



## **NOTICE OF FUNDING OPPORTUNITY**

### **2021 State Services to Victims Fund (SSVF)**

**Awarding Agency:**

The Missouri Department of Public Safety

**Funding Opportunity Title:**

2021 State Services to Victims Fund (SSVF)

**Announcement Type:**

Competitive

**Release Date:**

October 1, 2020

**Funding Opportunity Performance Period:**

January 1, 2021 to December 31, 2021

**To Apply:**

Submit an electronic application via the DPS WebGrants System at:

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

**APPLICATION DEADLINE:**  
**12:00 p.m. (Noon) October 29, 2020**

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**Michael L. Parson, Governor**  
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# Program Description

## State Services to Victims Fund

### INTRODUCTION

The State's initial victim assistance program was established by the Missouri General Assembly under the auspices of the Department of Public Safety with the adoption of Section [595.050](#), RSMo in 1981. With the passage of Section [595.100](#), RSMo (1988), the State Services to Victims Fund (SSVF) was established. The SSVF consists of money collected 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 pursuant to sections [595.050](#), [595.055](#), and [595.105](#), RSMo.

### SOURCE OF FUNDS

The actual amount and availability of funds for the SSVF depends upon the appropriations provided by the General Assembly for each fiscal year, and upon the amount of monies collected and deposited into the SSVF established under section [595.100](#), RSMo. Per section [595.045](#) the source of the monies collected for SSVF is a court cost, assessed in any court in the state (including juvenile court), for violation of criminal or traffic laws of the State, including infractions and violations of a municipal or ordinance.

### DEFINITIONS

**Crime** – an act committed in this state which, regardless of whether it is adjudicated, involves the application of force or violence or the threat of force or violence by the offender upon the victim but shall include the crime of driving while intoxicated and vehicular manslaughter and hit and run; and provided, further, that no act involving operation of a motor vehicle except driving while intoxicated and vehicular manslaughter which results in injury to another shall constitute a crime for the purpose of sections [595.010](#) to [595.075](#), unless such injury was intentionally inflicted through the use of a motor vehicle. A crime shall also include an act of terrorism, as defined in 18 U.S.C. section 2331, which has been committed outside of the United States against a resident of Missouri.

**Director** – the director of DPS or his/her designee for the purposes of sections [595.010-075](#) RSMo.

**Dependent** – mother, father, spouse, spouse's mother, spouse's father, child, grandchild, adopted child, illegitimate child, niece or nephew, who is wholly or partially dependent for support upon, and living with, but shall include children entitled to child support, but not living with, the victim at the time of his injury or death due to a crime alleged in a claim pursuant to sections [595.010-075](#).

**Family** – the spouse, parent, grandparent, stepmother, stepfather, child, grandchild, brother, sister, half-brother, half-sister, adopted children of parent, or spouse's parents.

**Offender** – a person who commits a crime.

**Personal Injury** – physical, emotional, or mental harm or trauma resulting from the crime.

**Private Agency** – a not for profit corporation, in good standing in this state, which provides services to victims of crime and their dependents.

**Public Agency** – a part of any local or state government organization which provides services to victims of crime.

**Services to Victims of Crime** – Direct services, emergency services, crisis intervention counseling and victim advocacy. Services may consist solely of, or may include, educational and informational services to the public about the availability of services for victims of crime which are designed to alleviate the results of criminal acts.

**Subrecipient** – a non-DPS entity that receives a subaward from DPS to carry out part of the SSVF program; but does not include an individual that is a beneficiary of such program.

**Supplanting** – State funds must be used to **supplement** existing State and local funds for program activities and must not supplant (replace) those funds that have been appropriated for the same purpose.

- Supplanting will be reviewed during post-award monitoring and audit.
- If reviewers think that supplanting may have occurred, then the recipient will be required to supply documentation demonstrating that the reduction in resources occurred for reasons other than the receipt or expected receipt of State funds.
- For certain programs, a written certification may be requested by the DPS stating that State funds will not be used to supplant other State or local funds.
- This restriction shall not apply to funds used by any not-for-profit agency.

**Survivor** – the spouse, parent, legal guardian, grandparent, sibling or child of the deceased victim of the victim’s household at the time of the crime.

**Underserved Populations** The term “underserved populations” means populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the Attorney General or by the Secretary of Health and Human Services, as appropriate.

**Victim** – a person who suffers personal injury or death as a direct result of a crime, as defined in subdivision (5) of RSMo [595.010](#).

## ELIGIBLE APPLICANTS

As stated in section [595.050](#), RSMo, public and private agencies are eligible to apply for funds available through the SSVF grant program.

1. The public or private agency receiving assistance from the SSVF will be responsible for the development and implementation of a record-keeping system, based on the following criteria, to verify the eligibility of victims of crime and/or their dependents to receive services:
  - a. The crime must have been committed in Missouri, or the crime victim must be a resident of Missouri;
  - b. The crime must have involved the threat or the use of force or violence in its commission;
  - c. The victim of the crime cannot be the perpetrator or a principal or accessory involved in the commission of the crime for which he/she otherwise would have been eligible for assistance under the SSVF Program.
  - d. Injuries sustained by the victim of crime cannot be a result of the operation of a motor vehicle, boat or airplane unless the same was used as a weapon, in a deliberate attempt to inflict personal injury upon any person, or unless the victim was injured as a result of the crime of driving while intoxicated, or vehicular manslaughter.
2. Subrecipients must provide services to eligible victims through the SSVF funded program free of charge.
3. The subrecipient is encouraged to include provisions to assist crime victims in seeking available crime victim compensation benefits by coordinating its activities with the Crime Victims’ Compensation Program (CVC) within DPS: (573) 526-6006 or 1-800-347-6881 or <https://dps.mo.gov/dir/programs/cvc/>.
4. The subrecipient must coordinate with other community agencies when providing services.
5. **Provide Effective Services to Victims.** If the subrecipient provides services to battered women and their children, they shall comply with the service definitions set forth by the **Missouri Coalition Against**

**Domestic and Sexual Violence (MCADSV) Service Standards and Guidelines for [Domestic Violence Programs](#) and/or [Sexual Violence Programs](#)**, as they relate to the provision of services required herein.

In the event of a conflict in language between the mandatory SSVF provisions and requirements outlined in the SSVF Notice of Funding Opportunity, and the aforementioned definitions and provisions set forth by MCADSV, the provisions and requirements set forth and /or referenced in the SSVF Notice of Funding Opportunity, subaward document, certified assurances, and any special conditions shall govern.

All other agencies (those **not** primarily serving victims of domestic and/or sexual violence) shall comply with the Missouri Department of Public Safety [Crime Victim Services Program Standards and Guidelines](#). (These agencies will **not** be required to adhere to the MCADSV standards.)

## PURPOSE AREAS

From funds appropriated for services to victims of crime, the director may contract with public or private agencies to provide assistance to victims of crime through direct services, emergency services, crisis intervention counseling and victim advocacy. Any such contract may consist solely of, or may include, educational and informational services to the public about the availability of services for victims of crime which are designed to alleviate the results of criminal acts.

- a. **Direct Services**, providing physical services to a victim of crime including, but not limited to, transportation, funeral arrangements, child care, emergency food, clothing, shelter, notification and information.
- b. **Emergency Services**, those services provided within thirty days to alleviate the immediate effects of the criminal act or offense,
- c. **Crisis Intervention Counseling Services**, helping to reduce psychological trauma where victimization occurs.
- d. **Victim Advocacy** assisting the victim of a crime and his/her dependents to acquire services from existing community resources.

## ELIGIBLE BUDGET CATEGORIES

- a. **Personnel/Benefits** – Salaries and benefits of personnel to deliver services directly related to the SSVF project. Unless otherwise stated, most customary fringe benefits may also be eligible including: FICA/Medicare, Workers Compensation, Unemployment Compensation, Medical/Life/Dental/Vision Insurance, and Pension/Retirement.
- b. **Travel/Training** – Travel and/or training expenses directly related to the SSVF project. Subrecipients must adhere to the [DPS Subrecipient Travel Guidelines](#) .
- c. **Equipment** - Equipment necessary to provide services to victims directly related to the SSVF project. See the DPS Financial and Administrative Guidelines for more information on Equipment.
- d. **Supplies/Operations** - Expenses necessary to the operation of the SSVF project.
- e. **Contractual** – Contracting for specialized professional services (e.g., -psychological/psychiatric consultation, interpreters). Contractual service costs must be reasonable and consistent with that paid for similar services in the marketplace and are not available within the agency.

## ALLOWABLE COSTS

Allowable direct service costs may include:

- **Direct Services**, those providing general physical services to a victim of crime including:
  - Transportation

- Funeral arrangements
- Child care
- Emergency food
- Clothing
- Shelter
- Notification and information.
- **Emergency Services**, those services provided within thirty days to alleviate the immediate effects of the criminal act or offense:
  - Crisis intervention services;
  - Accompanying victims to hospitals for medical examinations;
  - Hotline counseling;
  - Safety planning;
  - Emergency food, shelter, clothing, and transportation;
  - Window, door, lock replacement or repair, and other repairs necessary to ensure a victim's safety;
  - Emergency legal assistance, such as for filing for restraining or protective orders, and obtaining emergency custody orders and visitation rights;
- **Crisis Intervention Counseling Services**, helping to reduce psychological trauma where victimization occurs:
  - Mental health counseling
  - Out-patient therapy/counseling
  - Support groups
- **Victim Advocacy** assisting the victim of a crime and his/her dependents to acquire services from existing community resources:
  - Personal advocacy and emotional support
  - Working with a victim to assess the impact of the crime;
  - Identification of victim's needs;
  - Case management;
  - Management of practical problems created by the victimization;
  - Identification of resources available to the victim;
  - Provision of information, referrals, advocacy, and follow-up contact for continued services, as needed;
  - Traditional, cultural, and/or alternative therapy/healing (e.g., art therapy, yoga);
  - Accompanying a victim to offices and court;
  - Interpreting for a non-witness victim who is deaf or hard of hearing, or with limited English proficiency;
  - Transportation of victims to receive services and to participate in criminal justice proceedings;
  - Educational presentations and materials for schools, community centers, and other public forums that are designed to inform crime victims of specific rights and services of the SSVF project and provide them with (or refer them to) available services and assistance;

## UNALLOWABLE COSTS

**The following services or activities that are unrelated to the provision of direct services to victims of crime are unallowable (*this list may not be all-inclusive*):**

- Training not directly related to services to crime victims;
- Workshops/Trainings associated with grant writing or funding opportunities;
- Reimbursement of crime victims for expenses incurred as a result of a crime, except as otherwise allowed by other provisions of this Notice of Funding Opportunity;
- Crime Prevention Programs and other activities intended to educate the community on the prevention of crime and to raise the public's consciousness regarding crime;

- Construction or renovation costs;
- Indirect Costs;
- Vehicles purchased or leased;
- Professional Dues, subscriptions, and memberships;
- Employee bonuses;
- Lobbying or advocacy activities with respect to legislation or to administrative changes to regulations or administrative policy, whether conducted directly or indirectly;
- Research and studies—Research and studies, except for project evaluation;
- Active investigation and prosecution of criminal activities—The active investigation and prosecution of criminal activity, except for the provision of victim assistance services (e.g., emotional support, advocacy, and legal services) to crime victims, during such investigation and prosecution;
- Fundraising—any activities related to fundraising including grant writing;
- Capital expenses—Capital improvements; property losses and expenses; real estate purchases; mortgage payments; and construction;
- Medical care, except as otherwise allowed by other provisions of this funding opportunity;
- Salaries and expenses of management—Salaries, benefits, fees, furniture, equipment, and other expenses of executive directors, board members, and other administrators (except as specifically allowed elsewhere in this funding opportunity).

## **CONFIDENTIALITY**

Information related to the provision of services under this program must be kept in strict confidence. Other than the reports submitted to the DPS, the applicant cannot publish, reproduce, or otherwise divulge such information unless prior written approval is received from DPS. Applicants must take all reasonable measures as are necessary to restrict access to information in their possession to only those employees who must have the information on a "need-to-know" basis, and the applicant agrees to notify, in writing, DPS within 24 hours should a breach to this requirement be suspected or determined. Nothing in this requirement shall be construed to seek a breach of client confidentiality between client and counselor except as mandated by the laws of the State of Missouri, i.e., Child Abuse Hotline.

## **PERFORMANCE PERIOD**

The performance period for approved projects is January 1, 2021 through December 31, 2021.

## **MONITORING**

Subrecipients will be monitored through either an on-site visit or desk-top monitoring. The subrecipient agency agrees to allow reasonable and timely site visits by DPS and further agrees to make available upon request any records required to be maintained by this agreement, including personnel, fiscal, and programmatic. Should an on-site visit be conducted at a location with a confidential physical address, DPS assures confidentiality will be maintained.

In certain situations, a subrecipient may be monitored either on-site or through desk monitoring on a more frequent basis to assure compliance.

## **ANNUAL PERFORMANCE REPORT REQUIREMENT**

Subrecipients of SSVF funds are required to submit a final performance report. Reports are due January 15, 2022 or 15 days after submission of the final claim, whichever occurs first. Final claims will not be approved until the final performance report is received. For example, if the subrecipient submits their final claim on September 5, 2021, the final performance report is due September 20, 2021.

# Application Instructions

Applications for SSVF funding must be submitted online via the DPS web-based grants management system, WebGrants, at <https://dpsgrants.dps.mo.gov>.

Before an application may be filled out in WebGrants, the following two steps must be completed:

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

A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. Obtaining a DUNS number is a free, one-time activity. Ask the grant administrator, chief financial officer, or authorizing official of your organization to identify your DUNS number. If your organization does not know its DUNS number or needs to register for one, visit <https://fedgov.dnb.com/webform/> or call 1-866-705-5711.

**2. Register as a User in WebGrants (for agencies that are NEW to WebGrants)**

To access WebGrants, new applicants must first register as a user with their applicant agency's information. **The deadline to register in WebGrants is 12:00 p.m. (Noon) on October 22, 2020.**

To register with the WebGrants system, click the 'Register Here' link on the log in page and complete all required fields, as well as any optional fields, on the form. Click the Next link. A confirmation page will be displayed, and the applicant will receive a confirmation email.

Once the registration is submitted, a notification will be sent to DPS to review and approve the request. The registrant will receive another email when DPS approves or denies the registration. If your registration is approved your User ID and Password will be immediately active and you may log into the system; if your registration is denied, the email will contain the reason for the denial.

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 DPS.

Once the above steps have been completed, you may use your credentials to apply for various funding opportunities available through DPS. Log on to WebGrants with the User ID and Password provided during the registration phase. On the Main Menu screen, click the 'Funding Opportunities' link and then click the appropriate funding opportunity. Each component of the application must be completed, and each form must be 'Marked as Complete' before the application may be submitted.

## WEBGRANTS APPLICATION FORMS

### General Information Form:

Select the Primary Contact, enter the title of the application, and select the organization for which you are applying. Application titles should be brief; however, please select a **unique** title that is specific to your organization/project. For example, "2021 SSVF Project" is **not** a unique title and is **not** specific to your organization/project. *Tri-County Shelter-SSVF Victim Advocacy Project* is an acceptable title.

### Contact Information Form:

*The Authorized Official* is the individual that has the ability to legally bind the applicant agency in a contract (e.g. Board President, Presiding Commissioner, Mayor, City Administrator, University President, State Department Director). **\*The Authorized Official and the Project Director cannot be the same person.\***

*The Project Director* is the individual that will have direct oversight of the proposed project. If the project agency is a local law enforcement agency, the Project Director shall be the chief or sheriff of that agency.

**!!!The Authorized Official and the Project Director may not be the same person for this project!!!**



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

*The Project Contact Person* should be the individual who is most familiar with the program this grant will fund. **\*This person can be the Project Director if that individual is most familiar with the program.\***

*Non-Profit Chairperson* enter the name and address of the individual serving as the organization's board chairperson. (This section is not applicable to agencies that are not considered a non-profit organizations.)

**\*Please provide an address other than the agency address.\***

- Click Save.
- Click Mark as Complete.

### **Project Summary Form:**

*Application Type* – Indicate the type of application based on the following:

- NEW – If this application is being submitted as part of a competitive bid process and is **not currently funded by DPS**, the type of application is considered “New”.
- RENEWAL – If the agency has specifically been **notified** of the opportunity to **renew an existing contract**, the type of application is considered “Renewal”.
- CONTINUATION – If this application is being submitted as part of a competitive bid process to **continue a program currently funded by DPS**, the type of application is considered “Continuation”.
- EXPAND/ENHANCE – the application is being submitted as part of a competitive bid process to **specifically expand or enhance an existing project currently funded by DPS**.

*Current Subaward Number* – Indicate the current DPS Subaward Number if the applicant agency has a subaward through the identified grant program.

*Program Category* – Indicate the type of program

*Project Type* – Indicate if this is a Statewide, Regional, or Local project.

*Geographic Area(s) to be served* – Identify the geographic area to be served by the proposed project.

*Brief Summary* – Provide a **brief** summary of the proposed project based upon the information provided in the Type of Program narrative. This should be limited to a few sentences.

*Program Income* – If program income will be generated by this proposed project, please indicate in this section. Program income is defined as any income/revenue generated as a direct result of a grant-funded project.

- Click Save.
- Click Mark as Complete.

### **Statement of the Problem Form:**

This section must address the need for grant funds for the proposed project. Define the problem that you will be attempting to impact with this project. Be specific. Do not include every issue the Applicant Agency addresses, but only the one(s) that will be impacted by the use of SSVF grant funds. (Please note that the problem is NOT a lack of staff, counselors, equipment, etc.; this is the result of the problem).

This section should include relevant facts and local statistics on incidents of crime, existing resources, demographic and geographic specifications, etc. that document and support the stated problem. Provide law enforcement crime statistics for all areas served; do not provide global statistics, information must be specific to the service area.

**Note:** Any crime and/or agency statistics provided must be from the last 2 years. Any cited academic research data or trend data may be from the last 10 years.

- Click Save.
- Click Mark as Complete.

### **Type of Program Form:**

1. Provide a brief synopsis of the Agency and the type(s) of victim services the agency provides. Outline the services to be funded **by this specific project**. Include who will provide these services, how services are accessed, and who will benefit from the services. Flow charts and chronological outlines are great, but must be supported by additional narrative description.
2. Explain how services are delivered in compliance with either the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) [Domestic Violence Standards](#) and/or [Sexual Violence Standards](#), **OR** the DPS Crime Victims Services [Program Standards and Guidelines](#).

NOTE: Agencies that primarily serve domestic and/or sexual violence victims will be required to comply with the MCADSV Standards. (These agencies will not be required to comply with the DPS Crime Victims Services [Program Standards and Guidelines](#)).

All other agencies (those NOT primarily serving victims of domestic violence and/or sexual violence) will be required to comply with the DPS Crime Victims Services [Program Standards and Guidelines](#). (These agencies will not be required to adhere to the MCADSV Standards).

- Complete the form.
- Click Save, then Mark as Complete.

### **Coordination of Services:**

Outline how your agency will coordinate the activities of this project with other service providers, law enforcement agencies, prosecuting attorney's offices, courts, and other agencies in your community. Services may not necessarily be the same as offered by your project. Explain how the agency's services will complement other activities and services already in place in your community. **Do not merely state who you coordinate with; provide an explanation of specific activities.** Coordination efforts should be supported by and tie back to submitted letters of collaboration and/or MOU's.

- Complete the form
- Click Save, then Mark as Complete

### **Victim Compensation Assistance:**

Describe the procedures used by your agency to provide information and assistance to crime victims when filing for victim's compensation funds

- Complete the form
- Click Save, then Mark as Complete

### **Number of Victims to be Served:**

Indicate the anticipated number of victims to be served by this SSVF funded project. Do not include the total number of victims served by your agency, but the number that will be served specifically by this particular project. Give statistics from previous years to support your estimate. The total number of victims discussed in this section should equal the totals listed on the SSVF Data Form. Break out the number of women to be served, children to be served, and men to be served separately.

- Complete the form.
- Click Save, then Mark as Complete.

### **Goal and Objectives:**

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 must be measurable and reflect how the project contributes to the SSVF goal stated above.

Agencies must select **at least 5 different objectives** from the list provided in the WebGrants application component.

- To add an Objective click Add.
- Select a Type of Service, select a corresponding Objective, and record Percentage of success you hope to achieve with this project.
- Click Save when finished.
- To add additional Objectives, repeat the above process.
- Mark as Complete.

### **Evaluation Procedure:**

The evaluation component of the application should demonstrate the correlation between the outcomes, completion of the objectives and accomplishment of the goal.

1. List the **selected objectives** from the Goals & Objectives section, and the expected outcome of each.
2. Below each objective, **explain how data will be collected** in order to measure the outcome.

Explain how data will be collected and the process the agency will use to analyze the data to determine the effectiveness of the project. Describe how this information will be used to improve services to victims.

Examples may include: pre- and post-testing, surveys, client-satisfaction evaluations, etc. Include evaluation instruments in the Other Attachments section.

- Complete the form.
- Click Save, then Mark as Complete.

### **Report of Success:**

In outline format, restate the goals and objectives from your current contract. You may access your current objectives by opening your grant in WebGrants and clicking on the Grant Component titled Application.

After each goal and objective listed, provide information regarding results attained from beginning of current grant to date. The outcomes should provide actual numbers in addition to the percentages. New applicants will not complete this section. **New applicants please put N/A in the text box.**

- To add Goals and Objectives click Add in the upper right hand corner. Then click the Save button when finished.
- To add more Goals and Objectives repeat the above process. Then click the Save button again in the upper Right hand corner.

Then Mark as Complete.

### **Budget Forms:**

General Instructions:

- To add a budget line item, click Add; repeat to include as many budget lines as necessary.
- To provide the required justification for budget line items, click Edit.
- If you have added a line item under any budget category, justification for that budget category must be provided before this form can be saved.
- Provided examples assume a 12-month contract period; **this may not reflect the actual contract period for this funding opportunity!** Please refer to the “Project Period” listed on the cover page of the Notice of Funding Opportunity for the actual contract period.

### Personnel:

- To include Personnel in your budget, click Add. If the project includes more than one individual, repeat this step for each person. If a raise is anticipated for an individual during the contract period, use multiple budget lines to reflect each increase.
- **Actual gross salary per pay period is required.** A current paystub must be uploaded in the Required Attachments section for requested (existing) positions.
- The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Grant Funded Time.
- Please note: The minimum percentage of time that may be budgeted on the grant is 10%. We will not fund any position that is less than 10% on the grant.

EXAMPLE 1 – Full-time, retained position paid bi-weekly (based on a one year contract, 26 pay periods/year) at a salary of \$1,100 each pay period; no salary increase expected during the contract period.

Name	Title	Position (Select from drop down box)	Employment Status (Select from drop down box)	Salary per Pay Period	Number of Pay Periods	% of Grant Funded Time	Total Cost	Federal/ State Share
Jane Smith	Advocate	Retained	FT	\$1,100.00	26	100%	\$28,600.00	\$28,600.00
Total								\$28,600.00

EXAMPLE 2 – Full-time, created position paid monthly (based on a one year contract, 12 pay periods/year) at a salary of \$2,383.33 each pay period; expected to receive a 3% salary increase after 6 months of employment (effective 7/1/2020). Employee will only spend 50% of his time on eligible SSVF activities.

Name	Title	Position (Select from drop down box)	Employment Status (Select from drop down box)	Salary per Pay Period	Number of Pay Periods	% of Grant Funded Time	Total Cost	Federal/ State Share
John Doe 1/1/2021	Advocate	Created	FT	\$2,383.33	6	50%	\$7,150.00	\$7,150.00
John Doe 7/1/2021	Advocate	Created	FT	\$2,454.83	6	50%	\$7,364.49	\$7,364.49

NOTE: THE TEXT ENTERED UNDER THE NAME COLUMN IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM, IF YOUR APPLICATION IS SUCCESSFUL.

### Personnel Justification:

- If personnel are **not** included in the budget, leave this section blank.
- If personnel are included in the budget, provide justification for each position. If the position is new (Created), provide a description of the job responsibilities the individual will be expected to perform.
- If the position currently exists (Retained), provide a description of the job responsibilities, experience, and/or any certification the individual possesses.
- If a salary increase is included, address the type/reason (e.g. merit, COLA, etc.) for the increase, the percentage of increase, and the effective date of the increase. This information is required in order for salary increases to be considered.
- If an increase and/or new line item is being requested, explain why it is being requested and how the agency has paid for this expense in the past.

### Personnel Benefits:

- To include a fringe benefit in your budget, click Add. If an individual is eligible for multiple benefits, **repeat this step for each benefit.**
- Actual premium amounts are required. The Total Cost will automatically calculate as Salary/Premium x Percentage/# of Periods x % of Funding Requested.
- If an individual's time is not 100% funded by the grant, the fringe benefits must be prorated based upon the percentage of time funded by the grant.

- Some fringe benefits may be combined into one line item, i.e. FICA/Medicare, Workers Comp, and Pension. You may combine lines **only if the category has the same rate for all employees**.

Please Note: Personnel funded through City and County Governments are employees of the City or County and should receive the same benefits/pay as other similar employees in the City/County Government. If a premium rate or fringe benefit percentage is expected to change during the contract period, budget line items should be included to reflect both the initial rate/percentage and the change in rate/percentage.

**EXAMPLE 1** – John Doe’s total requested salary is \$14,514.49 (this reflects 50% of his time being devoted to SSVF activities); the following fringe benefits are also requested:

- FICA/Medicare – 7.65% of salary
- Pension/Retirement – 8% of salary
- Medical Insurance - \$200.00 per month, but agency anticipates increase effective 07/01/2021 to \$220 per month
- Life Insurance - \$8.00 per month
- Dental Insurance - \$12.00 per month, but agency anticipates an increase effective 07/01/2021 to \$14.40 per month
- Unemployment Comp – 11.2% of the first \$11,500 of salary
- Workers Comp - \$3.25 per \$100 of salary

Category (Select from drop down box)	Item	Salary / Premium	Percentage / # of Periods	% Funding Requested	Total Cost	Federal / State Share
FICA/Medicare	FICA/Medicare – John Doe	\$14,514.49	0.0765	100%	\$1,110.36	\$1,110.36
Pension/ Retirement	Pension/ Retirement – John Doe	\$14,514.49	0.08	100%	\$1,161.16	\$1,161.16
Medical Insurance	Medical Insurance 01/01/2021 – John Doe	\$200.00	6	50%	\$600.00	\$600.00
Medical Insurance	Medical Insurance 07/01/2021 – John Doe	\$220.00	6	50%	\$660.00	\$660.00
Life Insurance	Life Insurance – John Doe	\$8.00	12	50%	\$48.00	\$48.00
Dental Insurance	Dental Insurance 01/01/2021 – John Doe	\$12.00	6	50%	\$36.00	\$36.00
Dental Insurance	Dental Insurance – 07/01/2021 John Doe	\$14.40	6	50%	\$43.20	\$43.20
Unemployment Comp	Unemployment Comp – John Doe	\$11,500.00	0.112	50%	644.00	644.00
Workers Comp	Workers Comp – John Doe	\$14,514.49	.0325	100%	\$471.72	\$471.72
<b>Total</b>						<b>\$4,858.44</b>

NOTE: THE TEXT ENTERED UNDER THE **ITEM COLUMN** IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM, IF YOUR APPLICATION IS SUCCESSFUL.

### Personnel Benefits Justification:

- If personnel benefits are **not** included in the budget, leave this section blank.
- If personnel benefits are included in the budget, provide justification for each fringe benefit. If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.
- If personnel are less than 100% funded, fringe benefits must be based upon the percentage of time requested.
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

### Travel/Training:

- Include any travel or training related costs for which funding is requested. Travel or training related costs may include, but not be limited to: registration fees, airfare/baggage, airport parking, lodging, hotel parking, meals, rental car and fuel, mileage, shuttles, taxis, tolls, fleet vehicle mileage, etc.
- To include travel or training related costs in the budget, click Add. Repeat this step to include each requested expense. Each cost must be requested as a separate line item.
- Registration/tuition fees should be included under this budget category.

- Due to the uncertainty of shuttles, taxis, toll roads, and parking, a “Misc. Shuttles/Taxis/Tolls/Parking” line may be included to lump these variable expenses. However, the travel justification must thoroughly explain the “Miscellaneous” line.
- Lodging costs should be reasonably consistent with the State lodging rate. Meal costs (tip included) may not exceed the State per diem rates for the specified location.
- Travel must be by the most direct, practical route.
- The amount of mileage allowance shall not exceed the State Rate (currently \$0.37 per mile). Incidentals will not be allowed. Agency travel policy will apply if it is more restrictive than the State Rate. The agency will need to attach their mileage policy.
- The Total Cost will automatically calculate as Unit Cost x Duration x Number.

**EXAMPLE 1** – As an Advocate, Jane Smith is requesting to attend the 3-day ABC Conference training in August. She will need lodging for 4 nights at the State per diem rate of \$95.00/day, meals for 4 days at a State per diem rate of \$39.00/day, mileage allowance for driving her personal vehicle for 100 miles round-trip at \$0.37/mile, and registration costing \$130.

<b>Item</b>	<b>Category</b> (Select from drop down box)	<b>Unit Cost</b> (Amount or rate per mile, month, day, ticket, etc.)	<b>Duration</b> (Number of months, miles, days, etc.)	<b>Number</b> (Number of vehicles, people, rooms, etc.)	<b>Total Cost</b>	<b>Federal / State Share</b>
ABC Conference - Lodging	Lodging	\$95.00	4	1	\$380.00	\$380.00
ABC Conference - Meals	Meals	\$39.00	4	1	\$156.00	\$156.00
ABC Conference – Mileage	Mileage	\$0.37	100	1	\$37.00	\$37.00
ABC Conference – Registration	Registration Fee	\$130.00	1	1	\$130.00	\$130.00
<b>Total</b>						<b>\$703.00</b>

*NOTE: THE TEXT ENTERED UNDER THE **ITEM** COLUMN IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM, IF YOUR APPLICATION IS SUCCESSFUL.*

### **Travel/Training Justification:**

- If travel/training is **not** included in the budget, leave this section blank.
- If travel/training is included in the budget, provide justification for each expense and why such is necessary to the success of the proposed project.
- For training, identify the location and date(s) of the training. If either the location or date(s) is unknown, clearly identify such. Describe the anticipated benefit and/or a synopsis of the training and who will be attending such event.
- If a specific training is not yet known, travel/training costs may be requested as “miscellaneous training” expenses. If awarded, “Misc. Training” not specifically outlined in the approved budget must be submitted to the DPS for approval at least 30 days **prior** to the training date.
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

### **Equipment:**

- To include equipment in the budget, click Add. To include more than one item, repeat this step for each equipment item. Like items can be included as one budget line, for example: 2 laptop computers may be listed as a single line item.
- Equipment is defined as tangible property, having a useful life of more than one year and an acquisition cost of \$1,000 or more per unit. Equipment must be recorded and tracked in an Inventory Control 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.
- Vendor quotes, if available, may be uploaded under the “Other Attachments” component.
- The Total Cost will automatically calculate as Unit Cost x Quantity.
- Equipment costs should be reasonable and necessary to providing direct services to victims of crime.
- Any equipment requested should be prorated if used for purposes other than for providing direct services.

**EXAMPLE 1** – Agency requests two replacement laptop computers for advocate use. The computers were priced from Dell at \$1,000 each, plus \$20 shipping.

Item	Description	Unit Cost	Quantity	Source of Bid	% of Funding Requested	Total Cost	Federal/ State Share
Desktop Computers	Dell	\$1,020.00	2	Dell.com	100%	\$2,040.00	\$2,040.00
<b>Total</b>							\$2,040.00

*NOTE: THE TEXT ENTERED UNDER THE **ITEM COLUMN** IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM, IF YOUR APPLICATION IS SUCCESSFUL.*

#### **Equipment Justification:**

- If equipment is **not** included in the budget, leave this section blank.
- If equipment is included in the budget, provide justification for each item. Address why the item is needed, whether it is a replacement or an addition, who will use the item(s), and how it will be used.
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

#### **Supplies/Operations:**

- To include a supply or operational expense in the budget, click Add. To include more than one supply or operational expense, repeat this step for each budget item.
- The Total Cost will automatically calculate as Unit Cost x Quantity.
- Supplies/Operations must be prorated based on the proposed SSVF budget vs. total agency budget.
- Membership dues, etc. cannot be requested (ineligible costs).
- The titles of DVDS, brochures, and other "miscellaneous items" not specifically outlined in the approved budget, must be submitted to the Missouri Department of Public Safety, Office of the Director, for approval **prior** to purchasing these items.
- The following list constitutes “Office Supplies” for the purposes of this grant project. A generic “office supplies” line item can be included in the Supplies/Operations budget in reference to this approved list; **you do not need to list separately any of the items contained in the list.**

**Office Supplies** – pens, pencils, markers, highlighters, paper, letterhead, envelopes, paper clips, rubber bands, stapler, staples, rolodex, rolodex cards, scissors, note pad, telephone log, calendar, tape, tape dispenser, memo pad, post-it notes, white out, toner and print cartridges, correction tape, ruler, file folders, letter opener, hole punch, paper cutter, labels, dictionary, bulletin board, push pins, glue, flash drives and blank cd’s, pencil/supplies holder, adding machine tape, business cards, phone cord, printer/computer cable, key tags, padlocks for cabinets, filing cart, index cards, notebook dividers, binder clips, ink-stamp, batteries, file box, binders, calculators.

- If you request funding for an item(s) that is not contained within the above list, **you will need to show that item(s) as a separate line item in the Supplies/Operations budget.**
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

**EXAMPLE 1** – Jane Smith requests office supplies specifically for this project (pens, pencils, paper, toner cartridges, staples, paper clips, rubber bands, batteries, postage, etc.) averaging \$25/month for the 12 month contract period.

**EXAMPLE 2** – Jane Smith also requests office telephone service for the 24 month contract period, which is shared with the department but averages 50% usage towards the proposed project. The telephone service costs \$70/month.

**EXAMPLE 3** – Jane Smith also requests internet service. The internet provider has indicated a rate increase from \$45/month to \$50/month after 3 months of the contract period (effective in April).

**EXAMPLE 4** – Jane Smith also requests the Utilities (electric, water, sewer, and trash) be funded. These services average \$150/month. However, only 23% of the agency funding comes from SSVF.

**EXAMPLE 5** – Jane Smith requests Office Rent. The landlord has indicated a rate increase from \$400/month to \$450/month after 6 months of the contract period (effective in July). However, only 23% of the agency funding comes from SSVF.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost	Federal / State Share
Office Supplies	Monthly	\$25.00	12	100%	\$300.00	\$300.00
Office Telephone	Monthly	\$70.00	12	50%	\$420.00	\$420.00
Internet (Jan-Mar)	Monthly	\$45.00	3	100%	\$135.00	\$135.00
Internet (Apr-Dec)	Monthly	\$50.00	9	100%	\$450.00	\$450.00
Utilities (Electric, Water, Sewer, Trash)	Monthly	\$150.00	12	23%	\$414.00	\$414.00
Office Rent (Jan-June)	Monthly	\$400.00	6	23%	\$552.00	\$552.00
Office Rent (July-Dec)	Monthly	\$450.00	6	23%	\$621.00	\$621.00
<b>Total</b>						<b>\$2,892.00</b>

THE TEXT ENTERED UNDER THE **ITEM COLUMN** IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM, IF YOUR APPLICATION IS SUCCESSFUL.

### Supplies/Operations Justification:

- If supplies/operations are **not** included in the budget, leave this section blank.
- If supplies/operations are included in the budget, provide justification for each expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.
- If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

### Contractual:

- To include contractual services in the budget, click Add. To include more than one type of contractual service, repeat this step for each budget item.
- The Total Cost will automatically calculate as Unit Cost x Quantity.
- The maximum **amount** that may be reimbursed for contractual expenses is **\$81.25/hr.** or **\$650 per day.**

**EXAMPLE 1** – Agency proposes to contract with a Therapist to counsel victims a total of 156 hours during the contract period (3 hrs/week x 52 weeks); the Therapist will charge the agency \$35/hour for her services.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost	Federal / State Share
Therapist	Hourly	\$35.00	156	100%	\$5,460.00	\$5,460.00
<b>Total</b>						<b>\$5,460.00</b>

THE TEXT ENTERED UNDER THE **ITEM COLUMN** IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM, IF YOUR APPLICATION IS SUCCESSFUL.

### Contractual Justification:

- If contractual services are **not** included in the budget, leave this section blank.
- If contractual services are included in the budget, provide justification for each expense. Address why each item is necessary for the proposed project and who will benefit from the services.
- If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.
- If contractual budget items are necessary for the SSVF project, you must have a written contract for those services. A draft contract should be submitted with the application outlining what services will be performed, who will perform the requested contractual services, when they will be performed, and the rate at which they will be performed.
- A final signed contract for services must be submitted **prior** to reimbursement.



- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

Once you have completed your budget, click Save.

**It is highly recommended that you check your budget for accuracy at this point.**

Click Edit to change entries and/or justification.

Mark as Complete when edits are complete.

### **SSVF Data Form:**

- Complete the form by clicking Edit.
  - **Section 1:** Prorate the SSVF Funds Requested by putting a percentage by the types of victims to be served with this project (please give your best estimates). Total Percent must equal 100%; total \$ amount must equal Budget Total.
  - **Section 2:** Prorate the amount of funds dedicated to the Underserved and Other Category. The Total % of this section must equal 100%; the total \$ amount must equal the total Underserved and Other category from Section 1 above.
  - **Section 3:** Indicate the anticipated number of victims to be served by this SSVF funded project **(this number should match the Number of Victims to be Served portion of the narrative)**. Indicate the anticipated number of hotline calls, if applicable.
  - **Section 4:** Indicate the anticipated breakdown of Women, Children, and Men to be served and the anticipated number of bed nights to be provided by this SSVF funded project.
- Click Save.
- Double-check total percentages to ensure they equal 100%. If they do not, click Edit to correct entries. **PLEASE NOTE:** if any budget lines are changed **after** completing this form, you will need to come back and **Edit** the form in order for the totals to update here.
- Mark as Complete.

### **Audit Requirements:**

This form is necessary for the Missouri Department of Public Safety to gather general audit information relating to your agency. If awarded grant funds under this application, you will be required to submit a copy of your agency's last financial audit if you meet the requirements.

- Complete the form
- Click Save.
- Mark as Complete.

### **Required Attachments:**

***Scan all like documents into one file (i.e. job descriptions and payroll records should be one file).***

- To add Required Attachments, click on the appropriate Attachment name (blue hyperlink) and upload the document; type a brief description of the document, and click Save.
- Required Attachments include:
  - **Agency Organizational Chart (REQUIRED)** – A detailed copy of your agency's organizational chart with names and titles included; the chart must include the positions pertinent to this project.
  - **Policies & Procedures Relating to Internal Controls (REQUIRED)** - Agency's Policies and Procedures relating to Internal Controls (for example: financial guide/policies relating to procurement, travel and/or mileage, other fiscal policies, etc.).
  - **Job Descriptions & Payroll Records** (if applicable): Submit for personnel paid by this proposed project and for anyone benefiting from the grant (i.e. grant funded equipment, training, mileage, etc.) Job descriptions should include the job duties for the position and the minimum qualifications desired. Most recent payroll records/paystubs are required for requested positions.

- **Agency's Profit/Loss Statement** (if applicable): Statement should reflect most recently completed two (2) fiscal years, for your agency as a whole. Please provide your actual expenditure and income breakdown.
- **Agency's Current Budget (REQUIRED)**: Please provide a copy of the agency's most recently approved budget that pertains to crime victims.
- **Funding Source Identification (REQUIRED)**: Submit a list of all other funding sources related to crime victim services received by your agency (to include the source of funding, funding type, amount, funding period, and expenditures covered by the funding). Include funding received from Grants (State and/or Federal), Foundation Awards, Gifts/Donations, Fees, Dues, Interest, Fundraising/Events, etc.

#### **FUNDING SOURCE IDENTIFICATION EXAMPLE:**

Source of Funding	Funding Type	Amount Received	Funding Period	Expenditures covered by funding (please be specific):
ABC Corporation	Private Grant	\$38,650.00	07/01/2020-06/30/2021	50% of Advocate A's salary and fringe benefits
DEF Industries	Private Grant	\$15,000.00	01/01/2021-12/31/2021	25% of Therapist B's salary and fringe benefits; \$250 used for therapy supplies

*\*Note: do not list all funding received by your agency; list only sources of funding related to crime victim services.*

- **Board of Directors Listing** (if applicable): A list of your organization's Board of Directors. This list should include the positions/titles held by each Board Member and their contact information
- **Documentation of Not-for-Profit Status** (if applicable): Please attach a copy of the IRS Determination Letter. Please do **not** send your tax-exempt status letter from the State of Missouri.
- **Letters of Collaboration/MOU's (REQUIRED)**: Letters of Collaboration and/or MOU's should be from agencies you work with to provide effective services to victims of crime in your community or service area. Letters from victims/clients are not acceptable.
  - Letters of collaboration should describe the work done between the agencies to address crime victimization and the services provided by this project.
  - Form letters are not acceptable.
  - Your letters of collaboration should tie back to the Coordination of Services section of the narrative.
  - Letters of collaboration are different than letters of support in that the letters of collaboration come from agencies you actively work with or coordinate services with.
  - A minimum of 3 current letters of collaboration should be submitted
  - Memorandums of Understanding are also acceptable (MOUs should be no older than 3 years from date of signing)
- **Contractual Agreement** (if applicable): Submit either an executed contract or a draft contract outlining what services to be performed, at what rate, and who the contractor(s) is.
- Mark as Complete.

#### **Other Attachments:**

This attachment section is for any additional information you would like to provide about your agency. ***Scan all like documents into one attachment (i.e. all evaluation tools/surveys should be in one file).***

- Click Add to upload the document; type a brief description of the document, and click Save. Repeat the process for each additional attachment.
- Mark as Complete.

#### **Self-Evaluation Risk Assessment:**

This is a weighted form used to determine if the applicant agency will be subject to special conditions, if awarded a contract for funding.

- This form should be completed by the **Authorized Official or Executive Director** of the agency.

- Complete this form and click Save.
- Mark as Complete.

**Application Certified Assurances:**

- This form should be completed by selecting the checkbox.
- Click Save.
- Mark as Complete.

## SUBMITTING THE APPLICATION

Once all application forms are marked “Complete”, you are encouraged to review your entire application. To review your application online click “Application Details”.

Print a copy for your files. Click “Application Details” select Print, or Print to PDF, to print or save a copy of the completed application.

**NOTE:** Failure to submit a completed application will disqualify the proposal from further consideration. Applicants will **not** be contacted if they fail to submit all required information.

When the application is ready for submission, click the **Submit** button and wait for confirmation. **Once submitted, you cannot make changes to the application!**

## WEBGRANTS TECHNICAL ISSUES

If the applicant experiences **WebGrants technical issues**, which are beyond the applicant’s control, and the WebGrants technical issues prevent submission of the application by the deadline, the applicant must contact the Department of Public Safety staff **by e-mail within 24 hours after the deadline** to request approval to submit the application. In the email, the applicant must include:

- 1) A description of the technical difficulties;
- 2) A timeline of submission efforts;
- 3) A screen shot of the error message/code;
- 4) Any other relevant information that might be useful;
- 5) Contact information for the person attempting to submit the application.

DPS will consider the information provided in order to determine if the application will be accepted late. Please **send all emails to [cvsu@dps.mo.gov](mailto:cvsu@dps.mo.gov)**; in the subject line, notate “Application Technical Issues”.

# APPLICATION REVIEW PROCESS

## Competitive Bid Process

The CVS/JJ Unit of DPS utilizes a two-part process for reviewing applications. Applications undergo an administrative review for technical merit by DPS staff and are then subject to review by a panel that includes external reviewers. The external reviewers will be professionals without any personal financial interest in the program. The panel members may change for each grant process and from year to year. This enables the Department of Public Safety to assure that more than one set of viewpoints on the issues surrounding victim services is expressed and utilized in the evaluation process. DPS staff and the external review panel members will convene to determine funding recommendations to be submitted to the Director or his/her designee for final approval.

In evaluating each application, both objective analysis and subjective judgment will be used in conducting an assessment of the proposal in accordance with the funding opportunity guidelines in addition to the following criteria:

- Administrative Review for Technical Merit;
- Underserved Populations;
- Geographic Diversity;
- Demonstration of need;
- Past Performance;
- Adequate correlation between the cost of the project and the objective(s) to be achieved;
- Probability of project to meet identified goal(s);
- Demonstration that SSVF funds will not be used to supplant state and local funds (local units of government only) or that nonprofit agencies adequately demonstrated the justification for receiving SSVF to replace other funds previously used for the program;
- If reviewers believe that supplanting may occur, the applicant will be required to supply documentation demonstrating that the reduction in non-state resources occurred for reasons other than the receipt or expected receipt of State funds;
- For certain programs, a written certification may be requested by DPS from the applicant agency stating that State funds will not be used to supplant local funds. This restriction shall not apply to funds used by any not-for-profit agency;
- Degree of cooperation between local officials, community groups, and citizens to fulfill goals for the overall success of the project;
- Demonstration that the applicant agency has identified support and contributions for this project from sources other than the State Services to Victims Fund;
- Demonstration that the applicant agency has met and will continue to comply with all applicable state and federal laws and guidelines;
- Experience and expertise of the agency in the field of victim services;
- Overall quality and score of the application.

## Notice of Funding

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 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 for full funding, partial funding, or no funding. Applicants will be provided with feedback from the review panel.

It is anticipated that the funding requests will easily exceed the amount of money available. Funding notifications will not be released through any other means than WebGrants.

## ACCEPTANCE OF SUBAWARD

Following completion of the application review process, DPS subawards funding to approved applicants in the form of a document titled ***Subaward***. This document identifies the following: DPS as the administrative agency, the subrecipient name, the funding opportunity title, the contract period, the amount of federal or state funds awarded, the subaward number, and a project description. As appropriate, Special Conditions may be included. The subrecipient must adhere to any Special Conditions as well as the SSVF Certified Assurances. All correspondence concerning the award shall refer to the designated Subaward Number shown on the ***Subaward*** document.

To accept the subaward, the Subrecipient must print and return the following documents:

1. **Subaward Document** – this form must contain **original** signatures by the Authorized Official and Project Director, as listed within the grant application, affirming acceptance of the award.
2. **Certified Assurances and any Special Conditions** – these forms, if applicable, must contain **original** signatures by the Authorized Official and Project Director, as listed within the grant application, certifying compliance with all federal or state laws, circulars, statutes, and guidelines and affirming they have read and will comply with all terms and conditions of the grant program.

The Authorized Official must initial each page of the Certified Assurances and Special Conditions documents, as applicable. *If new or differing requirements are imposed on the grant program between the time the application is submitted and the time of subaward acceptance, revised documents will be provided and will require the signature and initials of the Authorized Official.*

These documents must be returned to DPS **within 45 days from the date of award**, unless an extension request is approved by DPS. Any such request must be submitted to DPS within the 45 days noted above. No funds will be disbursed to the subrecipient until the above documents have been received by DPS.

## CANCELLATION CONDITIONS

If a project is not underway within **60 DAYS** of the project period start date, the Subrecipient must notify DPS of the delay, and the steps being taken to commence the project, the reasons for delay, and the expected starting date.

If a project is not underway within **90 DAYS** of the project period start date, the Subrecipient must submit a second notification to DPS explaining the implementation delay. Upon receipt of the 90-day notification, DPS may decide to continue the contract or cancel the project.

Notification must be submitted through the “Correspondence” component of WebGrants.