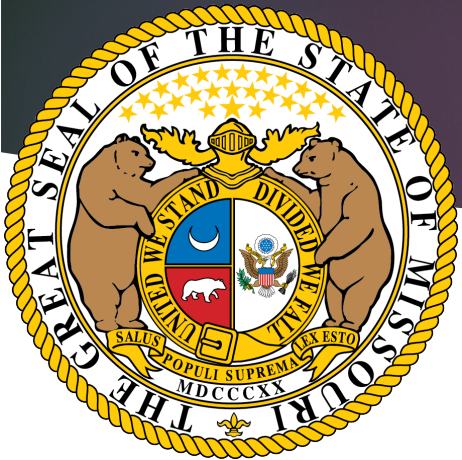


SFY 2024 Deputy Sheriff Salary Supplementation Fund (DSSSF)



Application Workshop

DSSSF Purpose

- ▶ Program purpose is to supplement salaries for Sheriff Deputies around the State.
- ▶ Funding formula, approved by the MoSMART Board, is as follows -
- ▶ Deputies with an annual salary:
 - ▶ Below \$24,000 will receive an annual supplement amount of \$8,500
 - ▶ \$24,000 - \$31,300 will receive a supplement to increase their annual salary to \$32,500
 - ▶ \$31,301 to \$49,999 will receive an annual supplement of \$1,200
 - ▶ \$50,000 and over are not eligible for supplement

WebGrants

- ▶ Applications must be submitted via [WebGrants](#)
- ▶ New users should select “Register Here” and follow the on screen prompts

<p style="text-align: center;"><i>Log In</i></p> <p>User ID:* <input type="text"/></p> <p><input type="button" value="Log In"/></p> <p>Forgot User Id?</p>	<p style="text-align: center;"><small>Missouri Department of</small> Public Safety</p> <p style="text-align: center;">New to WebGrants - Missouri Department of Public Safety?</p> <p style="text-align: center;">Register Here</p>
--	--

WebGrants

- ▶ Returning users or Organizations will enter their user ID under “Log In”
- ▶ A one-time passcode will be sent to the email address that is registered with the user ID when after “Log In” is selected

<p style="text-align: center;"><i>Log In</i></p> <p>User ID:* <input type="text"/></p> <p><input type="button" value="Log In"/></p> <p>Forgot User Id?</p>	<p style="text-align: center;"><small>Missouri Department of</small> Public Safety</p> <p style="text-align: center;">New to WebGrants - Missouri Department of Public Safety?</p> <p style="text-align: center;">Register Here</p>
--	---

Two-Step Verification

- ▶ Enter your password
- ▶ Enter your one-time passcode found in the email
- ▶ Select “Authenticate”

An email has been sent to the email address listed in your user profile with a one-time passcode. Please enter the passcode below.

Password:*

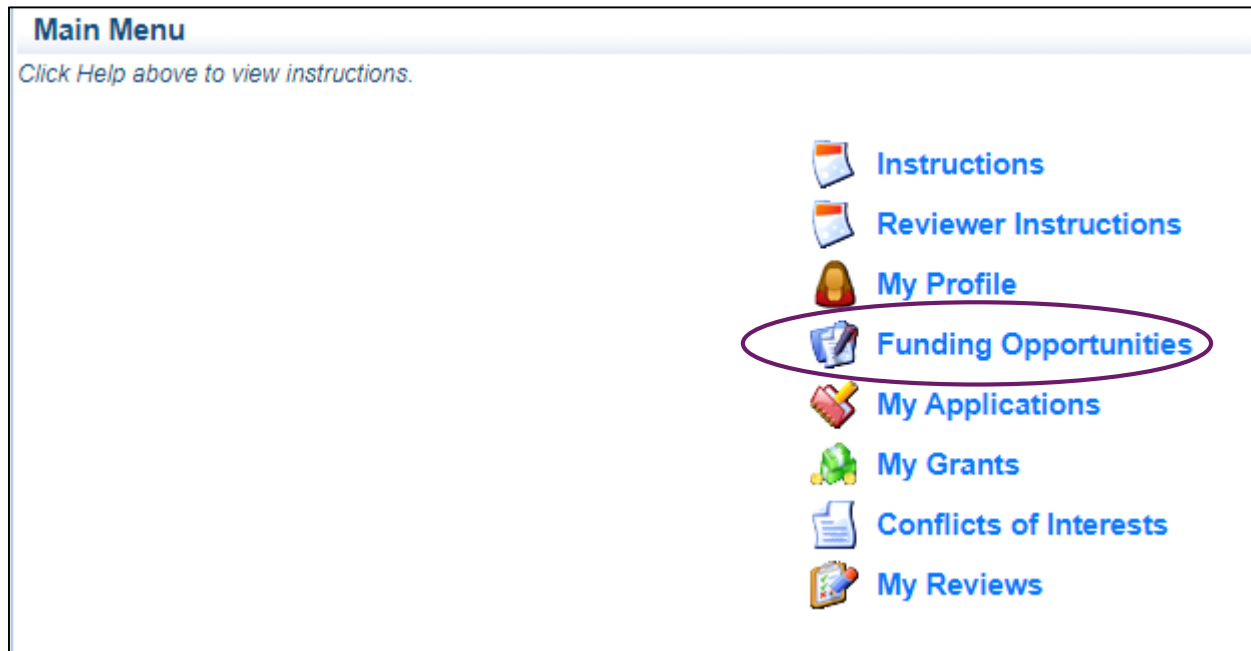
One-Time Passcode:*

[Reset Password](#)

[Resend One Time Passcode](#)

DSSSF Application

- ▶ Select “Funding Opportunities” from the “Main Menu”



Funding Opportunities

- ▶ Select the “#153744 2024 DSSSF” Funding Opportunity

153744	Editing	2024 Deputy Sheriff Salary Supplementation Grant (DSSSF)	Deputy Sheriff Salary Supplementation Fund (DSSSF)	05/10/2023	0
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- ▶ Review the Funding Opportunity details:
 - ▶ Description
 - ▶ Attachments
 - ▶ 2024 DSSSF Certified Assurances
 - ▶ 2024 DSSSF Notice of Funding Opportunity
 - ▶ Website Links
 - ▶ DPS DSSSF Website

Start New Application

- ▶ Select "Start a New Application"

The screenshot shows a web application interface for managing funding opportunities. At the top, there is a navigation bar with links for Menu, Help, and Log Out. To the right of the navigation bar are action icons for Back, Print, Add, Delete, Edit, and Save. Below the navigation bar is a section titled "Funding Opportunities" with a sub-section "Current Applications". A yellow banner provides instructions: "Any previously created applications, for this opportunity, appear below. To start a new application for this opportunity, Click the Start a New Application link or to copy data from an old application, click on the Copy Existing Application link." Below this banner is a table with three columns: ID, Application Title, and Status. The table contains one row with the ID 153650, the title "2024 DSSSF Test County Sheriff's Office", and the status "Submitted". At the bottom of the page, there is a section titled "Opportunity Details" with two links: "Copy Existing Application" and "Start a New Application". The "Start a New Application" link is circled in purple.

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Funding Opportunities

Current Applications

Any previously created applications, for this opportunity, appear below. To start a new application for this opportunity, Click the Start a New Application link or to copy data from an old application, click on the Copy Existing Application link.

ID	Application Title	Status
153650	2024 DSSSF Test County Sheriff's Office	Submitted

Opportunity Details

Copy Existing Application | **Start a New Application**

Application Instructions

- ▶ Complete the form as indicated:

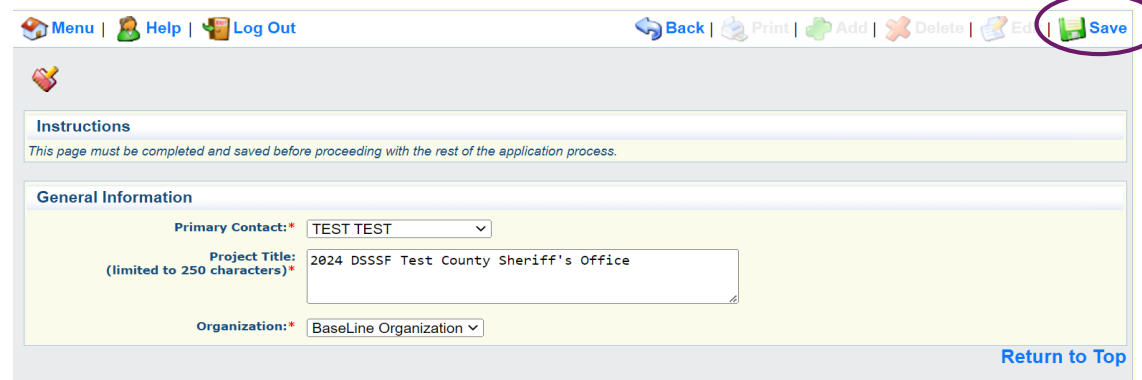
Primary Contact: Select from drop-down field

- ▶ **Project Title:** Enter "2024 DSSSF [County Name] County Sheriff's Office"

- ▶ (i.e. 2024 DSSSF Test County Sheriff's Office)

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

- ▶ Select "Save"



The screenshot shows a web application interface. At the top, there is a navigation bar with links for Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. The Save button is circled in red. Below the navigation bar, there is a section titled "Instructions" with a yellow background and the text: "This page must be completed and saved before proceeding with the rest of the application process." Below the instructions, there is a section titled "General Information" with a yellow background. It contains three fields: "Primary Contact:" with a dropdown menu showing "TEST TEST"; "Project Title:" with a text input field containing "2024 DSSSF Test County Sheriff's Office" and a note "(limited to 250 characters)"; and "Organization:" with a dropdown menu showing "BaseLine Organization". A "Return to Top" link is located at the bottom right of the form.

Application Instructions

- ▶ Select "Go to Application Forms"

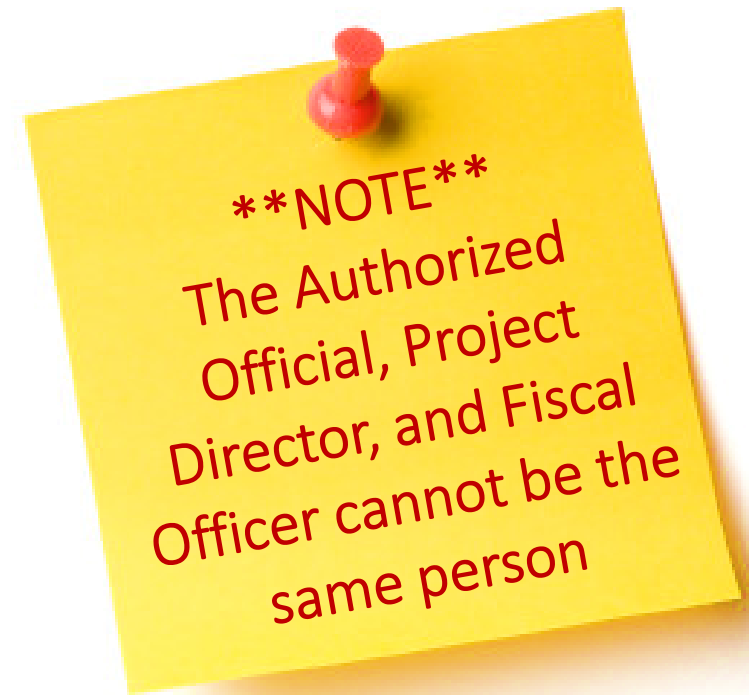
General Information	Go to Application Forms
System ID: 153650	
Project Title: 2024 DSSSF Test County Sheriff's Office	
Primary Contact: TEST TEST	
Organization: BaseLine Organization	

- ▶ The SFY 2024 DSSSF Application includes 5 mandatory forms

Application Forms	Application Details Submit Withdraw		
Form Name	Complete?	Last Edited	
General Information	✓	04/05/2023	
Contact Information			
List of Deputies (Budget) 2023			
Certified Assurances			
Other Attachments			

Contact Information Form


- ▶ Should reflect county contact information
- ▶ Authorized Official - Presiding Commissioner, County Executive
 - ▶ Exception - St. Louis City, should be Mayor
- ▶ Project Director - Sheriff
 - ▶ exception - County Police Department, should be Chief of Police/Colonel
- ▶ Fiscal Officer - County Treasurer, Director of Finance, or person of similar duty
- ▶ Point of Contact - primary contact for day-to-day questions



Example: Authorized Official

Contact Information

Authorized Official

 The Authorized Official is the individual who has the ability to legally bind the applicant agency in a contract. The Authorized Official, therefore, shall be the County Commissioner or County Executive, except in the case of St. Louis City, which should be the Mayor.

Name:* Ms Jane Doe
Title First Name Last Name

Job Title:*

Agency:*

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

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

Street Address 2:*

City/State/Zip:*
City State Zip

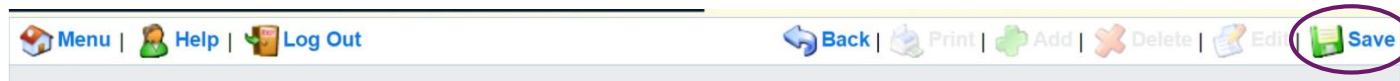
Email:*

Phone:*
Ext.

Fax:*

Contact Information Form

- ▶ Select “Save” after contact information has been entered for each of the four contacts



- ▶ Once save, select “Mark as Complete”



List of Deputies Form

- ▶ Select “List of Deputies 2024”

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	04/05/2023	
Contact Information	✓	04/05/2023	
List of Deputies			
Certified Assurances			
Other Attachments			

- ▶ The “Personnel” section will serve as list of deputies to be funded
- ▶ Each deputy will be added individually by selecting “Add”

Personnel					Mark as Complete Go to Application Forms Add
Name of full time deputy:	Pay Period Cycle	Is the individual a licensed Peace Officer?	Is the individual commissioned as a Deputy Sheriff?	Current Annual Base Salary:	

List of Deputies Form

- ▶ Enter deputy specific information as requested
- ▶ If to be hired positions (TBH) are not listed on the budget, they will not be funded
- ▶ TBH positions may be included **only** if listed on the agency's budget
- ▶ When done, select "Save"

Personnel

*Definition: Full-time is defined as averaging at least 30 hours of service per week (if paid weekly or bi-weekly), or 130 hours of service in a calendar month (if paid semi-monthly or monthly).
If the position is vacant use TBH (To be hired) in the Name field.*

Name of full time deputy:*

Pay Period Cycle*

For TBH positions, respond based on whether [] be a licensed Peace Officer.

Is the individual a licensed Peace Officer?*

For TBH positions, respond based on whether [] be commissioned as a deputy sheriff.

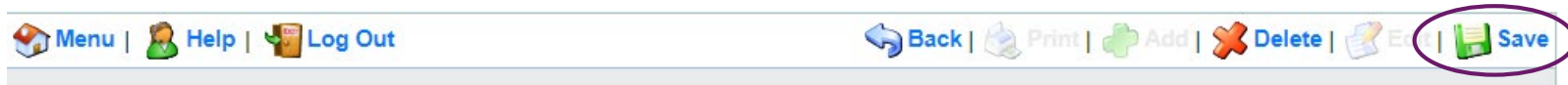
Is the individual commissioned as a Deputy Sheriff?*

Provide the total annual salary for this employee, not to include supplements such as cell phone allowance.

Current Annual Base Salary:*

List of Deputies Form

- ▶ Continue to “Add” and “Save” for each desired deputy



- ▶ Select “Edit” to enter “Benefits”



List of Deputies Form

- ▶ Enter only costs incurred by the county, not employee
- ▶ Entered as a percentage of the salary

Benefits
Enter the percentage amount for each benefit. Example FICA/Medicare enter as 7.65

DO NOT INCLUDE BENEFITS THAT ARE PAID FOR BY THE EMPLOYEE, ONLY THOSE PAID BY THE COUNTY

FICA, Medicare:*	<input type="text" value="7.5"/>
LAGERS:*	<input type="text" value="10.5"/>
CERF:*	<input type="text" value="4.0"/>
Workers Comp:*	<input type="text" value="3.75"/>

- ▶ When finished, select “Save”

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | **Save**

List of Deputies Form

- ▶ When “Benefits” section and “Personnel” section have been entered Select “Mark as Complete”

Personnel				
Name of full time deputy:	Pay Period Cycle	Is the individual a licensed Peace Officer?	Is the individual commissioned as a Deputy Sheriff?	Current Annual Base Salary:
			Mark as Complete	Go to Application Forms Add

Certified Assurances Form

- ▶ Select “Certified Assurances”

Application Forms		Application Details Submit Withdraw	
	Form Name	Complete?	Last Edited
General Information		✓	04/05/2023
Contact Information		✓	04/05/2023
List of Deputies		✓	04/05/2023
Certified Assurances			
Other Attachments			

Certified Assurances Form

- ▶ Used to ensure the appropriate Authorized Official agrees to participate in the program

Certified Assurances

Does your County Budget include an overtime line for your Sheriff Deputies?* Yes No

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 DSSSF 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

Your typed name as the Applicant Authorized Official (e.g. County Commissioner, County Executive, or Mayor in the case of St. Louis City Sheriff's Office), 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 Form

- ▶ When finished, select “Save”



Menu | Help | Log Out | Back | Print | Add | Delete | Ed | **Save**

Application

Application: 153650 - 2024 DSSSF Test County Sheriff's Office

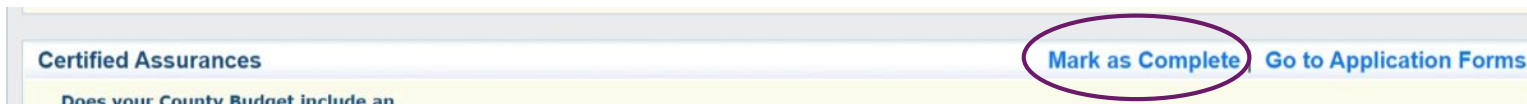
Program Area: Deputy Sheriff Salary Supplementation Fund (DSSSF)

Funding Opportunities: 153502 - Test - SFY2024 Deputy Sheriff Salary Supplementation Grant (DSSSF)

Application Deadline: Final Application Deadline not Applicable

Organization: BaseLine Organization

- ▶ Review, then select “Mark as Complete”



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

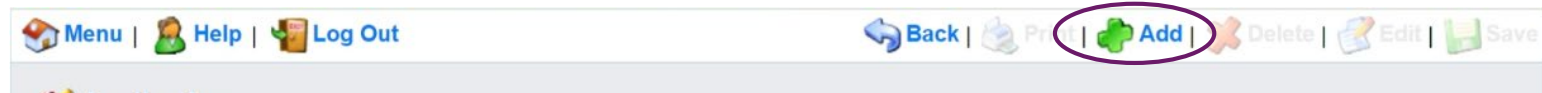
Does your County Budget include an

Other Attachments Form

- ▶ Select “Other Attachments”
- ▶ Attachments are optional (i.e. benefit rate sheet(s))

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	04/05/2023	
Contact Information	✓	04/05/2023	
List of Deputies	✓	04/05/2023	
Certified Assurances	✓	04/05/2023	
Other Attachments		04/05/2023	

- ▶ If attachment desired, select “Add”



Other Attachments Form

- ▶ Browse your computer to select a document
- ▶ Provide a description and select “Save”

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Application

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: Lagers Rates 2023.pdf

Description: * Benefits Sheet Rate, January 1, 2023 to December 1, 2023

Other Attachments Form

- ▶ Even if no attachment was added, the form must be marked as complete

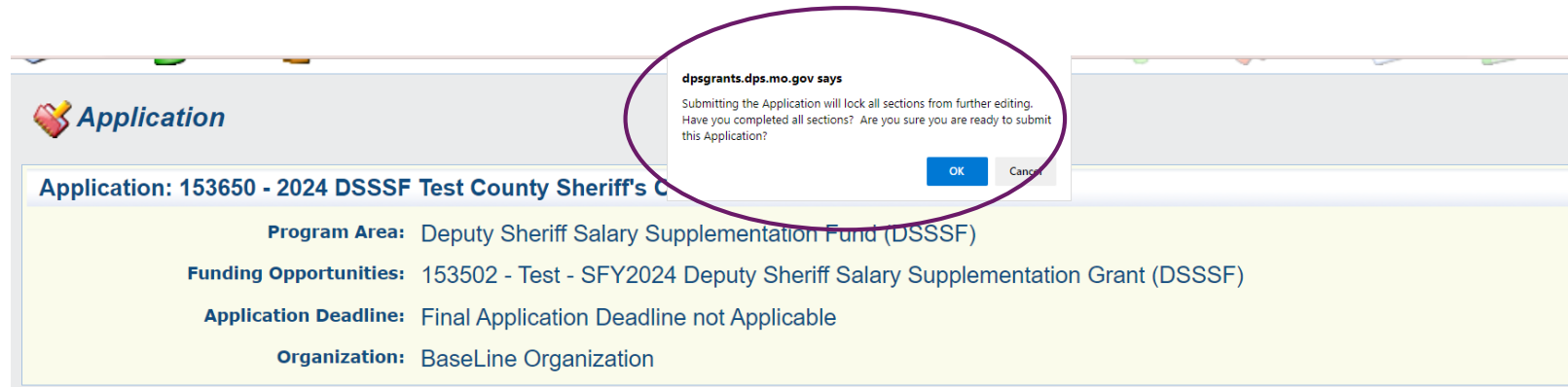
Other Attachments					Mark as Complete	Go to Application Forms
Description	File Name	File Size	Date Uploaded	Delete?		
Benefits Sheet Rate, January 1, 2023 to December 1, 2023	Lagers Rates 2023.pdf	5 KB	04/05/2023			

- ▶ Once all forms have been marked as complete, select “Submit”

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?		Last Edited
General Information	✓		04/05/2023
Contact Information	✓		04/05/2023
List of Deputies	✓		04/05/2023
Certified Assurances	✓		04/05/2023
Other Attachments	✓		04/05/2023

Application Submission

- ▶ A pop up will occur confirming your submission
- ▶ Once submitted the application cannot be edited
- ▶ If no pop up occurs, ensure sure pop ups are enabled for WebGrants



Application Submission

- ▶ You will then receive a confirmation screen
- ▶ **Applications must be submitted by May 10, 2023, 5:00 pm CST**

Application Submitted Confirmation

You have successfully submitted your 2024 DSSSF Test County Sheriff's Office Application with Application ID: 153650.

Important Dates

- ▶ Application Period - April 10, 2023 – May 10, 2023 5:00 p.m. CST
- ▶ Compliance Workshop - July 15, 2023
- ▶ Program Start Date - July 1, 2023
- ▶ Program End Date - June 30, 2024
- ▶ Status Report Due - July 10, 2024

SFY 2024 DSSSF Contact Information

For any questions please contact our office:

▶ **DPS Lead Grants Specialist –**

Amelia Jaegers

Amelia.Jaegers@dps.mo.gov

(573) 522-4094

▶ **DPS Grants Specialist –**

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Elizabeth.Leuckel@dps.mo.gov

(573) 751-1318

▶ **DPS Grants Specialist –**

Becky Block

Rebecca.Block@dpslmo.gov

(573) 522-3455

▶ **DPS Grants Specialist –**

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Brandy.Boessen@dps.mo.gov

(573) 751-1318

▶ **DPS Grants Program Supervisor –**

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(573) 526-9014

▶ **DPS Grants Program Manager –**

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Joni.McCarter@dps.mo.gov

(573) 526-9020