



WELCOME!

We will begin shortly.

This presentation will be recorded.

2027 STATE SERVICES TO VICTIMS FUND (SSVF)

Notice of Funding Opportunity (NOFO)

Workshop

March 4, 2026



SSVF GRANT CONTACTS

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2027 SSVF PROJECT PERIOD

July 1, 2026 - June 30, 2027

(Please note: this is a ONE year subaward!)

REGISTRATION

New ORGANIZATIONS must **register** for a WebGrants account to apply

- ▶ New organizations are those that have never registered for a WebGrants account
- ▶ Register at <https://dpsgrants.dps.mo.gov/index.do>

New USERS may be added to an existing account at any time by the organization

- ▶ Instructions for adding a new registered user can be found at the end of this presentation

DEADLINES

New Organizations MUST REGISTER for a WebGrants account no later than **April 1, 2026 @ 5:00 p.m.**

Applications MUST BE SUBMITTED no later than **April 15, 2026 @ 5:00 p.m.**

- ▶ Required information/documents must be submitted with the final application via WebGrants.
- ▶ Missing or late information/documents will not be accepted
- ▶ **DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT!**
- ▶ Webgrants will automatically lock the NOFO at **5:00 p.m. on April 15, 2026.**

WEBGRANTS “UPDATES”

- **Passwords**

- Expire every 180 days (approx. every 6 months)
- Must be at least **6 characters** long
- May not reuse **previous five (5)** passwords

- **SAM/CCR CAGE Code expiration dates**

- Must be submitted to DPS
- Agencies are not able to edit profile information

WHAT IS SSVF?

- ▶ The State Services to Victims Fund (SSVF) consists of monies collected from court fees, pursuant to section 595.045, RSMo
- ▶ Upon appropriation, this money shall be used solely for the administration of contracts for services to victims of crime

PRIMARY PURPOSE OF SSVF

The primary purpose of the SSVF Funds are to provide:

- ▶ Direct services to victims of crime
- ▶ Emergency Services
- ▶ Crisis Intervention Counseling Services
- ▶ Victim Advocacy

ELIGIBILITY

Any subrecipient of SSVF Funds is responsible for the development & implementation of a record keeping system to verify the eligibility of the crime victims receiving services provided by SSVF funds. The subrecipient must keep records to ensure the following criteria are met:

- ▶ Crime must have been committed in Missouri **or** the crime victim must be a resident of Missouri
- ▶ Crime must have involved the threat, or the use of force or violence
- ▶ Victim of crime cannot be the perpetrator or principal/accessory involved in the commission of the crime
- ▶ Injuries sustained cannot be a result of the operation of a motor vehicle, boat, or airplane unless the same was used as a weapon, or a result of the crime of driving while intoxicated or vehicular manslaughter

ELIGIBILITY, CONT.

- ▶ Services must be provided free of charge
- ▶ Agencies are encouraged to assist crime victims in seeking available Crime Victim Compensation benefits
- ▶ Coordinate with other community agencies when providing services
- ▶ Provide effective services to victims
 - ▶ Agencies must comply with either the MOCADSV Service Standards and Guidelines, or the MO OVC Program Standards and Guidelines

EXAMPLES OF ALLOWABLE SERVICES

▶ **Direct Services**

- ▶ Transportation, funeral arrangements, childcare, shelter, etc.

▶ **Emergency Services**

- ▶ Crisis intervention services; accompanying victims to hospitals for medical examinations; hotline counseling; safety planning, etc.

▶ **Crisis Intervention Counseling Services**

- ▶ Mental health counseling, support groups, etc.

▶ **Victim Advocacy**

- ▶ Personal advocacy; emotional support; identifying victim's needs; case management; etc.

ELIGIBLE BUDGET CATEGORIES

- ▶ **Personnel/Benefits**
- ▶ **Travel/Training**
- ▶ **Equipment**
- ▶ **Supplies/Operations**
- ▶ **Contractual**

UNALLOWABLE COSTS

- ▶ Training not directly related to services for crime victims
- ▶ Workshops/Trainings associated with grant writing opportunities
- ▶ Crime prevention activities/programs
- ▶ Construction/Renovation costs
- ▶ Indirect costs
- ▶ Vehicles, purchased or leased
- ▶ Professional dues and memberships

UNALLOWABLE COSTS

- ▶ Employee bonuses
- ▶ Lobbying activities
- ▶ Research and studies
- ▶ Active investigation and/or prosecution of criminal activities
- ▶ Fundraising
- ▶ Capital expenses
- ▶ Medical care
- ▶ Salaries and expenses of management

***Refer to the Notice of Funding Opportunity packet
for more examples of Unallowable Costs***

SUBAWARD PERFORMANCE PERIOD

Approved projects will be awarded
for 12 months

July 1, 2026 – June 30, 2027

APPLICATION PROCESS & REVIEW

- ▶ Competitive bid
 - ▶ Two-part process
 - ▶ Administrative review for technical merit by DPS staff
 - ▶ External peer review
 - ▶ Professionals without personal or financial interest
 - ▶ Panels change for each funding opportunity
- ▶ Projects may be awarded as requested, partial funding, or denied
- ▶ Final approval provided by the Director of the Missouri Department of Public Safety (DPS), or his/her designee

NOTICE OF FUNDING OPPORTUNITY (NOFO) PACKET

- ▶ Program Description and Guidelines
- ▶ WebGrants Application Instructions

APPLICATION INSTRUCTIONS

Missouri Department of Public Safety WebGrants System

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

REQUIRED INFORMATION FOR WEBGRANTS

- ▶ Acquire a Unique Entity Identifier (UEI) if your agency does not already have one
- ▶ Ensure your SAM CAGE code is up-to-date
 - ▶ You must contact the Federal Service Desk (FSD) directly for assistance with UEI and/or SAM
 - ▶ <https://sam.gov>
 - ▶ 866-606-8220

IF THE AGENCY SAM CAGE CODE IS NOT UP TO DATE, IT'S STRONGLY RECOMMENDED THAT YOU ADDRESS THIS SOONER THAN LATER

REQUIRED INFORMATION FOR WEBGRANTS

- ▶ The State of Missouri has transitioned to a new financial system; MOVERS.

You are required to register your agency to receive payments.

MOVERS will provide a supplier ID for your agency; this is a required field for WebGrants.

Please reference the links below for the Supplier Registration Guide and the MOVERS registration and renewal website (MissouriBUYS).

[MOVERS Supplier Registration Instructions | MissouriBUYS Statewide eProcurement System](#)

[Supplier Registration | MissouriBUYS Statewide eProcurement System](#)

REGISTERING WITH WEBGRANTS

- ▶ Again, **NEW** agencies **must** register for a WebGrants account in order to apply
 - ▶ <https://dpsgrants.dps.mo.gov/index.do>
 - ▶ **New** registrations must be submitted by **5:00 p.m. April 1, 2026**
- ▶ Each agency should designate one individual for the purposes of registering and assigning new users
 - ▶ Agencies are encouraged to have at least **two** registered users

THE APPLICATION

- ▶ Must be completed in the WebGrants system
- ▶ Comprised of individual “forms”
- ▶ **If you copy an application, you must replace all attachments**
- ▶ Instructions are provided for each form
 - ▶ Please follow the on-screen instructions provided, as well as the instructions included in the Notice of Funding Opportunity packet

GENERAL INFORMATION FORM

- ▶ Provides general information about the agency/project:
 - ▶ System ID (will auto-populate)
 - ▶ Project Title
 - ▶ Must be brief, as well as unique to the agency/project
 - ▶ **THIS IS NOT ACCEPTABLE:** “2027 SSVF Project” is very generic and is not unique to an agency or project
 - ▶ Primary Contact
 - ▶ Organization

CONTACT INFORMATION FORM

Individuals who are responsible for the agency/project:

- ▶ Authorized Official*
- ▶ Project Director*
- ▶ Fiscal Officer
- ▶ Project Contact Person
- ▶ Non-Profit Chairperson (if applicable)**

****Please note: the Authorized Official and Project Director cannot be the same person***

*****Must provide actual address (not agency address)***

CONTACT INFORMATION FORM

	City Government	County Government	Nonprofit Agency	Law Enforcement Agency
Authorized Official	Mayor or City Administrator	Presiding Commissioner/ Administrator	Board President/Chair or person able to enter agency into a contract	City Mayor or Administrator/ Presiding Commissioner
Project Director	Person overseeing project	Person overseeing project	Person overseeing project	Police Chief/Sheriff
Fiscal Officer	City Treasurer or Comptroller	County Treasurer or Comptroller	Board Treasurer / CFO	City/County Treasurer or Comptroller

PROJECT SUMMARY FORM

Provides further general information about the agency and project:

- ▶ Application Type
- ▶ Current Contract Number(s) (if applicable)
- ▶ Program Category
- ▶ Project Type
- ▶ Geographic area(s) to be served
- ▶ Brief Summary
 - ▶ This should be kept **brief**. No more than a few sentences, based upon the project you are requesting
- ▶ Program Income

STATEMENT OF THE PROBLEM FORM

- ▶ Defines the problem the project will attempt to impact
- ▶ Addresses need for grant funds to support the proposed project
- ▶ Presents quantitative evidence to demonstrate the problem and the need for grant funds
 - Local crime statistics from law enforcement/child abuse statistics from DSS must be current
 - Population & demographic information
 - Agency Statistics

TYPE OF PROGRAM FORM

- ▶ Briefly describes your agency
- ▶ Explains what services will be provided with this project, including:
 - ▶ Who will provide the services
 - ▶ How the services will be accessed
 - ▶ Who will benefit from the services
- ▶ Addresses **how, not if,** the agency is in compliance with either MOCADSV **or** MO OVC Service Standards
 - ▶ Do not simply state your agency is in compliance!
 - ▶ Provide examples and explain how the agency is in compliance

COORDINATION OF SERVICES FORM

- ▶ Explains how your agency coordinates activities with:
 - ▶ Other local service providers
 - ▶ Law Enforcement
 - ▶ Prosecuting Attorney offices
 - ▶ Courts
 - ▶ Other community-based agencies
- ▶ Do not simply list agencies you make referrals to; you must describe coordination efforts

CRIME VICTIMS' COMPENSATION ASSISTANCE FORM

- ▶ Describes how your agency provides information and assistance to crime victims regarding Crime Victims Compensation
 - ▶ Who provides assistance
 - ▶ When is information provided
 - ▶ What type of assistance is provided

NUMBER OF VICTIMS TO BE SERVED FORM

- ▶ Indicate anticipated number of victims to be served by this **one (1) year** project
- ▶ Provide basis for estimates (i.e. prior years numbers, relevant crime statistics, number of unmet requests for services)
- ▶ Break out the number of women, children, and men separately
- ▶ Numbers should match the “SSVF Data Form”
- ▶ If serving multiple counties, provide a breakdown by each county
- ▶ This section is project specific, **not** agency wide

GOAL AND MEASURABLE OBJECTIVES FORM

- ▶ Subrecipients of SSVF funding will contribute to the overall goal of the SSVF program:

The goal of the SSVF program is to support victims of crime and assist in their recovery.

- ▶ Objectives for this goal are provided in a drop down menu
 - ▶ Choose at least five (5) different objectives

EVALUATION PROCEDURE FORM

- ▶ Must list each selected objective, and the outcome anticipated for each
- ▶ Below each objective, explain how data will be collected to measure the outcome
 - ▶ Examples may include: pre- and post-testing, surveys, client satisfaction evaluations, etc.
 - ▶ Evaluation instruments must be included in the Required Attachments

REPORT OF SUCCESS

- ▶ If a current sub-recipient, Objectives and Objective Percentages from the current SSVF subaward must be listed
- ▶ Results/outcomes for each objective must be provided “to-date”
 - ▶ Outcomes must provide actual numbers, in addition to percentages
- ▶ **New projects do not have a Report of Success**
 - ▶ If a new project, type “n/a” in this section

BUDGET FORMS

- ▶ Calculates funding amounts for requested categories
- ▶ Each category is assigned a section for justification
- ▶ Budget lines must be added **prior** to justification being completed

Personnel Budget

- ▶ Minimum 10% grant funded time may be requested
- ▶ Actual gross salary **per pay period** is required
 - ▶ Salary based on number of **pay periods** requested (i.e. not based on annual salary)
 - ▶ If a raise is anticipated during the contract period, add multiple budget lines to reflect each salary rate with effective dates on each line
 - ▶ If a salary raise is requested, provide following:
 - ▶ The date of the increase
 - ▶ The percentage/amount of the increase
 - ▶ The type of increase (i.e. cost of living, merit)
- ▶ Fringe benefits must be itemized; prorate based on percentage of grant funded time requested

Travel/Training

Related costs may include, but are not limited to:

- ▶ Conference
Registration fees
- ▶ Airfare/baggage
- ▶ Airport parking
- ▶ Hotel parking
- ▶ Shuttle Service
- ▶ Lodging
 - ▶ based upon state per diem rate
- ▶ Meals
 - ▶ based upon state meal per diem rate
- ▶ Mileage
 - ▶ State rate \$0.70/mile or applicant agency rate (*whichever is less*)

TRAVEL/TRAINING CONT.

- ▶ Meals and lodging
 - ▶ Per diem rates should be used to estimate costs; rates can be found at:

<https://oa.mo.gov/accounting/state-employees/travel-portal-information/state-meals-diem>

- ▶ If requesting meals and/or mileage, attach agency travel policy in “Attachments”
- ▶ Registration fees conferences and/or trainings should be listed in Travel/Training budget
- ▶ If an increase and/or new line item is requested, explain why it is being requested and how the agency has paid for this expense in the past

EQUIPMENT

- ▶ Equipment is defined as tangible property, having a useful life of more than one year, and an acquisition cost of \$5,000 or more per unit.
- ▶ Equipment should be reasonable & necessary to the proposed SSVF project
- ▶ If used for purposes other than SSVF, cost must be prorated accordingly
 - ▶ Proposed SSVF budget vs. total agency budget, or
 - ▶ % of time requested for employee using equipment
- ▶ Vendor quotes supporting the cost may be uploaded in “Other Attachments”

SUPPLIES/OPERATIONS

- ▶ Must be prorated based on proposed SSVF budget vs. total agency budget
- ▶ Office Supplies:
 - ▶ Items included in the “Office Supplies” list (located in the NOFO Application Packet) can be shown as one line item and generically labeled “Office Supplies”
 - ▶ Items **not** provided in this list must be listed as separate line items
- ▶ If an increase and/or new line item(s) is requested, explain why it is being requested and how the agency has paid for this expense in the past

CONTRACTUAL

- ▶ Contract must be submitted with the application
 - ▶ Draft is sufficient for application
 - ▶ If approved, agency will be required to submit a final signed contract prior to expenses being reimbursed
 - ▶ Hourly rate cannot exceed \$81.25/hour & \$650 per day
- ▶ Outline the following
 - ▶ **Who** will perform the requested contractual services
 - ▶ **What** services will be performed by the contractor
 - ▶ **When** services will be performed
 - ▶ **Rate** at which they will be performed
- ▶ If an increase and/or new line item, explain why it is being requested and how the agency has paid for this expense in the past

BUDGET JUSTIFICATION

- ▶ **Do not** simply re-list items you are requesting
 - ▶ **Justify** the need for each item
 - ▶ **Justify** & Explain the expense of each item
 - ▶ **Justify** why each cost is requested
- ▶ If an increase and/or new line item is requested (i.e. current expense **not currently funded by SSVF**), explain **how** the agency is paying for the expense through June 30, the loss of that funding, and **why** it is necessary for SSVF to assume the cost.
 - ▶ If a brand new cost to the agency, as well as to SSVF, justify **why** the expense is necessary

SSVF DATA FORM

- ▶ Prorate funds requested by type(s) of victims to be served by this project
 - ▶ Provide your best estimate
 - ▶ Total Percent must equal 100%

Prorate amounts dedicated to Total Underserved & Other category (if applicable)

Total Percent of **this section** must also equal 100%

Provide anticipated number of victims to be served

Must equal Number of Victims to be Served narrative

Indicate anticipated breakdown of Women, Children, and Men to be served

Indicate number of Bed Nights anticipated (if applicable)

AUDIT REQUIREMENTS FORM

- ▶ Addresses federal and state funding received by the agency
- ▶ Audit is required to be submitted when \$500,000 or more in State funds are expended during the agency fiscal year (from **any** State source)*

REQUIRED ATTACHMENTS FORM

▶ **Required**

- ▶ Agency Organizational Chart
- ▶ Policy & Procedures Relating to Internal Controls
- ▶ Agency's Current Budget (**itemized**)
- ▶ Employee Allocation form
- ▶ Current Letters of Collaboration/MOU's (at least 3)
- ▶ Evaluation tools

▶ **Required, if applicable**

- ▶ Job Descriptions & Payroll Records for individuals funding is requested for
- ▶ Agency's Profit/Loss Statement for last 2 fiscal years
- ▶ Board of Directors List
- ▶ Documentation of Not-for-Profit Status
- ▶ Contractual Agreement (executed or draft)

OTHER ATTACHMENTS FORM

- ▶ **Optional**, samples of “Other Attachments” may include:
 - ▶ Redacted client feedback letter
 - ▶ Loss of funding documentation
 - ▶ Equipment quotes

SELF-EVALUATION RISK ASSESSMENT

- ▶ Weighted form used to determine if the agency will be subject to special conditions, if awarded
- ▶ Form should be completed by the **Authorized Official** or **Executive Director** of agency

APPLICATION CERTIFIED ASSURANCES

- ▶ **Read the Certified Assurances**
 - ▶ See the link in the application and as an attachment in the NOFO announcement
- ▶ Certified Assurances should be read/agreed to by the Authorized Official and/or Executive Director of the project agency
 - ▶ Certify the Certified Assurances have been read, and agency agrees to the terms
 - ▶ Form should be completed by the Authorized Official or Executive Director of agency

APPLICATION DEADLINE

- ▶ Applications **must be submitted by**
▶ **5:00 p.m. (CST) on April 15, 2026**

WebGrants will automatically lock at 5:00 p.m.

DO NOT wait until the last minute

All information/documents must be submitted with the application via DPS WebGrants

Missing or late information/documents **will not** be accepted

FINAL TIPS

- ▶ Contract period is for one **(1) year**
 - ▶ 12 months worth of funding
 - ▶ Keep this in mind when budgeting
- ▶ Read instructions thoroughly, both in the NOFO application packet **and** onscreen within WebGrants forms
- ▶ Ensure all necessary attachments are included and can be opened
- ▶ Have a peer or someone else review/proof your application
- ▶ Every Component of the application is reviewed by DPS and the Review Panel—be clear, concise and consistent
- ▶ Be cautious with cut & paste from previous applications

FINAL TIPS

Remember these important deadlines!

WebGrants Registration

(Applicable to NEW Agencies ONLY)

April 1, 2026 @ 5:00 p.m.

Applications are DUE

April 15, 2026 @ 5:00 p.m.

It is OK to submit EARLY!!! We encourage you to do so!

ONLINE RESOURCES

<https://dps.mo.gov/dir/programs/cvsu/ssvf-cont.php>

- 2027 SSVF Notice of Funding Opportunity (NOFO)
- NOFO Workshop Power Point Presentation
- WebGrants Subgrantee Manual
- DPS Sub-Recipient Travel Policy
- DPS Financial and Administrative Guide
- MOCADSV Service Standards for DV and SV Programs
- MO OVC Standards & Code of Ethics
- Link to WebGrants Grants Management System

QUESTIONS



Frequently Asked Questions from Current & Previous SSVF NOFO Workshops

Q: Will the PowerPoint be posted?

A: Yes, the PowerPoint will be available on our SSVF webpage for access by all.

Q: Are benefits for advocates who are providing direct services covered under this grant?

A: Yes

Q: Is there a recommended request range? Or a typical award amount for SSVF? Is there a max that can be requested?

A: There is no maximum on the amount you may request. Apply only for what you need and believe you can actually spend. OVC has no way of projecting the amount or number requests we will receive for any funding opportunity.

Frequently Asked Questions from Current & Previous SSVF NOFO Workshops

Q: Would medical services be eligible expenses?

A: No. Medical expenses are not eligible; however, an advocate attending a medical appointment/exam to provide support to a victim, would be allowable time.

Q: Will this be a reimbursable grant?

A: Yes, funds are awarded on a reimbursement basis only. The agency must incur and pay the cost up front, then submit a reimbursement request for allowable expenses.

Frequently Asked Questions from Current & Previous SSVF NOFO Workshops

Q: Are you able to work on the application in sections? For example, log in, start on the app, save, come back later and do more?

A: YES! The application is a series of “forms”; in order to save each form, you must first complete the required fields (marked with *).

You may use “placeholders” for required fields, just be sure to come back and update the fields prior to submission!

You can edit/update the information entered at any time (even if the form is marked “Complete”), up until the application is actually submitted. Once it is submitted, it cannot be changed.

Frequently Asked Questions from Current & Previous SSVF NOFO Workshops

Q: Will SSVF pay for services to witnesses who are in danger?

A: SSVF can only reimburse for services **for crime victims**. If you are looking for services regarding witnesses, the agency will need to coordinate with local Law Enforcement.

All local law enforcement agencies are eligible to register for the **Protection Program for Victims/Witnesses of Violent Crime (PPVVC)**.

See the PowerPoint and NOFO at

<https://dps.mo.gov/dir/programs/jj/ppvvc.php>

If you or your local law enforcement agency have questions or need more information on the victim/witness protection program contact Michelle Parks at 573-751-5954.