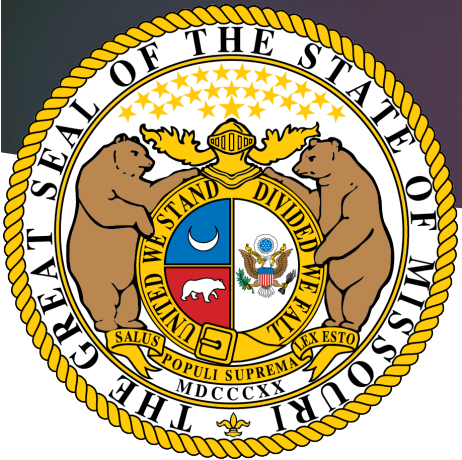


SFY 2026 Deputy Sheriff Salary Supplementation Fund (DSSSF)



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 \$28,600 will receive an annual supplement amount of \$6,400
 - ▶ \$28,601 - \$33,000 will receive a supplement to increase their annual salary to \$35,000
 - ▶ \$35,001 to \$64,999 will receive an annual supplement of \$2,000
 - ▶ \$65,000 and over are not eligible for supplement

LEA Compliance

- ▶ To be eligible for DSSSF funding, each law enforcement agency will need to be compliant at the time of application and remain compliant for the duration of the grant period of performance with the following:
- ▶ [Section 590.650 RSMo](#) - Vehicle Stops Report:
 - ▶ Pursuant to 590.650.3 RSMo, (1) every law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and (2) each law enforcement agency shall submit the report to the attorney general no later than March 1 of the following calendar year
 - ▶ NOTE: It is the responsibility of the applicant to verify the submission of this report with the Attorney General's Office prior to submitting an application. Failure to submit the Racial Profiling Report will result in the automatic denial of the application. A copy of such report need not be submitted with the application

LEA Compliance, cont.

- ▶ [Section 590.700 RSMo](#) – Written Policy on Recording of Custodial Interrogations:
 - ▶ Pursuant to 590.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of this section
 - ▶ NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application
- ▶ [Section 43.544 RSMo](#) – Written Policy on Forwarding Intoxication-Related Traffic Offenses:
 - ▶ Pursuant to 43.411.1 RSMo, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses to the central repository as required in [Section 43.503 RSMo](#) and shall certify adoption of such policy when applying for any grants administered by the Department of Public Safety

LEA Compliance, cont.

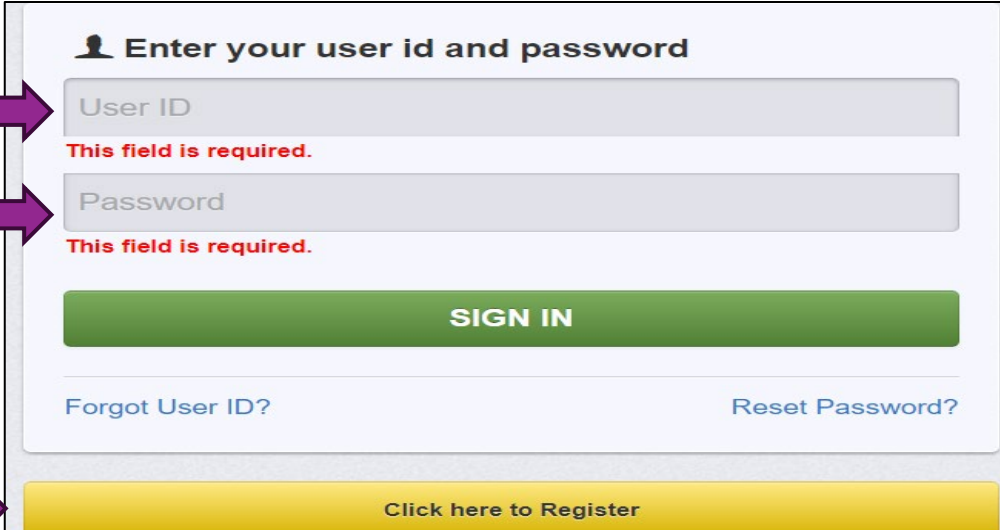
- ▶ [Section 590.1265 RSMo](#) – Police Use of Force Transparency Act of 2021:
 - ▶ Use of Force incidents reporting standards and procedures, publication of report data, analysis report. Each law enforcement agency shall certify compliance with this statute when accepting any grants administered by the Department of Public Safety
- ▶ [Section 590.30 RSMo](#) – Rap Back Program:
 - ▶ Pursuant to Section 590.030 RSMo, all law enforcement agencies shall enroll in the state and federal Rap Back programs on or before January 1, 2022, and continue to remain enrolled. The law enforcement agency shall take all necessary steps to maintain officer enrollment for all officers commissioned with that agency in the Rap Back programs. An officer shall submit to being fingerprinted at any law enforcement agency upon commissioning and for as long as the officer is commissioned with that agency.

LEA Compliance, cont.

- ▶ [Section 43.505 RSMo](#) – National Incident-Based Reporting System (NIBRS) *formerly Uniform Crime reporting (UCR)*:
 - ▶ Pursuant to [Section 43.505 RSMo](#), Uniform Crime Reporting system – duties of department – violations, penalty. Each law enforcement agency is required to submit crime incident reports to the department of public safety on forms or in the format prescribed by the department and submit any other crime incident information which may be required by the department of public safety. For purposes of grant eligibility, law enforcement agencies will be considered non-compliant if they have not submitted MIBRS reports for three or more months. Each law enforcement agency shall certify compliance with [Section 43.505 RSMo](#) when accepting any grants administered by the Department of Public Safety.
 - ▶ NOTE: Show Me Crime Reporting provides a no cost option for agencies to comply with Section 43.505 RSMo. Agencies that are not currently compliant with Section 43.505 RSMo will not be eligible to apply until they have registered with Show Me Crime Reporting and have begun submitting MIBRS reports. <https://showmecrime.mo.gov/CrimeReporting/MIBRSRegistration.html>

Login

- ▶ To begin an application login to the WebGrants System. Link to WebGrants: <https://dpsgrants.dps.mo.gov/index.do>
 - ▶ Returning users or Organizations
 - ▶ Enter User ID & Password
 - ▶ New Users select “Click here to Register”



The image shows a login form for the WebGrants System. It features a title 'Enter your user id and password' with a user icon. Below the title are two input fields: 'User ID' and 'Password'. Both fields have a red error message 'This field is required.' below them. A green 'SIGN IN' button is positioned below the password field. At the bottom of the form, there are two links: 'Forgot User ID?' and 'Reset Password?'. Below the entire form is a yellow button labeled 'Click here to Register'. Three purple arrows point to the form: one to the 'User ID' field, one to the 'Password' field, and one to the 'Click here to Register' button.

Enter your user id and password

User ID
This field is required.

Password
This field is required.


SIGN IN

[Forgot User ID?](#) [Reset Password?](#)

Click here to Register

New User

- ▶ If you are applying as a “New User”
 - ▶ Complete the Registration
 - ▶ It may take a few days for your request to be approved by DPS staff
 - ▶ Items in **RED** are required

 **Registration** Save Registration Information

[Personnel Contact Information](#)

Please note that fields in red font with an asterisk indicates a required field. Any non-required, black font, fields can be skipped.

Name:

Salutation First Name Last Name

Job Title*:

Email*:

Mailing Address*:

City State/Province Postal Code/Zip

Phone*:
Phone Ext.
###-###-####

Fax:
###-###-####

Copy Personnel Information to Organization?:

[Organization Information](#)

IMPORTANT: Check YES that you are affiliated with an Organization and enter the details for the Organization you represent which intends to apply for grant funds. Your profile will be linked to that Organization so you can conduct business on its behalf within this grant system.

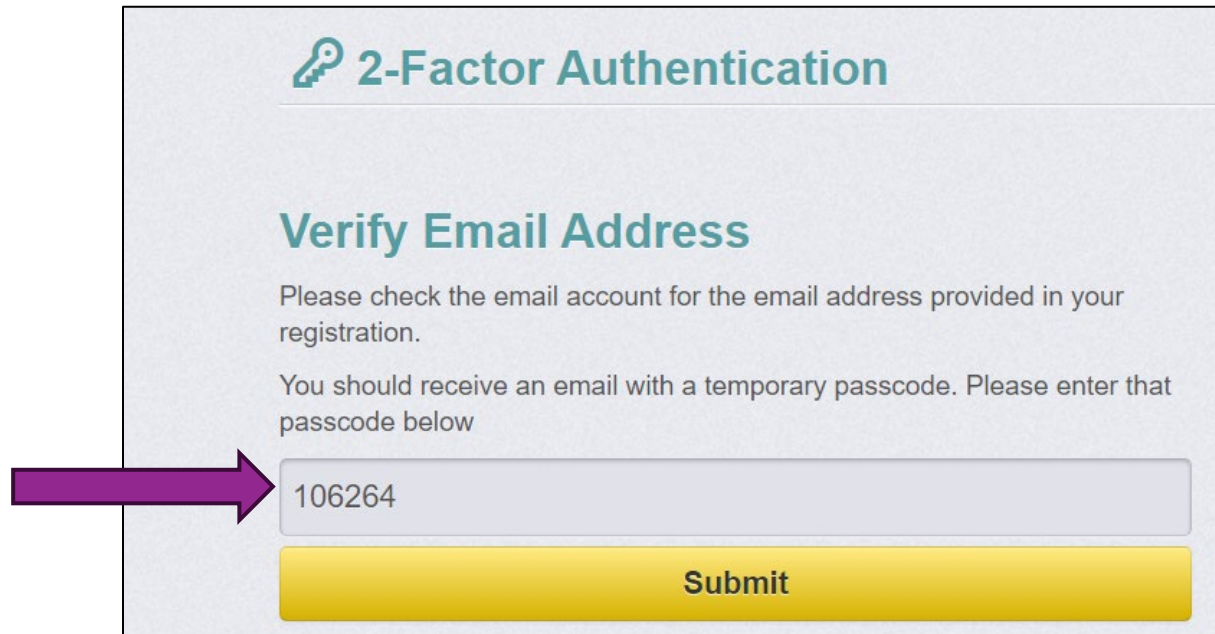
Are you Affiliated with an Organization*:

Applicant Agency*:

Organization Type*:

Two Step Verification

- ▶ Type in the One-Time Passcode that was sent to the email address that is associated to the User, select “Submit”



The screenshot shows a web interface for 2-Factor Authentication. At the top, there is a header with a key icon and the text "2-Factor Authentication". Below this, the main heading is "Verify Email Address". The instructions state: "Please check the email account for the email address provided in your registration. You should receive an email with a temporary passcode. Please enter that passcode below". There is a text input field containing the number "106264". A purple arrow points to this input field from the left. Below the input field is a yellow button labeled "Submit".

2-Factor Authentication

Verify Email Address

Please check the email account for the email address provided in your registration.

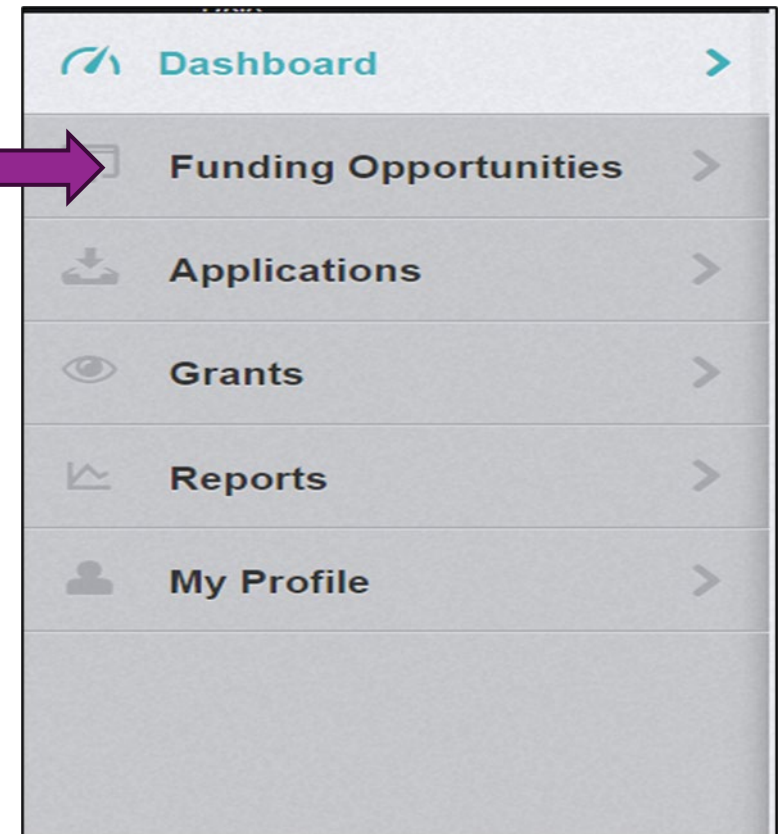
You should receive an email with a temporary passcode. Please enter that passcode below

106264

Submit

DSSSF Application

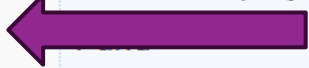
- ▶ Select “Funding Opportunities” from the “Main Menu”
- ▶ There should only be **ONE** application per agency



Funding Opportunity

- ▶ Select the “#42289 DSSSF” Funding Opportunity

42289	Posted	2026 Test Deputy Sheriff Salary Supplementation Grant (DSSSF)	DSSSF-Deputy Sheriff Salary Supplementation	May 29, 2025 4:00 PM	0
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- ▶ Review the Funding Opportunity details:
 - ▶ Description
 - ▶ Attachments
 - ▶ 2026 DSSSF Certified Assurances
 - ▶ 2026 DSSSF Notice of Funding Opportunity
 - ▶ Website Links
 - ▶ [DPS DSSSF Website](#)

Funding Opportunity, cont.

- ▶ After reviewing all the information select “Start a New Application”

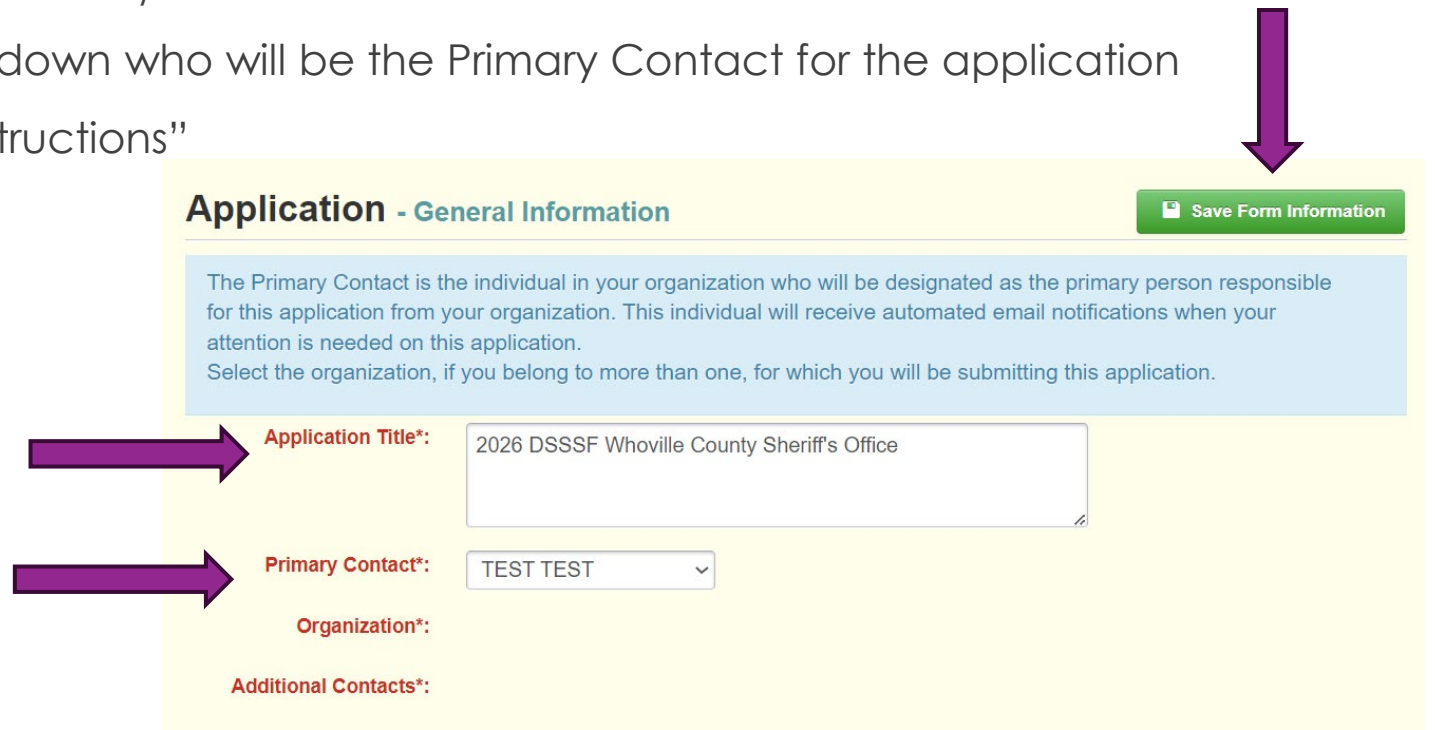


The screenshot shows a web interface for 'Funding Opportunity Details'. On the left, there is a header with a document icon and the text 'Funding Opportunity Details'. To the right of this header are two buttons: a blue button labeled 'Copy Existing Application' and a green button labeled 'Start New Application'. A large purple arrow points from the text 'Start a New Application' in the list above down to the green 'Start New Application' button.

- ▶ The forms for this grant have changed, so selecting “Copy Existing Application” will not save time, as the forms will be blank

General Information

- ▶ Complete the entire form as indicated:
 - ▶ **Application Title:** Enter “2026 DSSSF [County Name] County Sheriff's Office”
(i.e., 2026 DSSSF [Callaway] County Sheriff's Office)
 - ▶ **Primary Contact:** Select from the drop down who will be the Primary Contact for the application
 - ▶ When complete, select “Save Form Instructions”



The screenshot shows a web form titled "Application - General Information". A green button labeled "Save Form Information" is in the top right corner. A large purple arrow points down to this button from the instruction "When complete, select 'Save Form Instructions'". Below the title, a light blue box contains instructions: "The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application. Select the organization, if you belong to more than one, for which you will be submitting this application." Below this, there are three input fields: "Application Title*" with a text box containing "2026 DSSSF Whoville County Sheriff's Office", "Primary Contact*" with a dropdown menu showing "TEST TEST", and "Organization*" which is currently empty. A fourth label "Additional Contacts*" is visible at the bottom. Two purple arrows point to the "Application Title*" and "Primary Contact*" fields from the left, corresponding to the instructions in the list above.

Application - General Information Save Form Information

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.
Select the organization, if you belong to more than one, for which you will be submitting this application.

Application Title*: 2026 DSSSF Whoville County Sheriff's Office

Primary Contact*: TEST TEST

Organization*:

Additional Contacts*:

General Information, cont.

- ▶ Select from the “Organization” drop-down which organization is applying
- ▶ Select any “Additional Contacts” if needed
- ▶ Select “Save Form Information” when completed

Application - General Information

Save Form Information

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.

Select the organization, if you belong to more than one, for which you will be submitting this application.

Application ID: 42199

Program Area*: Deputy Sheriff Salary Supplementation Fund

Funding Opportunity*: 42076-2026 Test Deputy Sheriff Salary Supplementation Grant (DSSSF)

Application Stage*: Final Application

Application Status*: Editing

Application Title*: 2026 DSSSF Whoville County Sheriff's Office

Primary Contact*: TEST TEST

Organization*: BaseLine Organization

Additional Contacts*:

SFY 2026 DSSSF Application Forms

- ▶ The FY 2026 DSSSF Application will include 5 forms:
 - ▶ General Information
 - ▶ Contact Information
 - ▶ List of Deputies
 - ▶ Other Attachments
 - ▶ Certified Assurances

Application Details

- ▶ Once the General Information component has been completed, the application forms will appear
 - ▶ Each form must be completed and marked complete before the application can be submitted
 - ▶ Each form can be edited, after it has been marked complete, by selecting it

Application Details			Preview Application	Withdraw
Application cannot be Submitted Currently <ul style="list-style-type: none">• Application components are not complete				
Component	Complete?	Last Edited		
General Information	✓	Apr 23, 2025 9:44 AM - TEST TEST		
Contact Information		-		
List of Deputies		-		
Other Attachments		-		
Certified Assurances		-		

Contact Information

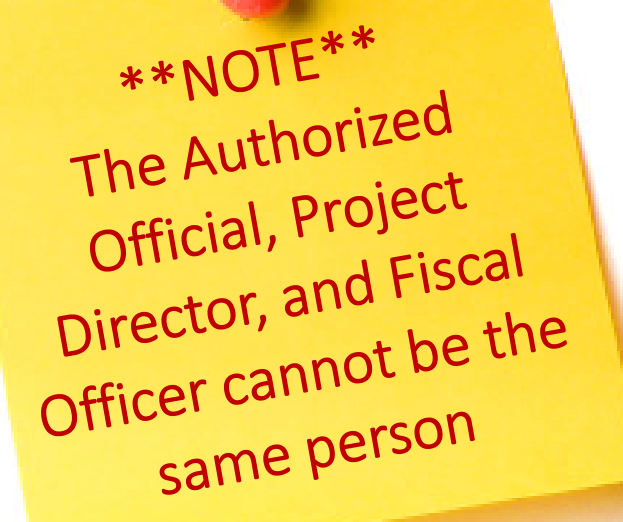
- ▶ Select “Contact Information”
- ▶ Complete each section of the “Contact Information” form
 - ▶ Authorized Official
 - ▶ Project Director
 - ▶ Fiscal Officer
 - ▶ Claims Point of Contact



Application Details			Preview Application	Withdraw
Application cannot be Submitted Currently <ul style="list-style-type: none">• Application components are not complete				
Component	Complete?	Last Edited		
General Information	✓	Apr 23, 2025 9:44 AM - TEST TEST		
Contact Information		-		
List of Deputies		-		
Other Attachments		-		
Certified Assurances		-		

Contact Information, cont.

- ▶ Should reflect county contact information
- ▶ Authorized Official - Presiding Commissioner, County Executive
- ▶ Project Director - Sheriff
- ▶ Fiscal Officer - County Treasurer, Director of Finance, or person of similar duty
- ▶ Point of Contact - primary contact for day-to-day questions



****NOTE****
The Authorized
Official, Project
Director, and Fiscal
Officer cannot be the
same person

Contact Information, cont.

- ▶ Select “Edit Form”
- ▶ Complete the following:
 - ▶ Authorized Official
 - ▶ Project Director
 - ▶ Fiscal Officer
 - ▶ Claims Point of Contact
 - ▶ Everything in **RED** is a required field



Name*:

Job Title*:

Agency*:

Mailing Address*:

Street Address 1:

Street Address 2:

City/State/Zip*:

Email*:

Phone*:

Contact Information, cont.

Contact Information

 Save Form

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*:

Commissioner

Maggie

Title

First Name

Glick

Last Name

Job Title*:

Presiding Commissioner

Agency*:

Whoville Sheriff's Office

Mailing Address*:

1 S. Main St.

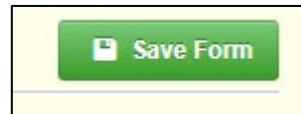
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:

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

Contact Information, cont.

- ▶ Select “Save Form” when the form has been completed



- ▶ If edits are needed, select “Edit Form”




- ▶ When finished, select “Mark as Complete”



List of Deputies

- ▶ Select “List of Deputies.” The form will open in “Editing” status

[Application Preview](#) [Attachments](#) [Alert History](#) [Map](#)

 **Application Details**

[Preview Application](#) [Withdraw](#)

Application cannot be Submitted Currently

- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 23, 2025 9:44 AM - TEST TEST
Contact Information	✓	Apr 23, 2025 10:02 AM - TEST TEST
List of Deputies	-	-
Other Attachments	-	-
Certified Assurances	-	-

List of Deputies, cont.

- ▶ List all deputies receiving the supplement under “Personnel”
 - ▶ Select “Save Multi-List” to begin entering each deputy separately

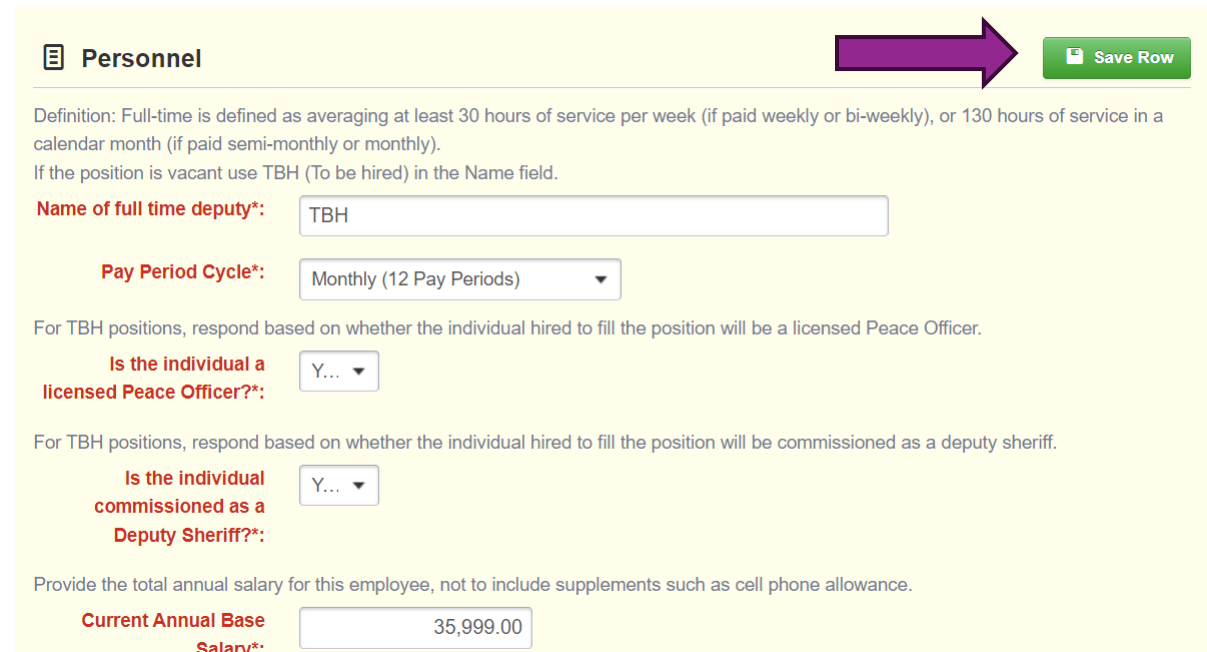
Personnel - Edit				
Name of full time deputy	Pay Period Cycle	Is the individual a licensed Peace Officer?	Is the individual commissioned as a Deputy Sheriff?	Current Annual Base Salary

Personnel - Multi-List				
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

- ▶ Once you have selected “Save Multi-List” select “Add row”.

List of Deputies, cont.

- ▶ Enter each 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
- ▶ Answer each of the **REQUIRED** questions
- ▶ When done, select "Save Row"



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 the individual hired to fill the position will be a licensed Peace Officer.


Is the individual a licensed Peace Officer*:

For TBH positions, respond based on whether the individual hired to fill the position will be commissioned as a deputy sheriff.

Is the individual commissioned as a Deputy Sheriff*:

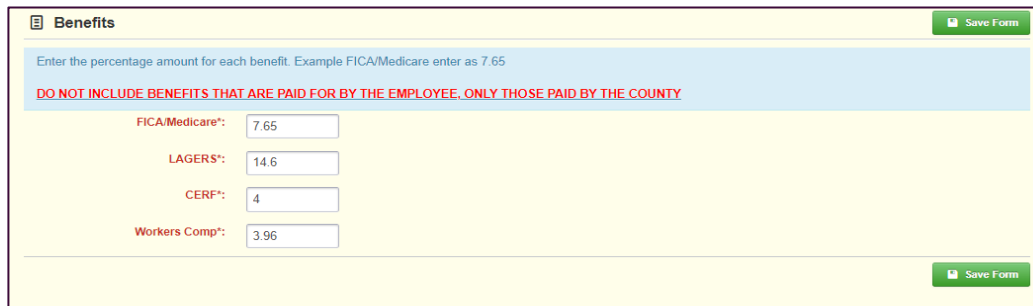
Provide the total annual salary for this employee, not to include supplements such as cell phone allowance.

Current Annual Base Salary*:

 **Save Row**

List of Deputies, cont.

- ▶ Scroll to the “Benefits” section and select “Edit Form”
- ▶ Add each benefit percentage
 - ▶ Enter only costs incurred by the county, not employee – contact the Fiscal Officer for benefit rate percentages
 - ▶ Contact DPS with any additional questions
 - ▶ Entered as a percentage of the salary
- ▶ Once the benefits have been entered, select “Save Form”



The screenshot shows a web form titled "Benefits". At the top right is a green "Save Form" button. Below the title is a light blue instruction box: "Enter the percentage amount for each benefit. Example FICA/Medicare enter as 7.65". Below this is a red warning line: "DO NOT INCLUDE BENEFITS THAT ARE PAID FOR BY THE EMPLOYEE, ONLY THOSE PAID BY THE COUNTY". The form contains four input fields with labels: "FICA/Medicare*" (7.65), "LAGERS*" (14.6), "CERF*" (4), and "Workers Comp*" (3.96). At the bottom right is another green "Save Form" button. A large purple arrow points from the right towards the top-right "Save Form" button.

Benefit	Percentage
FICA/Medicare*	7.65
LAGERS*	14.6
CERF*	4
Workers Comp*	3.96

List of Deputies, cont.

- ▶ Continue to “Add Row” for each additional deputy



The screenshot shows a web interface titled "Personnel - Multi-List". It features a table with five columns: "Name of full time deputy", "Pay Period Cycle", "Is the individual a licensed Peace Officer?", "Is the individual commissioned as a Deputy Sheriff?", and "Current Annual Base Salary". There are two rows of data. Above the table, there are three buttons: "Mark as Complete" (orange), "Add Row" (green), and "Edit All Rows" (green). Annotations include a purple arrow pointing from the text "Continue to 'Add Row'" to the "Add Row" button, and two purple arrows pointing from the text "Continue to 'Add Row'" to the "Add Row" and "Edit All Rows" buttons. A purple arrow also points from the "Personnel - Multi-List" header to the first row of the table.


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
TBH	Monthly (12 Pay Periods)	Yes	Yes	\$35,999.00
Full Name of Deputy	Monthly (12 Pay Periods)	Yes	Yes	\$35,000.00

- ▶ Once all deputies have been entered, you may select “Edit All Rows” to do a mass edit of the form
- ▶ If you have no further edits and this form is completed, select “Mark as Complete”

Other Attachments

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

[Application Preview](#) [Attachments](#) [Alert History](#) [Map](#)

 **Application Details**

[Preview Application](#) [Withdraw](#)

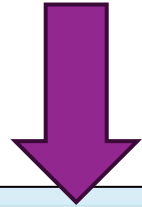
Application cannot be Submitted Currently


- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 23, 2025 9:44 AM - TEST TEST
Contact Information	✓	Apr 23, 2025 10:02 AM - TEST TEST
List of Deputies	✓	Apr 23, 2025 10:45 AM - TEST TEST
Other Attachments	-	-
Certified Assurances	-	-

Other Attachments, cont.


- If there are attachments, select “Add New Attachment”



 - Other Attachments

✓ Mark as Complete

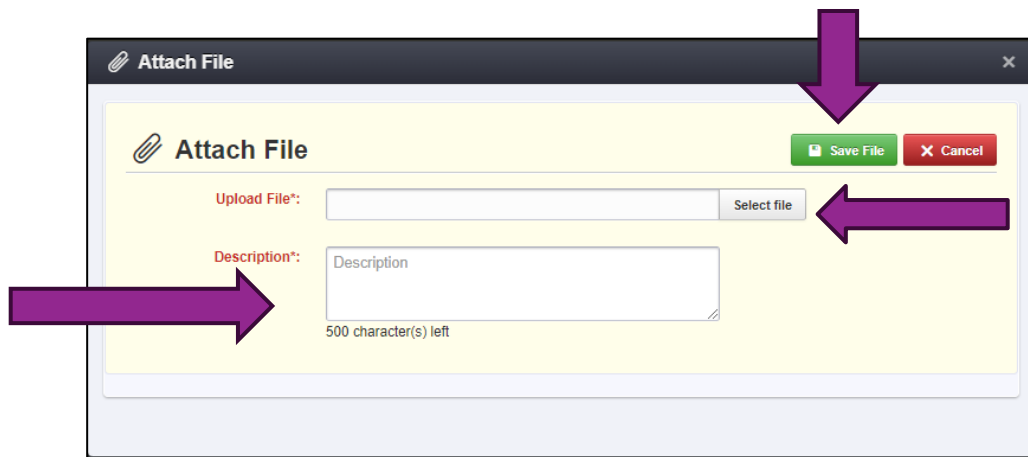
+ Add New Attachment

Description	File Name 	Type	Size	Upload Date	Delete
No files attached.					

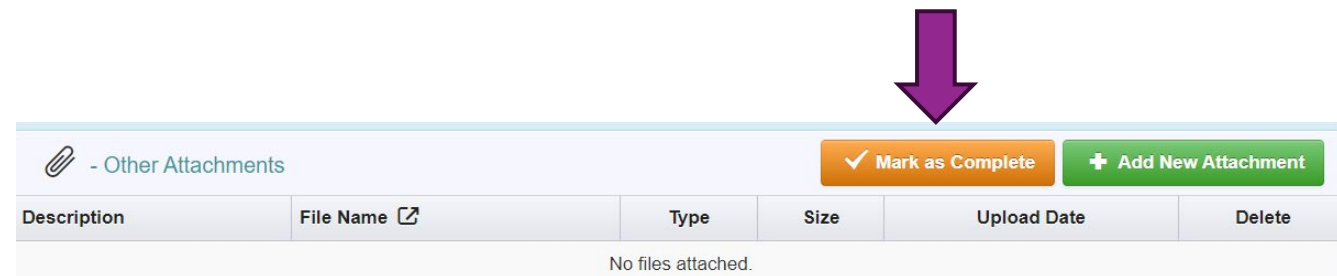
Last Edited By: TEST TEST - Apr 29, 2024 12:12 PM

Other Attachments, cont.

- ▶ Browse your computer to select a document by selecting “Select file”
- ▶ Provide a brief description and select “Save File”
- ▶ Continue to add files, if necessary.
- ▶ If you do not have further attachments, select “Marked as Complete”



The screenshot shows a modal dialog titled "Attach File". It contains a "Select file" button, a "Description" text area with a "500 character(s) left" indicator, and "Save File" and "Cancel" buttons. Three purple arrows point to these elements: one to the "Select file" button, one to the "Description" text area, and one to the "Save File" button.

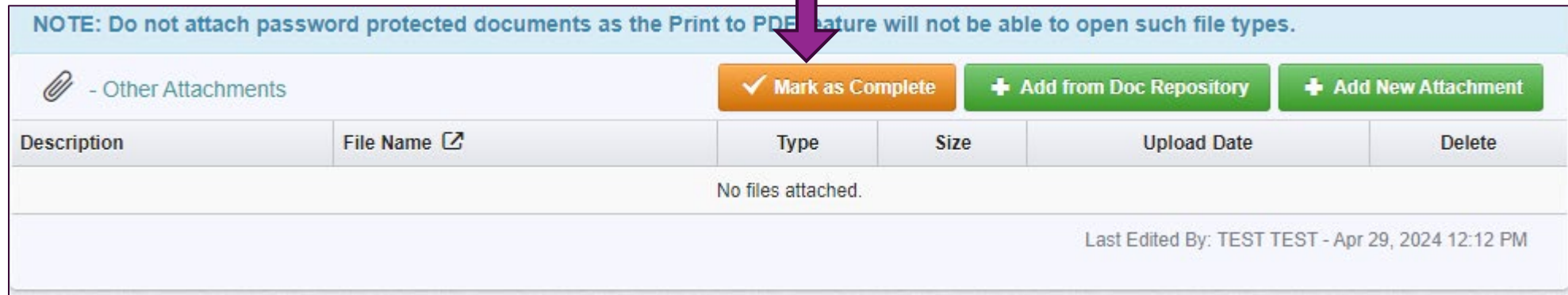


The screenshot shows a section titled "- Other Attachments". It contains a table with columns: Description, File Name, Type, Size, Upload Date, and Delete. Below the table, it says "No files attached." To the right of the table are two buttons: "Mark as Complete" and "Add New Attachment". A purple arrow points to the "Mark as Complete" button.


Description	File Name	Type	Size	Upload Date	Delete
No files attached.					

Other Attachments, cont.


- If there are not any attachments, select “Marked as Complete”



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

 - Other Attachments

[✓ Mark as Complete](#) [+ Add from Doc Repository](#) [+ Add New Attachment](#)


Description	File Name 	Type	Size	Upload Date	Delete
No files attached.					

Last Edited By: TEST TEST - Apr 29, 2024 12:12 PM

Certified Assurances

- Select “Certified Assurances”

[Application Preview](#) [Attachments](#) [Alert History](#) [Map](#)

 **Application Details**

[Preview Application](#) [Withdraw](#)

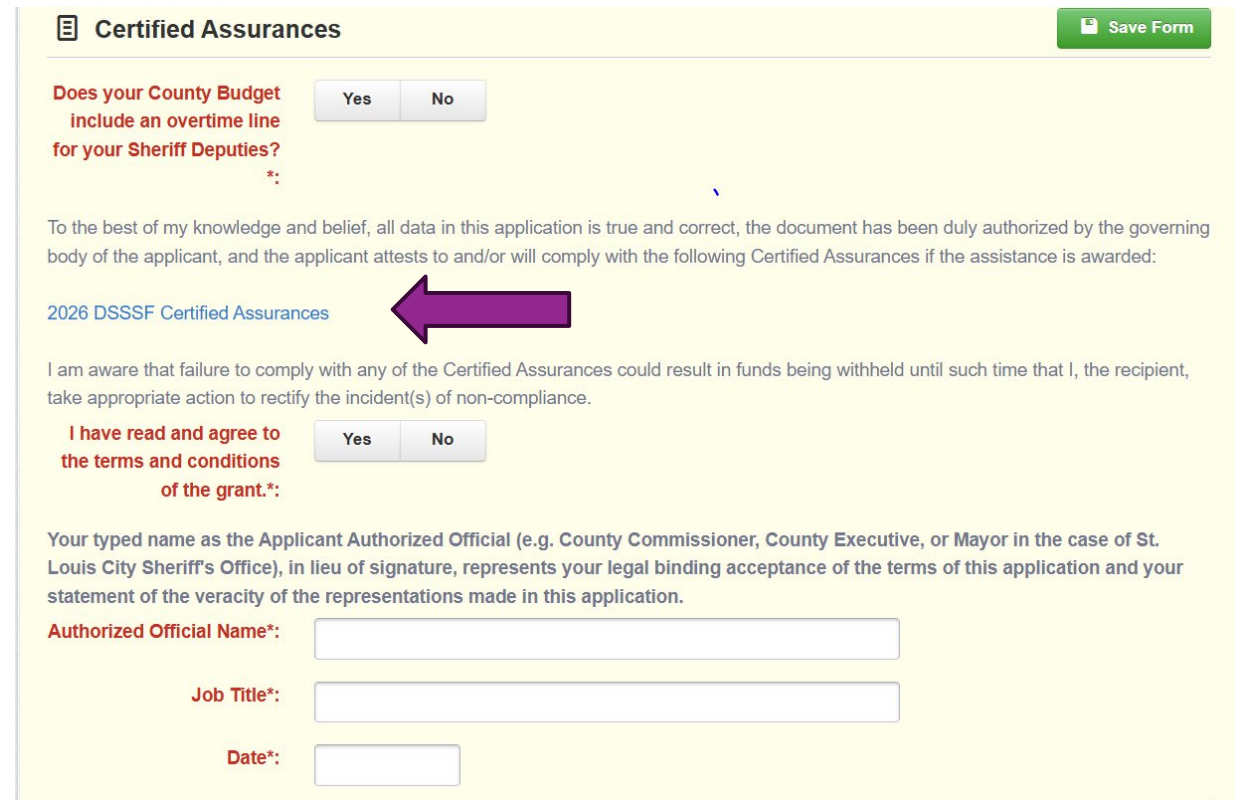
Application cannot be Submitted Currently

- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 23, 2025 9:44 AM - TEST TEST
Contact Information	✓	Apr 23, 2025 10:02 AM - TEST TEST
List of Deputies	✓	Apr 23, 2025 10:45 AM - TEST TEST
Other Attachments	✓	Apr 23, 2025 10:57 AM - TEST TEST
Certified Assurances		-

Certified Assurances

- ▶ This section is used to ensure the appropriate Authorized Official agrees to participate in the program
- ▶ Complete each question
- ▶ Click on the hyperlink to review the 2026 DSSSF Certified Assurances
- ▶ Once completed, select “Save Form”



Certified Assurances Save Form

Does your County Budget include an overtime line for your Sheriff Deputies?

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:

[2026 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.*:

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.

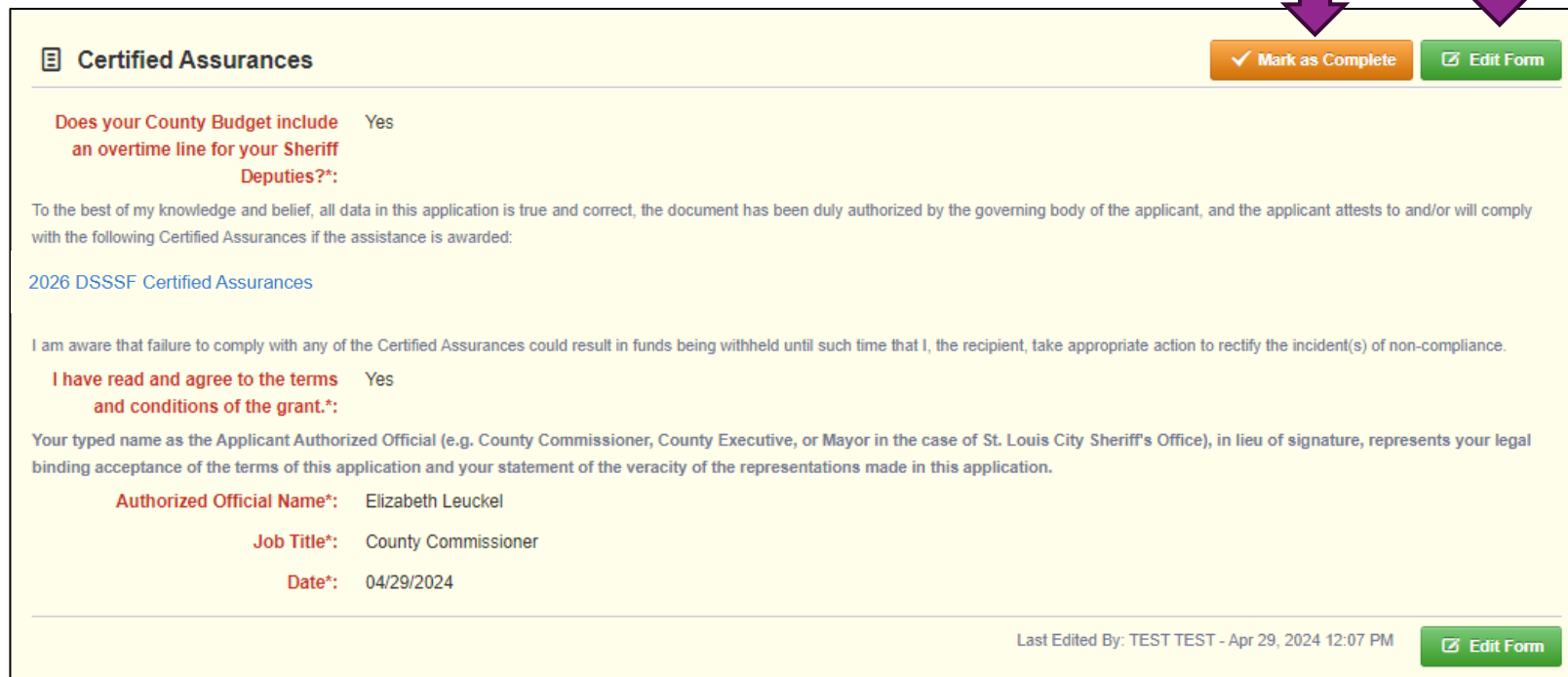
Authorized Official Name*:

Job Title*:

Date*:

Certified Assurances, cont.

- ▶ If the form needs any edits, select “Edit Form”
- ▶ If the form is correct, select “Mark as Complete”



Certified Assurances

✓ Mark as Complete Edit Form

Does your County Budget include an overtime line for your Sheriff Deputies?* Yes

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:

2026 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

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*: Elizabeth Leuckel

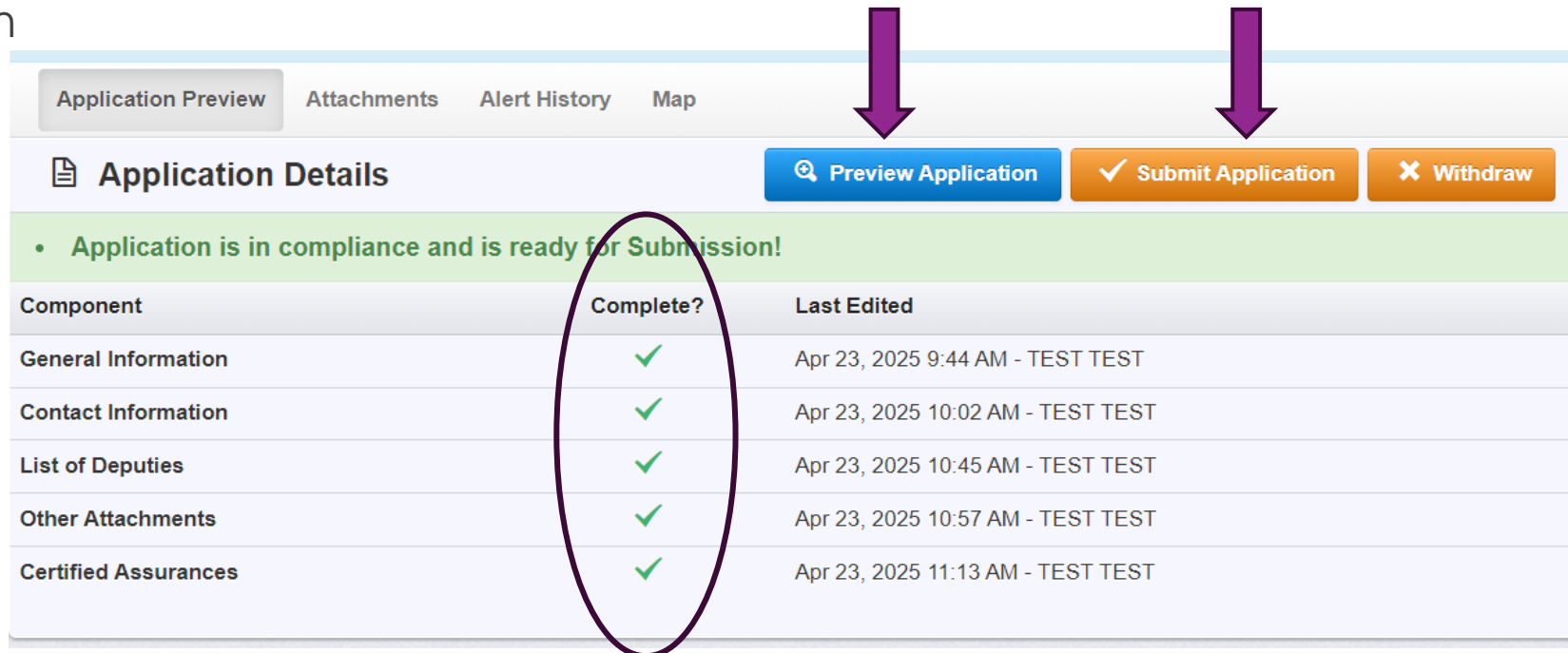
Job Title*: County Commissioner

Date*: 04/29/2024

Last Edited By: TEST TEST - Apr 29, 2024 12:07 PM Edit Form

Application submission

- ▶ When all forms have been completed and marked as complete, select “Preview Application” to save hard copy for files and once complete, select “Submit Application” to submit the application



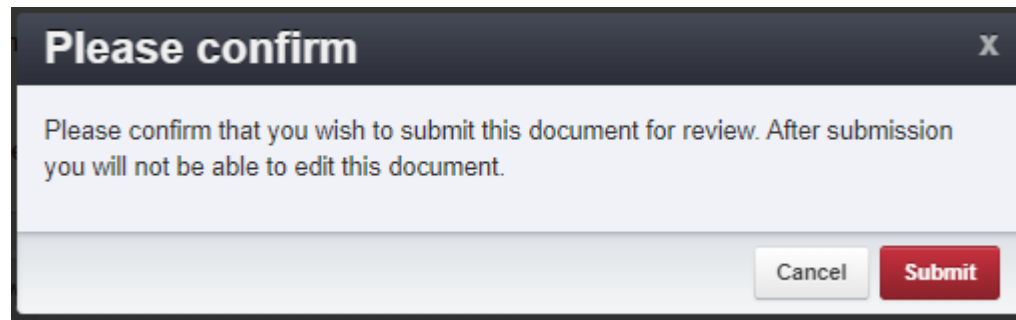
The screenshot displays the 'Application Details' page. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below these tabs, there are three buttons: 'Preview Application' (blue), 'Submit Application' (orange), and 'Withdraw' (orange). A green banner message states: 'Application is in compliance and is ready for Submission!'. Below this, a table lists the components of the application and their completion status.

Component	Complete?	Last Edited
General Information	✓	Apr 23, 2025 9:44 AM - TEST TEST
Contact Information	✓	Apr 23, 2025 10:02 AM - TEST TEST
List of Deputies	✓	Apr 23, 2025 10:45 AM - TEST TEST
Other Attachments	✓	Apr 23, 2025 10:57 AM - TEST TEST
Certified Assurances	✓	Apr 23, 2025 11:13 AM - TEST TEST

Two purple arrows point from the text in the list above to the 'Preview Application' and 'Submit Application' buttons. A purple oval highlights the 'Complete?' column in the table, showing all components are marked as complete with green checkmarks.

Application submission, cont.

- ▶ You will then receive a confirmation pop-up



- ▶ You will not be able to edit the application, once it is submitted
- ▶ **Applications must be submitted by May 22, 2025, 4:00 pm CST**

Application submission, cont.

- ▶ The Primary Contact for the application will receive an email from WebGrants confirming the application was submitted

From: dpswebgrants@dps.mo.gov <dpswebgrants@dps.mo.gov>

Sent: Wednesday, May 1, 2024 3:20 PM

To: dpswebgrants <dpswebgrants@dps.mo.gov>

Subject: WebGrants - Missouri Department of Public Safety - Application - #28126 - Submitted

**** DO NOT RESPOND TO THIS EMAIL ****

The following Application has been submitted:

Application Number: 28126

Project Title: 2025 DSSSF Whoville County Sheriff's Office

Program Area: Deputy Sheriff Salary Supplementation Fund

Applicant Agency: BaseLine Organization

Primary Contact: TEST TEST

If this email requires your attention, you may log into the WebGrants grants management system at <https://dpsgrants.dps.mo.gov>. You can view or print a copy of the submitted application under the "My Applications" module.

You may now log into the WebGrants system at the following location:

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

Important Dates

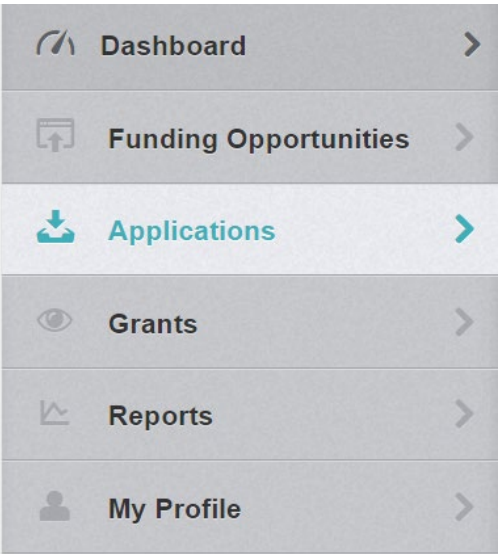
- ▶ Application Period: April 29, 2025 – May 22, 2025, 4:00 p.m. CST
- ▶ Compliance Workshop: July 2025
- ▶ Program Start Date: July 1, 2025
- ▶ Program End Date: June 30, 2026
- ▶ Status Report Due: July 10, 2026

How to Get To Your Application After It Has Been Started

- ▶ Go to Applications on your main bar
- ▶ In the Search Bar, type in 2026 DSSSF. You should be able to find it in the list

Search:

- ▶ Click anywhere in the line to open the Application. Once the application is open, you will not be able to make any edits



42201	Submitted	Final Application	2026 DSSSF Whoville County Sheriff's Office	BaseLine Organization	DSSSF-Deputy Sheriff Salary Supplementation Fund	42076-2026 Test Deputy Sheriff Salary Supplementation Grant (DSSSF) (Test)	May 29, 2025 4:01 PM
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SFY 2026 DSSSF Contact Information

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