Welcome To The SFY2023 MCLUP Application Workshop Webinar!

Thank you for joining us today. We will get started shortly.

Please review a few housekeeping rules:

1. Please mute your audio. This helps to minimize the sound and interruptions. You can do by selecting "mute" on the meeting screen.

2. You are welcome to use the chat box throughout the presentation. We will have a chat box monitor that will try to answer any questions during the presentation.

3. We will have a question and answer forum at the end of the presentation. If you have a question before the end, please utilize the chat box.

4. When we are talking or sharing our screen, please write in the chat box and let us know if you can't hear or see something.

SFY 2023 Missouri Crime Laboratory Upgrade Program (MCLUP) Application Workshop

Missouri Department of Public Safety (DPS)
Criminal Justice/Law Enforcement Unit (CJ/LE)

SFY 2023 MCLUP Purpose

▶ The purpose of the Missouri Laboratory Upgrade Program (MCLUP) is to provide financial assistance to defray expenses of Missouri Crime Laboratories. Such funds are distributed to the crime laboratories serving the courts of the State of Missouri making analysis of a controlled substance or analysis of blood, breath, or urine in relation to court proceedings.

SFY 2023 MCLUP Eligible Applicants

- Eligible Applicants:
  - Board of Police Commissioners – Kansas City, MO
  - Missouri State Highway Patrol, Crime Lab
  - St. Charles County Crime Lab
  - St. Louis County, Crime Lab
  - St. Louis, Police Division – Crime Lab, City of
- Must be accredited to the standards established in ISO/IEC 17025
- Making the analysis of a controlled substance or making the analysis of blood, breath, or urine
- Applicant agency must be its respective unit of state or local government
- Applicants must be compliant (and remain compliant) with the following statutes:
  - Section 590.650 RSMo: Vehicle Stops Report
  - Section 590.700 RSMo: Written Policy on Recording of Custodial Interrogations
  - Section 43.544 RSMo: Written Policy on Forwarding Intoxication-Related Traffic Offenses
  - Section 43.505 RSMo – Uniform Crime reporting (UCR)

  Reference the Notice of Funding Opportunity for additional details:
  - FY 2023 MCLUP Notice of Funding Opportunity

SFY 2023 MCLUP Application Forms

▶ The FY 2023 MCLUP Application will include 5 forms:

- ▶ General Information Form
- ▶ Contact Information Form
- ▶ Budget Form
- ▶ Named Attachments
  - ▶ Lab Accreditation
- ▶ Certified Assurances

Application Forms		Application Details | Submit | Withdraw
Form Name	Complete?	Last Edited
General Information	✓	05/10/2021
Contact Information		
Budget		
Named Attachments, MCLUP		
Certified Assurances		

General Information Form

▶ Complete the entire form as indicated:

  ▶ **Primary Contact:** Select the desired contact from the drop-down field

  ▶ **Project Title:** Enter SFY23 MCLUP – Crime Lab Name(i.e. SFY23 MCLUP– Coolio Crime Lab)

  ▶ **Organization:** Select the applicable applicant agency from the drop-down field

General Information

Primary Contact:*	TEST TEST
Project Title: (limited to 250 characters)*	SFY23 MCLUP - Coolio Crime Lab
Organization:*	BaseLine Organization

Contact Information Form

- This form will collect information for the applicant agency contacts:

  - **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, Board Chair, etc.)

  - **Project Director:** (Sheriff, or Chief of Police/Colonel)

  - **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty)

  - **Point of Contact:** (primary contact for day-to-day questions)

Contact Information Form Continued

Contact Information

Authorized Official

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

Name: *
Title   First Name   Last Name

Job Title: *

Agency: *

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

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

Street Address 2:

City/State/Zip: *
City   Missouri   State   Zip

Email: *

Phone: *
Ext.

Fax: *

Contact Information Form Continued

▶ After entering all contact information select "Save" and then "Mark as Complete".

Budget Form

▶ Select "Add" for each budget line.

Instructions

Budget:

To *add a new item* to a budget category, click "Add".

To *revise an item* that has been added to a budget category, click on the respective blue hyperlink in the Item column of the budget to open the specific budget line or click "Edit" on the toolbar to open all budget lines and justification text boxes at once.

To *delete an item* that has been added to a budget category, click on the respective blue hyperlink in the Item column of the budget and click "Delete".

Budget Justification:

To *provide or edit the required justification* for a budget category, click "Edit". If you have added a line item under any budget category, justification for that budget category must be provided before the justification portion of the form can be saved. Required sections will be marked with a red asterisk (*).

Budget   Mark as Complete | Go to Application Forms | Add

To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.

Budget Line Category:	Line Name:	Description:	Amount of Grant Funds Requested:
			$0.00

Budget Justification

Budget Justification*

(For each budget line requested please provide a separate justification.)

The Justification for each line should include the following:

1. Justify why each requested budget line is necessary for the success of the proposed project.

2. Cost Basis for the budget line request.

Specific information for budget lines in these categories should also include:

Personnel and Overtime Personnel - *Description of job responsibilities the individual will be expected to perform for this project/program.*

Benefit and Overtime Benefits - *List which benefits are included and the rate of each benefit.*

Travel/Training – *List each training separately in the budget and in the justification provide the cost breakdown for the training (Registration, hotel, per diem, etc.)*

Equipment – *In justification please include if the item is new or a replacement, and who will be using the equipment.*

Contractual – *Provide the dates of service for any contracts or contracted services.*

Total Budget

Total Budget: $0.00

Budget Form Continued

▶ For each budget line select one (1) of the eight (8) budget categories from the dropdown menu.

Budget

*To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.*

Budget Line Category: *

1. Personnel
2. Personnel Benefits
3. Overtime Personnel
4. Overtime Benefits
5. Travel/Training
6. Equipment
7. Supplies/Operations
8. Contractual

Line Name: *

Description: *

Amount of Grant Funds Requested: *

Budget Form Continued

▶ **Line name:** should be a brief description of what the budget line is requesting (i.e. Crime Lab Analyst, Personnel).

▶ **Description:** Description of the budget line (i.e. (3) Crime Lab Analysts).

▶ **Amount of Grant Funds Requested:** This should be the total amount of the funds requested for the listed budget line.

Budget Form Continued

▶ Completed Budget Example

Budget Line Category:	Line Name:	Description:	Amount of Grant Funds Requested:
1. Personnel	Personnel	1 Anaylst, 3 TFO	$140,000.36
			$140,000.36
2. Personnel Benefits	Other	FICA/Medicare/Medical Insurance/WC	$20,500.00
			$20,500.00
3. Overtime Personnel	Overtime	1 Task Force Officer	$5,000.00
			$5,000.00
4. Overtime Benefits	Overtime Benefits	FICA/Medicare	$382.50
			$382.50
5. Travel/Training	Fuel	Fuel	$12,000.00
5. Travel/Training	MNOA	MNOA Registration/Meals/Lodging	$5,000.00
			$17,000.00
6. Equipment	Mobile Radio(2)	Motorola APX 8500	$11,000.00
6. Equipment	Portable Radio(2)	Motorola APX 8500	$10,000.00
			$21,000.00
7. Supplies/Operations	Office Supplies	Office Supplies	$500.00
7. Supplies/Operations	Field Kits	Field Kits	$500.00
			$1,000.00
8. Contractual	Vehicle Leases	6 Vehicles	$64,800.00
			$64,800.00
			$269,682.86

▶ To Edit a budget line, select the hyperlink of the line you wish to edit, or select "Edit" for a mass edit of all lines as well as the budget justification.

Budget Form Continued

- Budget Justification
  - To add the Justification(s), select "Edit" in the top right corner.
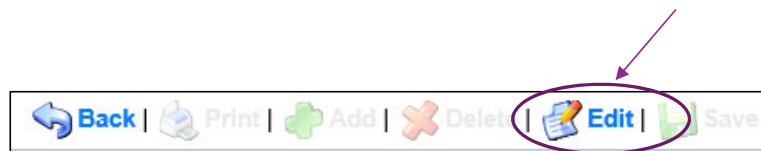
Budget Form Continued

- Justification
  - **The Justification for each line should include the following:**
    - Justify why each requested budget line is necessary for the success of the proposed project
    - Cost Basis for the budget line request
  - **Specific information for budget lines in these categories should also include:**
    - **Personnel and Overtime Personnel** - Description of job responsibilities the individual(s) will be expected to perform for this project/program
    - **Benefit and Overtime Benefits** - List which benefits are included and the rate of each benefit
    - **Travel/Training** – List each training separately in the budget and in the justification provide the cost basis breakdown for the training (Registration, hotel, per diem, etc.)
    - **Equipment** – In justification please include if the item is new or a replacement, and who will be using the equipment
    - **Contractual** – Provide the dates of service for any contracts or contracted services

Budget Form Continued

▶ Justification Example

Budget Justification

Budget Justification*
(For each budget line requested please provide a separate justification.)

The Justification for each line should include the following:

1. Justify why each requested budget line is necessary for the success of the proposed project.

2. Cost Basis for the budget line request.

Specific information for budget lines in these categories should also include:

Personnel and Overtime Personnel - Description of job responsibilities the individual will be expected to perform for this project/program.

Benefit and Overtime Benefits - List which benefits are included and the rate of each benefit.

Travel/Training – List each training separately in the budget and in the justification provide the cost breakdown for the training (Registration, hotel, per diem, etc.)

Equipment – In justification please include if the item is new or a replacement, and who will be using the equipment.

Contractual – Provide the dates of service for any contracts or contracted services.

Personnel and Personnel Overtime:

Justify why each requested budget line is necessary for the sucess of the proposed project. Cost basis for each budget line requested.

Description of job responsibilities the individual will be expected to perform for this project/program.

Benefit and Overtime Benefits:

Justify why each requested budget line is necessary for the sucess of the proposed project. Cost basis for each budget line requested.

List which benefits are included and the rate of each benefit.

Travel/Training:

Justify why each requested budget line is necessary for the sucess of the proposed project. Cost basis for each budget line requested.

 List each training separately in the budget and in the justification provide the cost breakdown for the training (Registration, hotel, per diem, etc.)

Equipment:

Justify why each requested budget line is necessary for the sucess of the proposed project. Cost basis for each budget line requested.

In justification please include if the item is new or a replacement, and who will be using the equipment.

Suplies/Operations:

Justify why each requested budget line is necessary for the sucess of the proposed project. Cost basis for each budget line requested.

Contractual:

Justify why each requested budget line is necessary for the sucess of the proposed project. Cost basis for each budget line requested.

Provide the dates of service for any contracts or contracted services

Budget Form Continued

▶ When all budget lines and the Justification have been added select "Mark as Complete".

Budget	**Mark as Complete**	**Go to Application Forms	Add**
To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.		

Named Attachments

- Required to attach:
  - Laboratory Accreditation
- Other attachments:
  - Items you may want to include but are not required

Attach File

To *attach any other documents*, click "Add".

To *delete an uploaded file*, click the recycle bin in the Delete column.

If you have no additional attachments to include in your application, just select "Mark as Complete".

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.

If this document is saved on a computer or disk, search for the file location and upload it. The Description field should merely name the attachment, not provide extensive details about the attachment.

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use a PDF merger to combine multiple 1-page scans into 1 saved document.

NOTE: Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

Upload File:		Browse...
Description:*		

Instructions

In order to be eligible for this funding the crime laboratory must be accredited to the standards established in ISO/IEC 17025 "General requirements for the competence of testing and calibration laboratories."

Please attach the crime laboratory accreditation certificate under the Laboratory Accreditation below.

Other supporting documents: Any supporting documentation not listed above may be submitted in the attachments titled Other Supporting Documentation.

To *attach any other documents*, click "Add".

To *delete an uploaded file*, click the recycle bin in the Delete column.

If you have no additional attachments to include in your application, select "Mark as Complete".

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.

If this document is saved on a computer or disk, search for the file location and upload it. The Description field should merely name the attachment, not provide extensive details about the attachment.

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use the free, online tool called **PDF Merge** if it is necessary to combine multiple 1-page scans into 1 saved document.

NOTE: Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

Named Attachments, MCLUP   **Mark as Complete** | **Go to Application Forms**

Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Laboratory Accreditation						
Other						
Other						
Other						
Other						
Other						

Last Edited By:

Named Attachments

▶ When all attachments have been uploaded select "Mark as Complete".

Named Attachments, MCLUP   Mark as Complete | Go to Application Forms
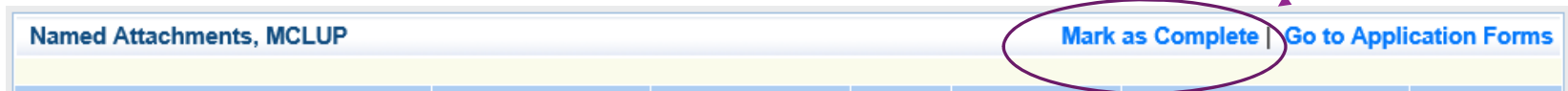
Certified Assurances

▶ The Certified Assurances can be accessed by selecting either of the blue links in the WebGrants Certified Assurances Form.

Certified Assurances   **Mark as Complete | Go to Application Forms**

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:

**2023 MCLUP Certified Assurances**

Certified Assurances Continued

▶ The document must be completed and the <u>correct Authorized Official must be listed on the form.</u>

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:

2023 MCLUP 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.

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:*

Certified Assurances Continued

▶ When the form is complete, select "Save" and "Mark as Complete".
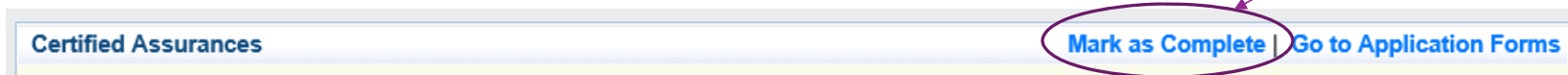
Application Submission

▶ When all forms have been completed and marked as complete, select "Submit" to submit the application.

Instructions

The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application component or prevent further editing. The check mark beside the form is only an indicator that the form has been completed. All application components must be marked as complete in order to submit. To submit the application click the Submit button.

Application Forms   Application Details | Submit | Withdraw

Form Name	Complete?	Last Edited
General Information	✓	05/10/2021
Contact Information	✓	05/10/2021
Budget	✓	05/10/2021
Named Attachments, MCLUP	✓	05/10/2021
Certified Assurances	✓	05/10/2021

Important Dates

- Application Period:
  - Monday, April 11, 2022 – Friday, May 6, 2022 by 5:00 p.m. CST
- Funding notifications will be sent: June 2022
- Compliance Workshop: Friday, July 8, 2022 @ 1:00 p.m. CST
- Program Start Date: Wednesday, June 1, 2022
- Program End Date: Wednesday, May 31, 2023

Contacts

For any questions please contact our office:

- Krystal Barnes, Grant Specialist
  - (573) 751-1318
  - Krystal.Barnes@dps.mo.gov

- Michelle Branson, Grants Program Supervisor
  - (573) 526-9014
  - Michelle.Branson@dps.mo.gov

- Joni McCarter, Program Manager
  - (573) 526-9020
  - Joni.McCarter@dps.mo.gov

Questions?