehicles if the number exceeds the number of budgeted/known personnel, clarifying how the unit cost for fuel was derived)

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

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

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

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

K. EQUIPMENT:

Include any equipment for which funding is requested.

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

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

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

Equipment	
<p>1. Itemize equipment by item. To include more than one item, repeat this step for each budget item.</p> <p>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.</p> <p>3. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.</p>	
<p>Identify the equipment item being requested. Refer to the Grant Solicitation identified above in the form instructions for examples.</p>	
Item*	<input type="text"/>
<p>Provide any necessary details, if applicable, to describe the item, such as brand, model number, size, capability, included accessories, etc.</p>	
Description	<input type="text"/>
<p>Provide the price of the item, including shipping, installation, etc., if applicable.</p>	
Unit Cost*	<input type="text" value="\$0.00"/>
<p>Provide the requested number of items to be purchased.</p>	
Quantity*	<input type="text"/>
<p>Provide the name of the vendor from which you obtained the unit pricing. If your application is approved, you will not be obligated to purchase the item from this vendor.</p>	
Source of Bid	<input type="text"/>
<p>Indicate the percentage of funding being requested for the equipment item. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.</p>	
% of Funding Requested*	<input type="text"/>

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

EXAMPLE 1 – John Smith requests to purchase 1 replacement FRED computer, item #88790, from Digital Intelligence at a cost of \$5,550 each.

EXAMPLE 2 – John Smith requests to purchase 2 metal evidence lockers. The lockers were priced from A & B Distributors at \$1,000 each, plus \$20 shipping each.

Item	Description	Unit Cost	Quantity	Source of Bid	% of Funding Requested	Total Cost
FRED Computer		5,550.00	1	Digital Intelligence	100	\$5,550.00
Evidence Lockers	Unit cost includes shipping	1,020.00	2	A & B Distributors	100	\$2,040.00

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

L. EQUIPMENT JUSTIFICATION:

Equipment Justification

Equipment Justification

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

If equipment is included in the budget, provide the following for each budget line item:

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

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

- what is the equipment item
- how will the equipment item 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.**

M. 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.

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

Item*

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

Basis for Cost Estimate*

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

Unit Cost*

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

Quantity*

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

% of Funding Requested*

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

EXAMPLE 1 – John Smith requests a quantity of five (5) 4GB Hard Drives at \$50.00 each.

EXAMPLE2 – John Smith maintains a webpage for the cyber task force, which requires a Website Domain fee of \$120.00/year.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost
4GB Hard Drives (5)	One-Time	50.00	5	100	\$250.00
Website Domain Fee	Annual	120.00	1	100	\$120.00

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

N. SUPPLIES/OPERATIONS JUSTIFICATION:

Supplies/Operations Justification

Supplies/Operations Justification

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

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

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

If your agency anticipates a rate change during the project 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 (preferably in the same order listed in the budget category). Make sure, at a minimum, to address the following information:

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

If your agency anticipates a rate change during the project 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.

O. 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 expense, repeat this step for each item.
 2. The Total Cost will automatically calculate as Unit Cost x Quantity.

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

Item*

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

Basis for Cost Estimate*

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

Unit Cost*

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

Quantity*

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

% of Funding Requested*

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

EXAMPLE 1 – John Smith requests to hire a trainer to host a Peer-2-Peer (P2P) training at the department’s training academy. The consultant’s course will last 8 hours/day for 2 days (total of 16 hours) and charges \$35/hour.

EXAMPLE 2 – John Smith requests air card service for himself and one other investigator. The internet provider has indicated a rate increase from \$45/month to \$50/month effective January 2017.

EXAMPLE 3 – John Smith works in an office of 4 investigators. He requests internet service at an estimated cost of \$55/month but acknowledges that he will only utilize 25% of the service for the office while the remaining 75% will be funded by another grant which provides the salaries of the remaining 3 investigators.

EXAMPLE 4 – Finally, John Smith requests to renew two (2) Cellebrite Licenses for one year. The anticipated cost is \$3,990.00 each.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost
Consultant – P2P Training	Hourly	\$35.00	16	100%	\$560.00
Air Cards (2) (Jun - Dec)	Monthly	45.00	7	100	\$315.00
Air Cards (2) (Jan - May)	Monthly	50.00	5	100	\$250.00
Internet Service	Monthly	55.00	12	25	\$165.00
Cellebrite License Renewals (2)	Annual	7,980.00	1	100	\$7,980.00

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

P. CONTRACTUAL JUSTIFICATION:

Contractual Justification

Contractual Justification

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

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

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

If your agency anticipates a rate change during the project 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 (preferably in the same order listed in the budget category):

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

If your agency anticipates a rate change during the project 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: BRIEF HISTORY

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

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

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

Brief History

Brief History*

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

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

FORM #6: STATEMENT OF PROBLEM

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

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

- Identify the problem(s) being addressed by the use of the requested funds.
- Include facts and statistics on incidents of crime or growing trends to demonstrate a need for funding (e.g. number of investigations, number of arrests, types of arrests, number of forensic exams, types of forensic exams, number of child victims, sexting, file sharing).
- Identify existing resources (or the lack thereof, e.g. monetary or non-monetary contributions from member agencies or parent agency), demographic and geographic specifications (e.g. number of registered sex offenders in the jurisdiction, availability of other local law enforcement agencies), etc. to demonstrate a need for funding.

Statement of the Problem

Statement of the Problem*

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

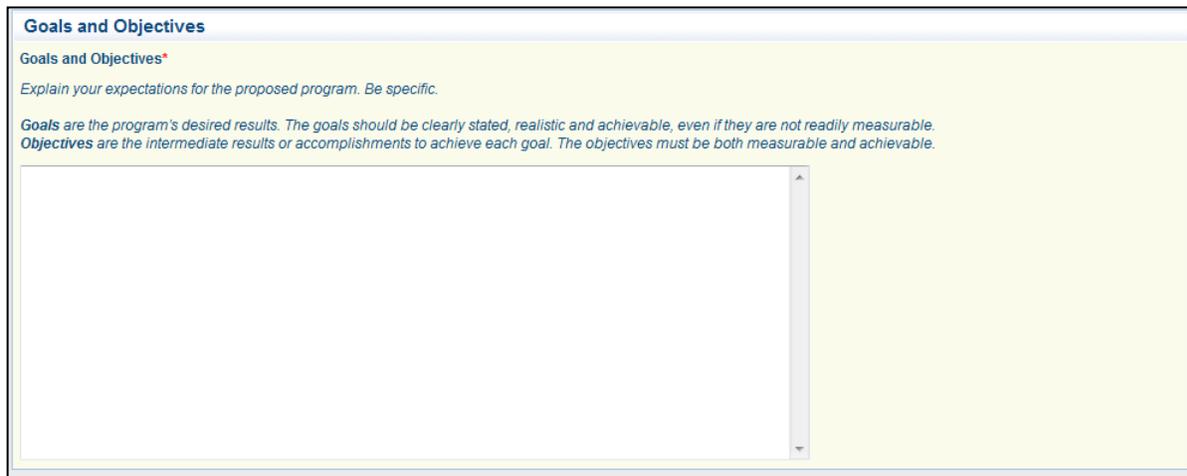
- Identify the problem(s) being addressed by the use of funds being requested.
- Include current facts and statistics on incidents of crime and/or growing trends to demonstrate a need for funding.
- Identify existing resources (or the lack thereof), demographic and geographic specifications, etc. to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

FORM #7: GOALS AND OBJECTIVES

The purpose of this 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.

On this form, in an outline format, identify the project's expectations for the project period. Be specific!

- **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. Be specific.

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.

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

Goal #1 – Continue to combat internet sex crimes against children within the task force area.

Objective #1 – Increase arrests of individuals with cyber-related offenses by 5% each quarter in state FY17.

Objective #2 – Initiate at least 10 new cases per grant quarter through pro-active efforts.

Goal #2 – Increase public awareness to the proper use of the internet.

Objective #1 – Provide in-service training to area law enforcement agencies on a quarterly basis.

Objective #2 – Provide at least 10 educational programs to area schools, civic groups, etc by May 2017 regarding internet safety and how to report incidents of crime.

Objective #3: Maintain a website at www.dps.mo.gov as a share point for cyber education materials, links, and task force contact information.

Objective #4: Produce 1 training video by December 31, 2016 for use in school or civic presentations for middle school aged children.

FORM #8: 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 of

“Law Enforcement”. The details provided should be specific and are used by the grantor to ensure the project fits within the parameters of the SCCG program.

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

- Identify the number of agencies associated with the multi-jurisdictional project.
- Identify the number of officers and the number of forensic personnel (grant-funded and non-grant funded) associated with the multi-agency project.
- Define the services to be provided by the project.
- Indicate who will provide the services provided by the project.
- Describe how the identified services will be provided.

Type of Program

Type of Program*

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

- Identify the number of agencies associated with the multi-jurisdictional project.
- Identify the number of officers and forensic personnel (grant-funded and non-grant funded) associated with the project.
- Define the services to be provided by the project.
- Indicate who will provide the services provided by the project.
- Describe how the identified services will be provided.

Provide other details, where applicable, to clearly describe the makeup and operation of the proposed project. Flow charts and outlines to support this narrative description may be included under the "Other Attachments" application form.

Provide other details where possible to clearly describe the makeup and operation of the proposed project. Flow charts and outlines to support the narrative description may be included under the “Other Attachments” application form but shall not substitute for the completion of this narrative form.

FORM #9: 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) and to verify the completeness of the Memorandum of Understanding (MOU) for multi-jurisdictional projects.

On this form, describe the proposed service area by identifying the following information:

- Geographic area to be served by the task force
NOTE: Make sure the area listed is the same as was provided on the “Project Summary” application form under the Geographic Area field so not to create confusion.
- Details to easily locate the service area within the state (e.g. northwest, north central, northeast, west central, central, east central, southwest, south central, or southeast)
- Total population within the task force service area
- Any other geographical details (as applicable) pertinent to the task force service area
- List the names of each agency that has signed the Memorandum of Understanding (MOU). If there are additional areas/agencies in which the task force will assist if called upon, identify the names of those agencies/areas as well, but be sure to clearly notate which agencies have signed the MOU and which agencies have not signed the MOU.

Proposed Service Area

Proposed Service Area*

Describe the proposed service area by identifying the following information:

- Geographic area to be served by the task force
- Details to easily locate the service area within the state
- Total population within the task force service area
- Any other geographical details (as applicable) pertinent to the task force service area

Then, list the names of each agency that has signed the Memorandum of Understanding (MOU). If there are additional areas/agencies in which the task force will assist if called upon, clearly identify those areas as well.

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. State funds cannot be awarded towards budget items that are and will continue to be funded by another source of money. State funds shall only be used to supplement existing non-state funds for program activities, and as a result, the grantor must collect this information to ensure supplanting does not exist. Potential supplanting will be the subject of justification provided in the grant application and monitoring by the Missouri Department of Public Safety.

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

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

- If other federal, state, or local monies are available (e.g. ICAC grant funds, Asset Forfeitures, General Revenue, etc), please address why SCCG funding is being requested.

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

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

NOTE: Existing costs include costs for continuation projects currently funded by SCCG. Need to clearly identify the existence of such financial assistance and when such grant funds cease.

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

Examples of non-supplanting:

1. For FY 2017, City A appropriates a total of \$25 million for law enforcement activities, including salary and benefits for 100 police officers and purchase of 5 police cruisers. In FY 2017, City A is awarded SCCG funds, which it uses to hire 5 police officers, in addition to the 10 hired with local funds, and purchases 2 new police cruisers, in addition to the 5 purchased with local funds. City A expends all of the \$25 million in local funds appropriated for FY 2016 for law enforcement activities.

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

2. For FY 2017, City B appropriates a total of \$15 million in local funds for law enforcement activities, of which \$75,000 is budgeted for equipment for training of new police recruits. In FY 2017, City B is awarded SCCG funds. It uses the state funds to purchase the training equipment and hire additional officers, and uses the \$75,000 in local funds originally budgeted for equipment to hire a dispatcher. Total expenditures of local funds for law enforcement activities remain constant.

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

3. For FY 2017, City C appropriated \$15 million in local funds for law enforcement activities, including salary and benefits for 80 police officers. Due to anticipated revenue shortfalls in FY 2018, City C intends to lay off 10 police officers at the end of the FY 2017 (facts that City C is able to substantiate). In FY 2017, City C is awarded SCCG funds, which is proposed to use for the hiring of 5 police officers. For FY 2018, City C appropriates funds to pay salary and benefits of 70 police officers. At the start of FY 2018, City C lays off 5 of its 80 police officers and uses SCCG funds to continue the salary and benefits for 5 other officers.

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

4. State X's initial FY 2017 appropriation for law enforcement activities is sharply reduced due to an across-the-board cut in the State budget. This results in a hiring freeze. When State X receives SCCG funds, it uses the funds to fill 15 correctional officer positions that were included in the initial budget but were vacant due to the hiring freeze.

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

Examples of supplanting:

1. For FY 2017, State Y budgeted \$1 million in state funds to be used for renovation of a particular prison. Later in FY 2017, in response to the availability of SCCG funds, the State determines that it will use SCCG funds for the prison renovation, and will use the funds the State had budgeted for the prison renovation instead to provide health services for infants and children. No additional state funds were added to the State's budget in any other law enforcement category.

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

2. For FY 2017, County A budgeted \$1 million in local funds to be used for law enforcement activities, including salary and benefits of 30 officers. Later in FY 2017, in response to the availability of SCCG funds, the County determines that it will use SCCG funds for the salaries and benefits of 5 of the existing officers, and will use the funds the County had budgeted for salaries and benefits instead to purchase new voting machines in preparation for the upcoming election.

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

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

FORM #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, 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. Community impact may extend to prevention and education.

Community Impact

Community Impact*

Describe how the proposed project will affect the community(s) that your program will serve and the public safety and crime-related issues within the community(s).

FORM #12: REPORT OF SUCCESS

The purpose of this narrative form, if applicable, is to determine if the proposed project met the goals and objectives of its currently funded project. This information is important to the grantor to 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 2016 SCCG funds, put N/A on this form.

If the proposed project is currently being supported with 2016 SCCG funds, in an outline format, restate the goals and objectives from your current subaward as listed in your approved Application. After each objective listed, provide information regarding results attained during the identified timeframe.

Report of Success

Report of Success*

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

If the proposed project is currently being supported with SCCG 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.

Applicants 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.

Example:

Goal #1 – Continue to combat internet sex crimes against children within the task force area.

Objective #1 - Increase arrests of individuals with cyber-related offenses by 5% each quarter in FY16.

Result: In the fourth quarter of FY15, the task force made 15 child cyber-related arrests. During the first quarter of FY16, the task force made 18 cyber-related arrests, which was an increase of 20%. During the second quarter of FY16, the task force made 19 cyber-related arrests, which was an increase of 5.5%. During the third quarter of FY16, the task force made 10 cyber-related arrests, which was a decrease of 47.4%. During the fourth quarter of FY16, the task force made 30 cyber-related arrests, which was an increase of 200%. The objective was met every quarter except quarter 3, which is when the task force experienced a personnel vacancy in its lead investigator position, which had a negative impact on manpower and the number of investigations being conducted.

Objective #2 – Initiate at least 10 new cases per grant quarter through pro-active efforts.

Result: During the first grant quarter (June to August 2015), the task force opened 10 new proactive cases. During the second grant quarter (September to November 2015), the task force opened 22 new proactive cases. During the third grant quarter (December 2015 to February 2016), the task force opened 17 new proactive cases. During the fourth grant quarter (March to May 2016), the task force is on track to open approximately 30 new proactive cases. The objectives were met every quarter and the number of new cases opened every quarter is predicted to grow steadily.

Goal #2 – Increase public awareness to the proper use of the internet.

Objective #1 – Provide in-service training to area law enforcement agencies on a grant quarterly basis.

Result: The task force provided 2 in-service trainings during Quarter 1 (June to August 2015), 1 in-service training during Quarter 2 (September to November 2015), 0 in-service trainings during Quarter 3 (December 2015 to February 2016), and 4 in-service trainings during Quarter 4 (March to May 2016). The objective was met every quarter except Quarter 3, which is when the task force experienced a personnel vacancy in its lead investigator position, which had a negative impact on manpower and the number of trainings being provided. Inclement weather also prohibited the task force from traveling to area law enforcement agencies during Quarter 3 to conduct training.

Objective #2 – Provide at least 10 educational programs to area schools, civic groups, etc by May 2016 regarding internet safety and how to report incidents of crime.

Result: The task force has provided a total of 15 presentations during the project period. The audience of such presentations varied depending on the forum but included middle school and high school students, teachers, church youth, parents, and conservation agents. Each group of attendees serves a different role in the community to identify, report, and avoid the use of illicit drugs.

Objective #3: Maintain a website at www.dps.mo.gov as a share point for cyber education materials, links, and task force contact information.

Result: The task force continues to maintain the website. Within the last year, additional resources were added to the website for parents.

Objective #4: Produce 1 training video by December 31, 2015 for use in school or civic presentations for middle school aged children.

Result: The task force finished production on a new training video on December 5, 2015. The video includes lecture and interactive information geared towards middle school and high school youth. The task force was able to use the new video during 2 of its education programs this year.

FORM #13: AUDIT REQUIREMENTS

The purpose of this form is to gather general audit information relating to your agency. As a recipient of state 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 applicant agency'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.</small>	
<small>The State Amount refers to funds received directly from the State of Missouri, not including federal pass-thru funds, in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.</small>	
Federal Amount:*	<input type="text" value="\$0.00"/>
State Amount:*	<input type="text" value="\$0.00"/>

Pursuant to grant policies developed by the Missouri Department of Public Safety, units of local government are required to have an organization-wide, independent audit if their unit of state or local government has expended \$375,000 or more in state funds (including, but not limited to, SCCG monies) 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 "State Amount" equals or exceeds \$375,000.

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

FORM #14: REQUIRED ATTACHMENT

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

- **Memorandum of Understanding (MOU)**
Applicants submitting for a multi-jurisdictional cyber task force are required to submit a MOU reflective of each municipality, political sub-division, and/or other entity (e.g. Missouri ICAC, Missouri State Highway Patrol, etc) that pledges to participate in the task force.

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

The MOU must be current and contain the signatures of each member party. Because the document is an attachment, it does not need to contain original signatures of each member party. It is recommended, however, that the MOU be re-signed each year to show that all parties are current with the agreement; but if the MOU is continuous, at a minimum, the Missouri Department of Public Safety requires a letter be included with the MOU indicating that all signing parties are still in office and continue to agree with the terms. The letter may be scanned directly with the MOU or may be uploaded under the “Other Attachments” application form.

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

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

Last Edited By: 

The Missouri Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

FORM #15: 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.

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

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

Last Edited By: 

The Missouri Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

FORM #16: 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.

2017 SCCG 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 application. 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 application.

III. **SUBMITTING AN APPLICATION:**

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

Once all the application components are 'Marked as Complete', please review the application by clicking the 'Preview' button. You may print a copy of the application from the preview screen or save an Adobe PDF copy of the application. 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 13, 2016.

Proposals cannot be submitted after this date and time so applicants are encouraged to begin the process immediately to meet the application deadline. Applications submitted through any means other than WebGrants will not be considered for funding.

If the applicant determines prior to the application deadline that **revisions are necessary to any 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). The applicant should ensure the application is resubmitted by the stated deadline. Once the application deadline has lapsed, the resubmitted application may be disqualified from further consideration.

If the applicant experiences unforeseen **technical WebGrants issues** beyond the applicant's control that prevent submission of its application by the deadline, the applicant must **contact the Missouri Department of Public Safety staff by email within 24 hours after the deadline** and request approval to submit the

application. The email should be sent to dpswebgrants@dps.mo.gov and must include a description of the technical difficulties, a timeline of submission efforts, 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 members of the 'CTF Advisory Group' will evaluate all applications.

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

- Demonstration the proposed project fits within the parameters of the SCCG 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.
- Report of success from the previously funded SCCG subaward, if applicable
- 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 SCCG 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 SCCG Program.

II. FUNDING NOTIFICATION:

With the approval of the Director of the Missouri Department of Public Safety (or his/her designee), applicants will be notified via WebGrants of the decisions made by the review panel approximately 2-4 weeks following the review meeting. 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 review panel's decisions.

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

PROGRAM-SPECIFIC GRANT GUIDELINES

I. DPS FINANCIAL AND ADMINISTRATIVE GUIDE

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

I. DPS SUBRECIPIENT TRAVEL GUIDELINES

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

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 Subrecipient’s requirement to complete the *Change of Information Form*.

A. My Profile

1. Removing an Individual

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

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

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

2. Adding an Individual

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

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

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

B. Contact Information

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 Subrecipient when the change(s) has been completed.

C. Budget

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 Subrecipient when the change(s) has been completed.

III. REPORTING REQUIREMENTS:

A. Information Sharing

Recipients of SCCG funds shall share information and cooperate with the Missouri State Highway Patrol and with existing Internet Crimes Against Children (ICAC) task force programs.

B. Claims

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

Claim reports are due each month no later than the 10th day following the reporting period. 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	06/01/2016 – 06/30/2016	July 11, 2016
002	07/01/2016 – 07/31/2016	August 10, 2016
003	08/01/2016 – 08/31/2016	September 12, 2016
004	09/01/2016 – 09/30/2016	October 11, 2016
005	10/01/2016 – 10/31/2016	November 10, 2016
006	11/01/2016 – 11/30/2016	December 12, 2016
007	12/01/2016 – 12/31/2016	January 10, 2017
008	01/01/2017 – 01/31/2017	February 10, 2017
009	02/01/2017 – 02/28/2017	March 10, 2017
010	03/01/2017 – 03/31/2017	April 10, 2017
011	04/01/2017 – 04/30/2017	May 10, 2017
012	05/01/2017 – 05/31/2017	June 12, 2017

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

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

- **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 State Share 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 date, pay check number, payee, description, total cost, percent of funding requested, and amount claimed to grant for reimbursement per cost activity; this data is collected on an Excel spreadsheet and the file 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. Unless subject to specific guidelines, program income must be used for the purposes of and under the conditions applicable to the award. Also, unless specified otherwise, program income shall be expended within the project period.

Monies received from a federal government agency under the Equitable Sharing Program are subject to the provisions outlined in the “Guide to Equitable Sharing for State and Local Law Enforcement Agencies” and the “Equitable Sharing Wires”, which are available online at <http://www.justice.gov/criminal/afmls/equitable-sharing/>. Program income from asset seizures and forfeitures is considered earned when the property has been adjudicated to the benefit of the plaintiff (i.e., law enforcement entity).

Program income from [Section 488.5375 RSMo](#) may also be expended over the life of the project so long as it is continually reported.

- **Attachments** - - used to upload copies of documentation to support the expenditures, as required. The following documentation is required:
 - If requesting reimbursement for personnel, personnel benefits, personnel overtime, or personnel overtime benefits, documentation of such costs must be provided. This includes, but is not limited to, 1) a payroll report or paystub outlining the paid wages and employee deductions and/or employer benefits and 2) a rate sheet for any fringe benefit for which reimbursement is requested but not displayed on the payroll report or paystub.
 - If requesting reimbursement for travel/training costs, receipts must be provided. For meals incurred during travel, which do not require receipts under the state travel policy, a substitute document could be an employee expense report detailing the meal costs per day. In addition, a copy of the ‘certificate of attendance’ or similarly issued attendance record must be provided for training costs. If a certificate is not provided by the trainer, a memo or letter must be provided as a substitute.
 - If requesting reimbursement for equipment, a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the quantity, the item description, and the unit cost and/or extended cost.
 - If requesting reimbursement for supplies, operating costs, or contractual costs, a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the nature of the costs, and the unit cost and/or extended cost.

NOTE: The Missouri Department of Public Safety may request additional documentation be submitted with the Claim report for purposes of desk monitoring the reimbursement of

expenditures. Each SCCG Subrecipient will receive a site visit during the project period (or shortly thereafter where applicable), but any documentation that can be submitted with the Claim will lessen the site visit burden at a later date.

Reimbursement funds will be disbursed approximately the 25th day of each month. Recipients may track payments within the WebGrants system but obtain exact payment information through the Missouri Vendor Services Portal at <https://www.vendorservices.mo.gov/vendorservices/Portal/Default.aspx>. Click “Vendor Payment” in the green toolbar. Select FEIN and enter your agency’s Federal Tax ID Number (FEIN). You may then search for a payment by 1) Invoice Number, 2) Check/EFT Number, 3) Dollar Amount, or 4) Date/Location. The prefix of a Payment Number for SCCG disbursements will be PG087.

C. Status Reports

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

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

Report ID Number	Reporting Period	Due Date
01	06/01/2016 – 08/31/2016	September 12, 2016
02	09/01/2016 – 11/30/2016	December 12, 2016
03	12/01/2016 – 02/28/2017	March 10, 2017
04	03/01/2017 – 05/31/2017	June 12, 2017

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

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

- **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (quarterly)
- **Cyber Crime Task Force Report** - - used to provide statistical information relating to the task force organization, investigations/cases, tips/reports received from outside persons, investigations/cases referred, forensic examinations, cell phone analysis, arrest activity, child victims, search warrants and knock and talks, court activity, educational programs/presentations, and narrative information.

IV. SUBAWARD ADJUSTMENTS:

A. Budget Revisions

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

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

NOTE: The Missouri Department of Public Safety allows Subrecipients to request reimbursement up to a 10% increase in the budget line without prior approval. For example, if a Medical Insurance line is budgeted for \$3,000, a 10% increase would account for \$300. Therefore, the grantee can claim costs up to \$3,300 (so long as monies exist in the budget) without prior approval through a budget revision. Costs exceeding 10% will be subject to review by the Missouri Department of Public Safety and may or may not be allowed depending on the availability of funds and/or the length of project period remaining in the award.

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

Subrecipients shall submit a request via the Subaward 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 *Subaward Adjustment Notice* (Appendix C), which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Subaward Adjustment for Budget Revisions shall be submitted at least 30 days prior to the proposed change and will not be allowed after May 1, 2017.

B. Program Revisions

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

- Change in the applicant agency
- Change in the project site
- Change in the project service area

Subrecipients shall submit a request via the Subaward 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 *Subaward Adjustment Notice* (Appendix C), which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

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

V. MONITORING:

The Missouri Department of Public Safety will monitor all subawards to ensure appropriate fiscal and program records are being maintained. Monitoring is designed to provide assistance to the Subrecipient both from a technical and programmatic standpoint, as well as to provide the Missouri Department of Public Safety with the necessary information to ensure the Subrecipient's compliance with state 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 Subrecipient 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 Subrecipient's office(s) and reviewing policies and other records, as applicable to the subaward. The Missouri Department of Public Safety will perform at least one site visit to each Subrecipient during the project period (or shortly thereafter if extenuating circumstances exist). A Site Visit Monitoring Report, which will be provided to the Subrecipient prior to the visit, will be completed by the Missouri Department of Public Safety during the site visit. The Site Visit Monitoring Report will be used as a tool to determine the progress of the project in achieving its purpose and ensuring the project is adhering to program guidelines. The following information and records may be subject to review, as applicable, at the time of the site visit:

- Personnel manuals, Standard Operating Procedures (SOPs), or similar policies regulating the Subrecipient and the approved project
- Personnel files for grant-funded personnel
- Training plan for grant-funded personnel
- Timesheets and payroll records for grant-funded personnel
- Invoices/receipts for all grant-funded expenditures
- Bid records for grant-funded equipment
- Sole source procurement, and subsequent approval where applicable
- Inventory listing and tags for grant-funded equipment
- Contractual agreements for each grant-funded contractual service
- Local procurement and travel policies, as applicable
- Internal controls
- 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](#)
 - Recording of Custodial Interrogations: [Section 590.700 RSMo](#)
 - Forwarding Intoxication-Related Traffic Offenses: [Section 577.005 RSMo](#)
- Compliance with state civil rights laws
 - Unlawful Employment Practices: [Section 13.055 RSMo](#)
 - Discrimination in Public Accommodations: [Section 213.065 RSMo](#)
- Other information pertinent to the grant-funded project

VI. CONFIDENTIALITY:

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

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

APPENDIX A

CHANGE OF INFORMATION FORM

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

	MISSOURI DEPARTMENT OF PUBLIC SAFETY CRIMINAL JUSTICE/LAW ENFORCEMENT (CJ/LE) UNIT CHANGE OF INFORMATION FORM		
Date: <input style="width: 150px;" type="text"/>			
Subrecipient Name: <input style="width: 250px;" type="text"/>	Subaward Number: <input style="width: 100px;" type="text"/>		
Contact Person: <input style="width: 250px;" type="text"/>	Phone Number: <input style="width: 100px;" type="text"/>		
<i>*If the change affects multiple subaward numbers, please complete and submit a form for each subaward number.*</i>			
MY PROFILE/CONTACT INFORMATION			
<i>If the change affects the My Profile module and/or the Contact Information grant form, please complete the following. If the change does not affect the My Profile module and/or the Contact Information grant form, skip this section.</i>			
<i>Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.</i>			
Name of Individual Being Removed: <input style="width: 350px;" type="text"/>	Last Date of Employment : <input style="width: 100px;" type="text"/>		
<i>Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.</i>			
Name of Individual Being Added: <input style="width: 450px;" type="text"/>	Job Title: <input style="width: 150px;" type="text"/>		
Mailing Address: <input style="width: 450px;" type="text"/>			
Street Address: <input style="width: 450px;" type="text"/>			
<small>(if different than the mailing address)</small>			
City: <input style="width: 150px;" type="text"/>	Zip Code: <input style="width: 100px;" type="text"/>		
Email: <input style="width: 450px;" type="text"/>			
Phone: <input style="width: 150px;" type="text"/>	Ext: <input style="width: 50px;" type="text"/>		
Fax: <input style="width: 450px;" type="text"/>			
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			
<i>If the change affects the Budget form, please complete the following. If the change does not affect the Budget form, skip this section.</i>			
Name of Individual Being Removed: <input style="width: 250px;" type="text"/>	Last Date of Employment : <input style="width: 100px;" type="text"/> <small>(m/d/yyyy)</small>	Individual Being Added: <input style="width: 200px;" type="text"/> <small>(if unknown, list as TBH)</small>	Hire Date: <input style="width: 100px;" type="text"/> <small>(m/d/yyyy)</small>
Provide a brief summary of the new individual's experience, certifications, and job responsibilities for the Budget – Personnel Justification section: <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>			
SUBMIT THIS FORM AS AN ATTACHMENT TO YOUR DPS INTERNAL CONTACT VIA THE 'CORRESPONDENCE' COMPONENT OF WEBGRANTS. IF YOU NEED TO SUPPLY ADDITIONAL INFORMATION, PLEASE INCLUDE IN THE MESSAGE OF THE CORRESPONDENCE.			
<small>DPS revised 7-2016</small>			

APPENDIX B

SUBAWARD

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

	MISSOURI DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE DIRECTOR SUBAWARD	P.O. Box 749 Jefferson City, MO 65102 Phone: (573) 751-4905	
Subrecipient Name:		Subrecipient DUNS Number:	
DPS Funding Opportunity Title:	Project Period Start Date:	Project Period End Date:	
2017 SCCG	06/01/2016	05/31/2017	
Project Title:		Subaward Number:	
Project Description:			
Subaward Total:	CFDA Number and Name:		
	N/A		
<p>This Subaward is made in the amount and for the project period referenced above to the Subrecipient identified above. This Subaward is subject to compliance with the general conditions governing grants and subawards and any attached Certified Assurances or Special Conditions. This Subaward is subject to compliance with all federal and state laws and all guidelines identified in the above mentioned DPS Funding Opportunity.</p> <p>The undersigned Subrecipient Authorized Official hereby acknowledges he/she is authorized to legally bind the Subrecipient and certifies acceptance of the above-described Subaward on the terms and conditions specified or incorporated by reference above and those stated in the approved application.</p>			
Subrecipient Authorized Official (AO) Name:		Subrecipient Project Director (PD) Name:	
Subrecipient AO Signature:	Date:	Subrecipient PD Signature:	Date:
<p>This Subaward shall be in effect for the duration of the project period stated above and funds shall be made available on the Subaward date with return of this signed document to the Missouri Department of Public Safety and upon full execution by signature of the Authorized Official of the Missouri Department of Public Safety, Office of the Director</p>			
Authorized Official, Missouri Department of Public Safety			Subaward Date
			06/01/2016

