



SFY 2027 Deputy Sheriff Salary Supplementation Fund (DSSSF) Compliance Workshop

Missouri Department of Public
Safety/Office of Homeland Security

Compliance Workshop

July 21, 2026/July 23, 2026

DSSSF

- Created pursuant to [Section 57.278 RSMo](#)
- Consists of monies collected from charges for service received by county sheriffs under subsection 4 of [Section 57.280 RSMo](#) and deposited into the state treasury
- DSSSF shall be used solely to supplement the salaries and employee benefits resulting from such salary increases of county deputy sheriffs
- DSSSF program is administered by the MoSMART created under [Section 650.350 RSMo](#)
- Technical assistance through administrative duties is provided to the MoSMART Board by the Missouri Department of Public Safety (DPS), Office of Homeland Security (OHS), DPS Grants



DPS/OHS Grant Requirements

- SFY 2027 DSSSF Notice of Funding Opportunity (NOFO)
- [DPS Financial and Administrative Guide](#)
- Information Bulletins
 - [CJ/LE-GT-2020-002](#) – Policy on Claim Request Requirements including DPS Reimbursement Checklist
 - [CJ/LE-GT-2020-003](#) – Policy on Budget Modification, Program Changes, Scope of Work Changes, Subaward Adjustments, Status Reports and Return of Funds

**NOTE: The Information Bulletins are in the process of being revised.
Updated links will be provided when the revisions are complete**



DPS Grants – State Requirements

- Recipients must be compliant with the following statutes and must maintain compliance throughout the grant period of performance

Requirements below apply only to law enforcement agencies:

- **Section 590.650 RSMo** – **Vehicle Stops Report:** Pursuant to Section 590.650.3 RSMo, each law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.
 - *Faliure to submit the Vehicle Stops (Racial Profiling) Report will result in the automatic denial of the application.*
- **Section 590.700 RSMo** – **Written Policy on Recording of Custodial Interrogations:** Pursuant to Section 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.



DPS Grants – State Requirements

- Recipients must be compliant with the following statutes and must maintain compliance throughout the grant period of performance

Requirements below apply only to law enforcement agencies:

- **Section 43.544 RSMo** – **Written Policy on Forwarding Intoxication-Related Traffic Offenses:** Pursuant to Section 43.544.1 RSMo, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository as required by Section 43.503 RSMo.
- **Section 590.1265 RSMo** – **Police Use of Force Transparency Act of 2021:** Pursuant to Section 590.1265 RSMo, each law enforcement agency shall report data submitted under subsection 3 of this section to the department of public safety.
 - *Law enforcement agencies will be considered non-compliant if they have not submitted Use of Force reports for three or more months in the previous 12 months.*



DPS Grants – State Requirements

- Recipients must be compliant with the following statutes and must maintain compliance throughout the grant period of performance

Requirements below apply only to law enforcement agencies:

- [Section 43.505 RSMo](#) – **Uniform Crime Reporting (UCR):** Pursuant to [Section 43.505.3 RSMo](#), each law enforcement agency in the state shall: (1) Submit crime incident reports to the department of public safety on forms or in the format prescribed by the department; and (2) Submit any other crime incident information which may be required by the department of public safety.
 - *Law enforcement agencies will be considered non-compliant if they have not submitted MIBRS reports for three or more months in the previous 12 months.*
- [Section 590.030 RSMo](#) – **Rap Back Program Participation:** 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.



Supplement Requirements

- Funds are used solely to supplement the salaries and employee benefits resulting from such salary increases of county deputy sheriffs
- Only positions listed on the approved budget are eligible for supplement
- Such county deputy sheriffs must be full-time, licensed peace officers commissioned by the employing law enforcement agency, or be full-time deputies appointed pursuant to the authority set forth in [Section 57.530 RSMo](#)
- The recipient understands that the DSSSF monies paid to an individual must be included in the individual's annual salary when calculating the individual's hourly overtime rate
 - Per a decision rendered by the U.S. Department of Labor



Supplement Requirements

- Full-Time is defined as:
 - Worked at least 30 hours a week – if paid weekly or bi-weekly
 - Worked at least 130 hours in the calendar month – if paid semi-monthly or monthly
 - Hours are considered worked if a deputy is on paid leave which is paid by the county
- If a deputy does not work for the required number of hours – pro-rating is required
 - Pro-rating Calculation:
 - $\text{Supplement rate} / \text{full-time hours} = \text{supplement amount}$
 - $\text{Supplement amount} * \text{quantity of hours worked} = \text{pro-rated supplement}$
- Example: Deputy Smith gets paid \$166.66 in supplement 1 time a month, but worked 120 hours, however, to be full time, 130 hours are required



Supplanting

- DSSSF monies may be used in conjunction with other funding but shall not supplant (or replace) local funds
 - Supplanting or shifting money to avoid the issue of supplanting is strictly prohibited
 - DSSSF monies are intended to increase the amount of funds available
 - DSSSF monies must be used to supplement existing funds for salaries
- **NOTE: Intentionally or willingly withholding salary increases from county deputies because of the DSSSF Program is considered supplanting and is unallowable**
 - Paying the deputy additional funds but not including them in their salary is also considered supplanting (i.e., paying them more supplement than they are allowed by the grant)



Report of Supplanting

- Recipients, or employees thereof, must promptly notify the MoSMART Board and/or the Missouri Department of Public Safety of any credible evidence that a recipient has supplanted grant funds
- The MoSMART Board will review any credible evidence
- In the event a recipient is determined to have supplanted funds, the MoSMART Board may take action, as deemed appropriate, to recover any portion of the grant funds remaining and/or an amount equal to the portion of the grant funds wrongfully supplanted
 - If circumstances raise a question of possible supplanting, the county should retain whatever documentation is produced during the ordinary course of government business that will help substantiate supplanting has not occurred
 - Depending on the circumstances, relevant documents might include annual appropriations acts, executive orders directing board reductions of operating budgets, county commission resolutions, or meeting minutes concerning budget cuts and layoffs



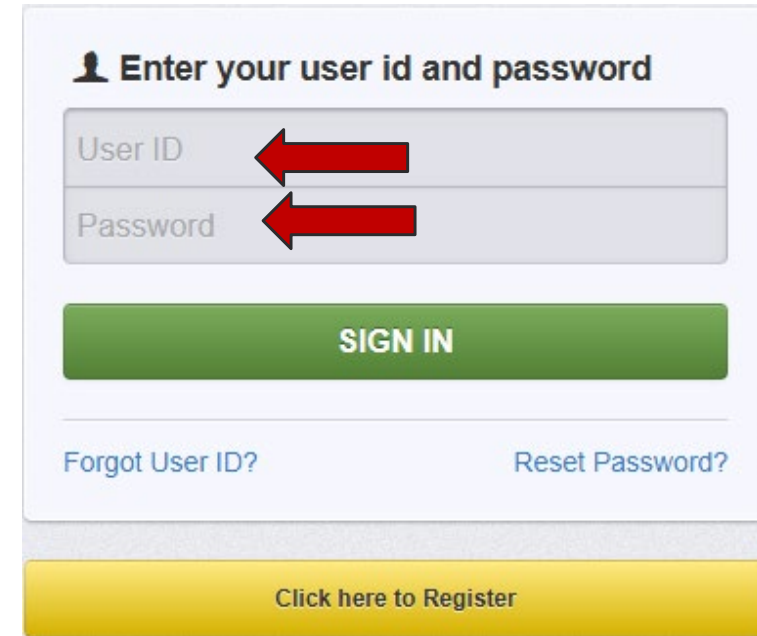
Period of Performance (PoP)

- Funds must be obligated within the project period and expended within 45 days following the project period end date
- Project Period: July 1, 2026 – June 30, 2027
- Final claim due: August 15, 2026



WebGrants

- Login to [WebGrants](#) using the same User Id and Password used when the application was submitted
- Two-factor authentication: Enter the one-time passcode sent to your email by WebGrants and select, “Submit”



Enter your user id and password

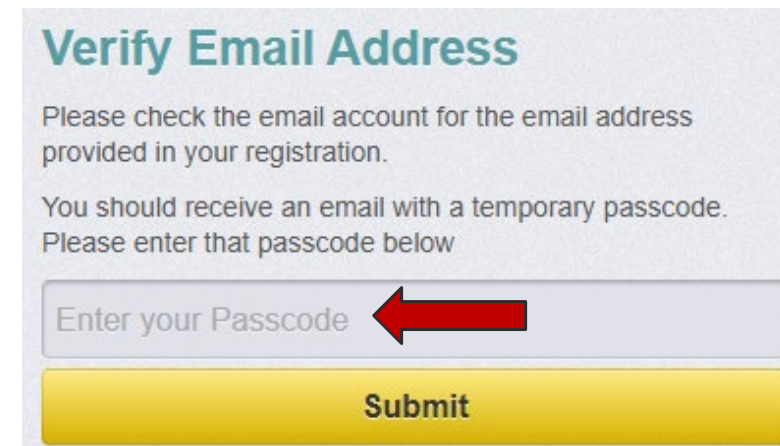
User ID 

Password 

SIGN IN

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

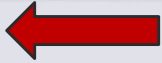
[Click here to Register](#)



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

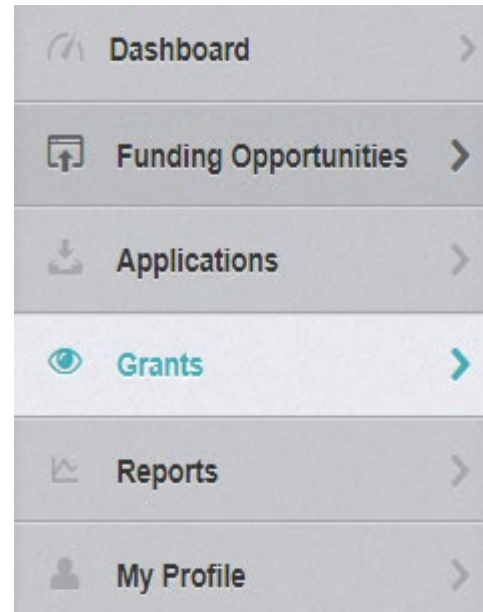
Enter your Passcode 

Submit



WebGrants

- Select “Grants”



WebGrants

- Select project titled “SFY 2027 DSSSF”

ID ▲	Status ▼	Year ▼	Title ▼	Organization ▼	Program Area ▼	Funding Opportunity ▼	Start Date ▼	End Date ▼	Grant Amount ▼	Total Paid ▼	Remaining Balance ▼	Percent Spent ▼
2027-DSSSF-01	Underway	2027	SFY 2027 DSSSF - ABC County	BaseLine Organization	DSSSF-Deputy Sheriff Salary Supplementation Fund	54899-SFY 2027 Deputy Sheriff Salary Supplementation Fund (DSSSF) TEST	07/01/2026	06/30/2027	\$0.00	\$0.00	\$0.00	.00%



Grant Components

 Grant Components
The grant forms appear below.
Your grant award details are saved here, as grant.
Component
General Information
Award Documents - Final
Budget
Claims
Closeout
Contact Information
Correspondence
Subaward Adjustments
Funding Opportunity
Application



Award Agreement

- Fully-executed Award Agreement is located in Award Documents-Final Component
 - Maintain the Award Agreement in your grant files



☰ Grant Components	
The grant forms appear below. Your grant award details are saved here, as grant.	
Component	
General Information	
Award Documents - Final	
Budget	
Claims	
Closeout	
Contact Information	
Correspondence	
Subaward Adjustments	
Funding Opportunity	
Application	



Budget

- Select “Budget”
- Review budget before each claim submission to verify the information is correct
 - If there are any deputy changes needed in the budget, submit a Subaward Adjustment – Budget Revision



☰ Grant Components	
The grant forms appear below. Your grant award details are saved here, as grant.	
Component	
General Information	
Award Documents - Final	
Budget	
Claims	
Closeout	
Contact Information	
Correspondence	
Subaward Adjustments	
Funding Opportunity	
Application	



Budget

Budget - Multi-List

Line Number:	Line Description	Total
1001	Personnel	\$15,000.00
2001	Benefits	\$1,147.50

Last Edited By: Chelsey Call - Jul 20, 2026 11:24 AM

Justification

Justification:							
Applicant Agency	Position #	Name of full time deputy	# of PayPeriods	Sum of Benefit Rate	Sum of Pay Period Supplement	Sum of Pay Period Benefit	Sum of Pay Period Total
ABC County	1	Deputy Name	12	7.65%	\$ 250.00	\$ 19.13	\$ 269.13
	2	Deputy Name	12	7.65%	\$ 250.00	\$ 19.13	\$ 269.13
	3	Deputy Name	12	7.65%	\$ 250.00	\$ 19.13	\$ 269.13
	4	Deputy Name	12	7.65%	\$ 250.00	\$ 19.13	\$ 269.13
	5	Deputy Name	12	7.65%	\$ 250.00	\$ 19.13	\$ 269.13
Grand Total				38.25%	\$ 1,250.00	\$ 95.65	\$ 1,345.65

Applicant Agency	Position #	Name of full time deputy	Sum of Supplement	Sum of Benefit	Sum of Total
ABC County	1	Deputy Name	\$ 3,000.00	\$ 229.50	\$ 3,229.50
	2	Deputy Name	\$ 3,000.00	\$ 229.50	\$ 3,229.50
	3	Deputy Name	\$ 3,000.00	\$ 229.50	\$ 3,229.50
	4	Deputy Name	\$ 3,000.00	\$ 229.50	\$ 3,229.50
	5	Deputy Name	\$ 3,000.00	\$ 229.50	\$ 3,229.50
Grand Total			\$ 15,000.00	\$ 1,147.50	\$ 16,147.50



Reimbursement Requests (Claims)

- [Information Bulletin 2: Policy on Claim Request Requirements](#) including DPS Reimbursement Checklist discusses requirements for reimbursement requests
- Claims may be submitted by:
 - Pay period
 - Monthly
 - Quarterly – minimum of 4 claims a year
- **Final Claim:** Submission of the final claim must include a payroll summary report detailing the supplement and benefit amounts paid for all deputies and pay periods within the grant, to include those no longer active on the budget

If it is easier for your agency to submit payroll summaries throughout the project period, you may submit those reports with the corresponding claim, but they are only required to be submitted with the final claim



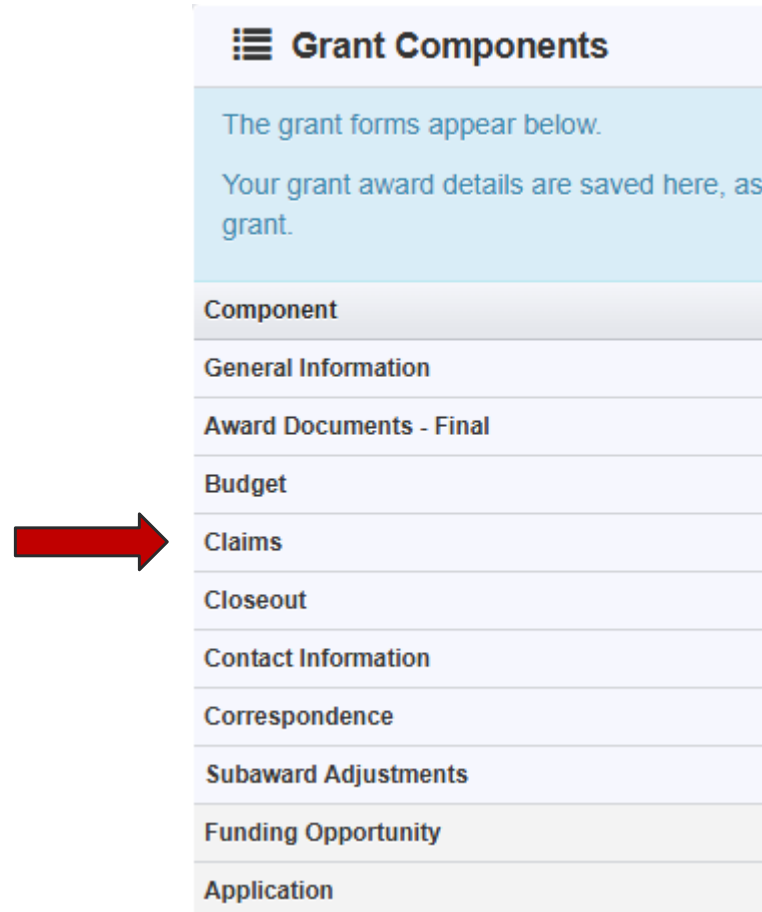
Reimbursement Requests (Claims)

- Payroll Summary(s) **must** be submitted to show all supplement paid to deputies
 - The payroll summary(s) must cover the entire period of the grant
 - The agency must submit a payroll summaries with the final claim
 - The agency may choose to supply payroll summaries more often throughout the grant period, but it is not required
- The payroll summary(s) must be submitted in the “Other Attachments” component of the corresponding claim, and/or the final claim
- A payroll summary report must come from the payroll/accounting system, and must contain:
 - **Each deputy** and how much supplement they were paid during the grant period



Reimbursement Requests (Claims)

- Select “Claims”



Grant Components

The grant forms appear below.

Your grant award details are saved here, as grant.

Component
General Information
Award Documents - Final
Budget
Claims
Closeout
Contact Information
Correspondence
Subaward Adjustments
Funding Opportunity
Application



Reimbursement Requests (Claims)

- The link to the current invoice is included in the instructions of the claim
- Instructions on how to complete the invoice are included on the “Invoice Instructions” tab of the invoice
- The fillable invoice form can be found on the “Invoice” tab of the invoice

Invoice Instructions	Invoice
--------------------------------------	-------------------------

Grant List Genera Contac Claims Corres Budget Subawa Subawa Attach Approp Closeo Status Award
Complete the DSSSF Invoice and submit with your claim. (Instructions on how to complete the invoice can be located on the first tab and the invoice is on the second tab) Only benefits paid by the County may be claimed to the grant. Benefits paid by employees (example, employee paid CERF) are not eligible for reimbursement from the grant. Please contact your Grant Specialist if you need assistance with benefit rate amounts. If an employee is only employed for part of a supplement period their supplement must be prorated based on the % of the pay period they worked. Employees being paid by Workman's Comp are not eligible for supplement. Employees on leave for Workman's Comp but being paid by the County are still eligible for the supplement. The reporting period on the claim should match the dates covered by the supplement included on the invoice. Do not include an invoice number or due date on the claim. Final claim for the year is due July 15th. Expenditures: enter one (1) line for the total supplement listed on the invoice, and one (1) line for the total benefits listed on the invoice. At a minimum claims must be submitted at least one (1) time per quarter. Claims must be submitted at a minimum of 1 per quarter. The final claim must include a payroll summary for the entire period of the grant. (Exception: if it is easier for your agency to submit a payroll summary monthly, quarterly, or biannually those reports will be accepted in lieu of annually)



Reimbursement Requests (Claims)

- The DSSSF Invoice must be completed and signed before submitting a claim

[illegible]

Reimbursement Requests (Claims)

- Completion of the DSSSF Invoice:
 - Enter the Name of Agency (i.e., Capital County Sheriff's Office)
 - Enter the Invoice Number starting with #1
 - The Invoice Number should start at #1 and go forward from there
 - Invoice Numbers should match with the Claim Number
- Enter the Invoice Date
 - The date should reflect the day which the invoice is created



Sheriff's Department				Invoice Number: Invoice Date:		DSSSF Invoice	
Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Pay Period Dates(s) (Date range covered by the supplement)	Unit Supplement Amount	Unit Benefit Amount	Total Supplement	Total Benefits	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	



Reimbursement Requests (Claims)

- Number of Deputies – Each line should be grouped by the number of deputies with the same supplement amount
 - If the agency has 3 deputies at \$166.66 supplement rate, they should enter 3
 - If the agency has 2 deputies at \$166.66 supplement rate and 1 at \$200.00 supplement rate, the deputies need to be entered on separate lines
- Status of Employee (Full-Time/Pro-rated) – In order to properly account for prorated deputies, they should be listed on their own line

Number of Deputy(s)	Status of Employee (Full Time/Prorated)
3	Full Time



Reimbursement Requests (Claims)

- Pay Period Date(s) – Date should match the date range covered by the supplement
 - If you are paying the supplement once per month, the invoice pay period should be listed as a month
 - If you are paying the supplement once per pay period, the pay period dates should be listed separately
 - If multiple pay periods are being claimed, they should be listed on separate lines

Pay Period Dates(s) (Date range covered by the supplement)
01/01/2027-01/31/2027
01/22/2027-02/21/2027
01/01/2027-01/15/2027
01/16/2027-01/31/2027
01/01/2027-01/15/2027
01/16/2027-01/31/2027
02/01/2027-02/15/2027
02/16/2027-02/28/2027
03/01/2027-03/15/2027
03/16/2027-03/31/2027

Correct

Pay Period Dates(s) (Date range covered by the supplement)
01/01/2027-01/15/2027 and 01/16/2027-01/31/2027
Quarter 1
01/01/2027-03/31/2027

Incorrect



Reimbursement Requests (Claims)

- Unit supplement amount
 - Enter the supplement amount **per deputy**, per pay period for the deputy(s) listed in the budget
 - A deputy with an annual supplement amount of \$3,000.00, and the agency pays monthly, the amount entered should be \$250.00

Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Pay Period Dates(s) (Date range covered by the supplement)	Unit Supplement Amount	Unit Benefit Amount	Total Supplement	Total Benefits
2	Full Time	07/01/26 - 07/31/26	\$ 250.00		\$ 500.00	\$ -
					\$ -	\$ -
1	Full Time	07/01/2026-07/15/26	\$ 125.00		\$ 125.00	\$ -
1	Full Time	07/16/2026-07/31/26	\$ 125.00		\$ 125.00	\$ -



Reimbursement Requests (Claims)

- Unit benefit amount
 - The total amount of benefits **per deputy**, per pay period, at the actual benefit rate amount paid by the county
 - This may not be the same amount deducted from the deputies' salary, (employee paid)
- An example total benefit calculation is provided on the next slide

Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Pay Period Dates(s) (Date range covered by the supplement)	Unit Supplement Amount	Unit Benefit Amount	Total Supplement	Total Benefits
2	Full Time	07/01/26 - 07/31/26	\$ 250.00	\$ 41.00	\$ 500.00	\$ 82.00
					\$ -	\$ -
1	Full Time	07/01/2026-07/15/26	\$ 125.00	\$ 20.50	\$ 125.00	\$ 20.50
1	Full Time	07/16/2026-07/31/26	\$ 125.00	\$ 20.50	\$ 125.00	\$ 20.50



Reimbursement Requests (Claims)

- Example total benefit rate calculation using example rates and a supplement amount of \$250.00
 - Per deputy, the county paid:

7.65%	FICA/Medicare
4.00%	CERF
3.50%	LAGERS
<u>+1.25%</u>	<u>Workers Comp</u>
 - Total benefit rate would be 16.40 %
- (The supplement amount) x (total benefit rate) = (the total benefit amount)
 - \$250.00 x 16.40% = \$41.00
- It is important to know what benefits and at what rate were applied for and awarded
- If you need assistance ensuring you have the correct benefit amounts, please contact your Grants Specialist for assistance



Reimbursement Requests (Claims)

- The invoice's total Supplement and Total Benefits columns auto-calculate based on the information provided in the preceding cells

Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Pay Period Dates(s) (Date range covered by the supplement)	Unit Supplement Amount	Unit Benefit Amount	Total Supplement	Total Benefits
2	Full Time	07/01/26 - 07/31/26	\$ 250.00	\$ 41.00	\$ 500.00	\$ 82.00
					\$ -	\$ -
1	Full Time	07/01/2026-07/15/26	\$ 125.00	\$ 20.50	\$ 125.00	\$ 20.50
1	Full Time	07/16/2026-07/31/26	\$ 125.00	\$ 20.50	\$ 125.00	\$ 20.50

- Do not change or remove the formulas in these cells!
 - $\$250.00 \times 16.40\% = \41.00
- If these appear incorrect, corrections should be made to the number of deputies, unit supplement amount, and/or unit benefit amount



Reimbursement Requests (Claims)

- Insert additional invoice lines, if necessary
 - Select row number to highlight the entire row
 - Right-click over the row number, then select insert

	Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Title of Deputy	Pay Period Dates(s)	Pay Period Dates(s)
6					
7					
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10					
11					
12					
13					
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100					



Reimbursement Requests (Claims)

- The total amount of Supplement and Benefits are auto-calculated at the bottom of the invoice
- The numbers displayed in the total columns, after all payroll entries for the current claim have been made, will be the amounts used in WebGrants

Number of Deputy(s)	Status of Employee (Full Time/Prorated)	Pay Period Dates(s) (Date range covered by the supplement)	Unit Supplement Amount	Unit Benefit Amount	Total Supplement	Total Benefits
2	Full Time	07/01/26 - 07/31/26	\$ 250.00	\$ 41.00	\$ 500.00	\$ 82.00
					\$ -	\$ -
1	Full Time	07/01/2026-07/15/26	\$ 125.00	\$ 20.50	\$ 125.00	\$ 20.50
1	Full Time	07/16/2026-07/31/26	\$ 125.00	\$ 20.50	Total 125.00	\$ 20.50
					Supplement	Total Benefits
				Total	\$ 750.00	\$ 123.00
				Claim Total		\$ 873.00

Total Claim for Reimbursement



Reimbursement Requests (Claims)

- After all entries have been made, print the invoice
- Have the invoice **signed and certified** by the Authorized Official or the Project Director and the Fiscal Officer listed in the Contact Information component in WebGrants
 - **Certification is achieved by marking all certification boxes as complete!!!**

These boxes must be checked upon signing the invoice for it to be considered valid

The names and titles may be typed before printing the invoice

☐ I certify the above full-time individuals have worked 30 or more hours per week or 130 hours or more per month.
☐ I certify that any deputy listed above, who has worked less than 30 hours per week or less than 130 hours per month has been prorated to correct the amount.
☐ I certify the supplement(s) and benefit rate(s) listed above, for each deputy, are accurate.
☐ I certify the supplement(s) requested above have been paid to the County Deputy(s).
☐ I certify the information listed above is accurate.

Printed Name (Authorized Official/Project Director): _____
Printed Title (Authorized Official/Project Director): _____
Signature (Authorized Official/Project Director): _____
Date: _____
Printed Name (Fiscal Officer): _____
Printed Title (Fiscal Officer): _____
Signature (Fiscal Officer): _____
Date: _____



Reimbursement Requests (Claims)

- After the invoice is complete, return to WebGrants to enter the claim
- On the “Claims” component, under the instructions, select “Add Claim”

Claims must be submitted at a minimum of 1 per quarter.

The final claim must include a payroll summary for the entire period of the grant. (Exception: if it is easier for your agency to submit a payroll summary monthly, quarterly, or biannually those reports will be accepted in lieu of annually)

Claims [+ Add Claim](#)

All claims associated with this grant appear below.

ID	Type	Status	Start Date	End Date	Last Submitted Date	Paid Date	Claim Amount
No data available in table							
Submitted Amount:							\$0.00
Approved Amount:							\$0.00
Awaiting Payment Amount:							\$0.00
Paid Amount:							\$0.00
Total Amount:							\$0.00

[← Previous](#) [Next →](#)



Reimbursement Requests (Claims)

- Complete General Information:
 - Claim Type – Monthly, Quarterly, or Other
 - Reporting Period – Date(s) covered by the invoice
 - Start Date: first date of the first pay period
 - End Date: last date of the last pay period
- Select “No” on “Final Request?” on all claims until the final claim
- Invoice Number – **LEAVE BLANK**
- Select “Save Form”

General Information - Claim - Edit Save Form

In the form below, complete all required fields. Enter the report period of coverage for this claim. All expenses reported on this claim should have been incurred during this period of time. If this is the last claim that will be submitted for this grant, then the Final Request checkbox should be checked.

Examples Quarterly Reporting Period: 1/1 - 3/31, 4/1 - 6/30, 7/1 - 9/30, and 10/1 - 12/31

Status*:
Type*: Monthly
Due Date:
Report Period*: 07/01/2026 07/31/2026
Start Date End Date
Final Request?*: Yes No
Click Yes if this is the final request
Invoice Number:

State: [] Drop first 3 digits of number. Leave blank if there is not an invoice number!



Reimbursement Requests (Claims)

- Select "Detail of Expenditure"



Component	Complete?	Last Edited
General Information	✓	Jul 20, 2026 11:58 AM - TEST TEST
Detail of Expenditure	-	-
Other Attachments	-	-



Reimbursement Requests (Claims)

- Select “Add Row” to add an expenditure line



Budget - Multi-List + Add Row

Budget Line Label	Description	Cost	Expense Total
No Data for Table			
+ Add Row			

Reimbursement

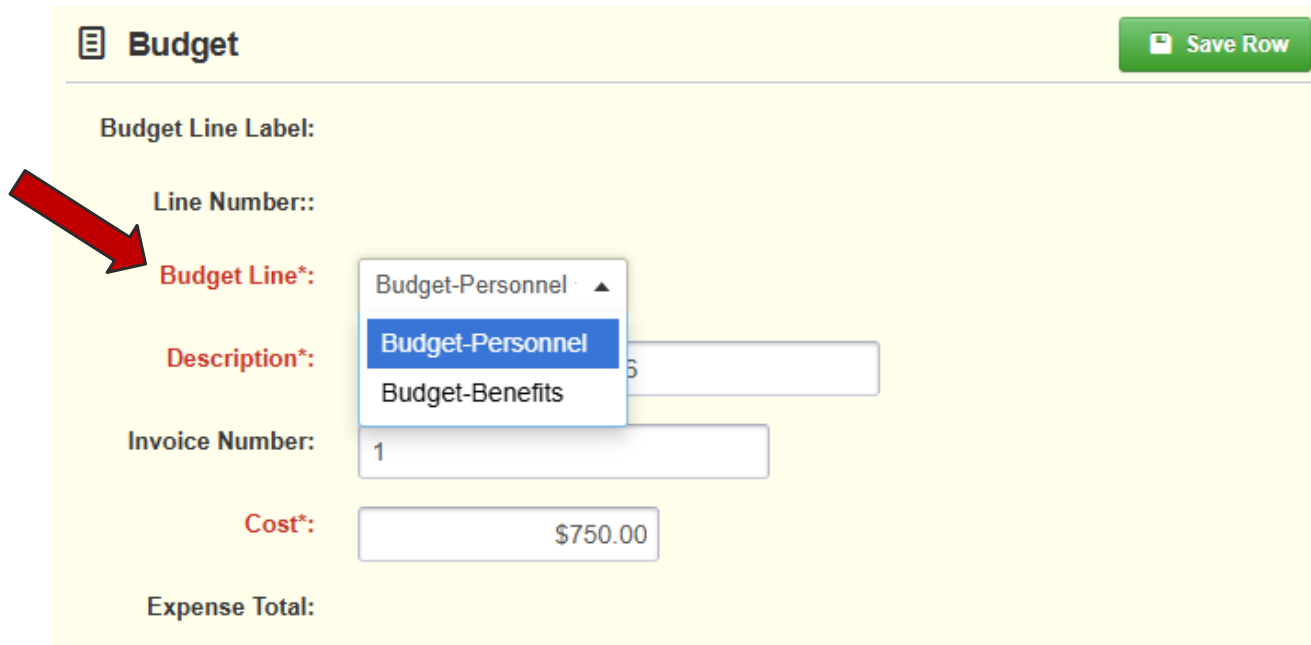
Budget Category	Subaward Budget	Expenses This Period	Prior Expenses (Paid)	Total	Available Balance (Unpaid)
Budget Lines					
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NOTE: Once you have selected a row and saved, you cannot change it, you will have to delete the row and re-add if you selected the wrong drop-down



Reimbursement Requests (Claims)

- Complete each line of the Detail of Expenditure form
 - Budget Line
 - Only approved budget lines will show in the drop-down menu
 - Select the budget line you wish to enter



Budget Save Row

Budget Line Label:

Line Number::

Budget Line*: Budget-Personnel

Description*: Budget-Personnel

Invoice Number: 1

Cost*: \$750.00

Expense Total:



Reimbursement Requests (Claims)

- Complete each line of the Detail of Expenditure form
 - Description
 - Enter either “Supplement” or “Benefits” followed by the date(s) of pay period(s) from the completed invoice
 - Enter 1 line for supplement – regardless of how many payroll periods are being claimed on the Invoice
 - Enter 1 line for benefits – regardless of how many payroll periods are being claimed on the Invoice

Budget

Save Row

Budget Line Label:

Line Number::

Budget Line*:

Budget-Personnel

Description*:

07/01/2026-07/31/2026

Invoice Number:

1

Cost*:

\$750.00

Expense Total:

Budget

Save Row

Budget Line Label:

Line Number::

Budget Line*:

Budget-Benefits

Description*:

07/01/2026-07/31/2026

Invoice Number:

1

Cost*:

\$123.00

Expense Total:



Reimbursement Requests (Claims)

- Cost
 - The total cost of the corresponding expenditure budget line
 - Amounts should be taken from the invoice

Total Supplement	Total Benefits
\$ 500.00	\$ 82.00
\$ -	\$ -
\$ 125.00	\$ 20.50
\$ 125.00	\$ 20.50
\$ -	\$ -
\$ 750.00	\$ 123.00
	\$ 873.00



Reimbursement Requests (Claims)

- Invoice #
 - Use the Invoice Number that is listed on the DSSSF Invoice that will be attached to this claim

	DSSSF Invoice
Invoice Number:	1
Invoice Date:	7/31/26

Budget		Save Row
Budget Line Label:		
Line Number::		
Budget Line*:	Budget-Personnel ▼	
Description*:	07/01/2026-07/31/2026	
Invoice Number:	1	
Cost*:	\$750.00	
Expense Total:		



Reimbursement Requests (Claims)

- Cost: Enter the total amount of the Supplement or Benefit listed on the Invoice, whichever applies
 - Use the Invoice Number that is listed on the DSSSF Invoice that will be attached to this claim

 **Budget** Save Row

Budget Line Label:

Line Number::

Budget Line*:

Description*:

Invoice Number:

Cost*:

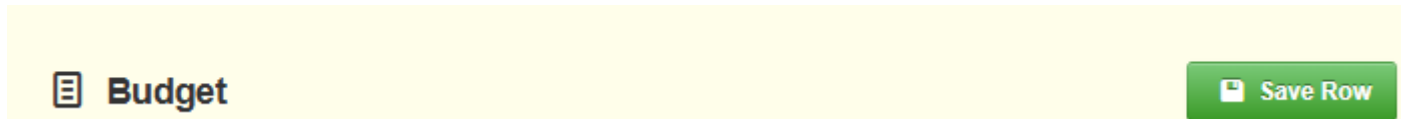
Expense Total:

Total Supplement	Total Benefits
\$ 500.00	\$ 82.00
\$ -	\$ -
\$ 125.00	\$ 20.50
\$ 125.00	\$ 20.50
\$ -	\$ -
\$ 750.00	\$ 123.00
	\$ 873.00



Reimbursement Requests (Claims)

- Once the supplement amount has been added, select “Save Row”



- Select “Add Row” to add the benefits and complete the same steps as you did to add the supplement

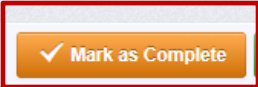


Reimbursement Requests (Claims)

- Verify the amounts entered on the Detail of Expenditure form have carried down to the reimbursement section correctly
- If the amounts do not match, contact your Grant Specialist for assistance, as you are not able to edit the reimbursement section
- Select “Mark as Complete”

 **Detail of Expenditure** - Current Version

 **Budget** - Multi-List

Budget Line Label	Line Number:	Description	Invoice Number	Cost	Expense Total
Budget-Personnel	0	07/01/2026-07/31/2026	1	\$750.00	\$750.00
Budget-Benefits	0	07/01/2026-07/31/2026	1	\$123.00	\$123.00

Last Edited By: TEST TEST - Jul 20, 2026 12:11 PM 

 **Reimbursement** 

Budget Category	Subaward Budget	Expenses This Period	Prior Expenses (Paid)	Total	Available Balance (Unpaid)
Budget					
Personnel	\$15,000.00	\$750.00	\$0.00	\$750.00	\$14,250.00
Benefits	\$1,147.50	\$123.00	\$0.00	\$123.00	\$1,024.50
	\$16,147.50	\$873.00	\$0.00	\$873.00	\$15,274.50
	\$16,147.50	\$873.00	\$0.00	\$873.00	\$15,274.50



Reimbursement Requests (Claims)

- Select “Other Attachments”

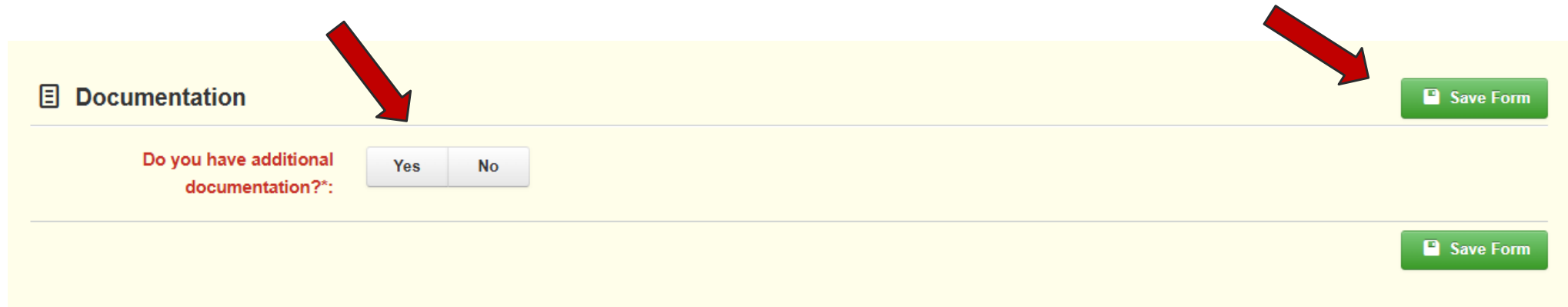


Component	Complete?	Last Edited
General Information	✓	Jul 20, 2026 11:58 AM - TEST TEST
Detail of Expenditure	✓	Jul 20, 2026 12:11 PM - TEST TEST
Other Attachments	-	



Reimbursement Requests (Claims)

- Select “Yes” to attach the supporting documentation (i.e., signed invoice)
 - Select “Save Form”



The screenshot shows a form with a yellow background. At the top left, there is a section header 'Documentation' with a document icon. A red arrow points to this section. Below the header, the text 'Do you have additional documentation?*' is displayed in red. To the right of this text are two buttons: 'Yes' and 'No'. Another red arrow points to a green 'Save Form' button located at the top right of the form. A second 'Save Form' button is visible at the bottom right of the form.

Documentation

Do you have additional documentation?*

Yes No

Save Form

Save Form



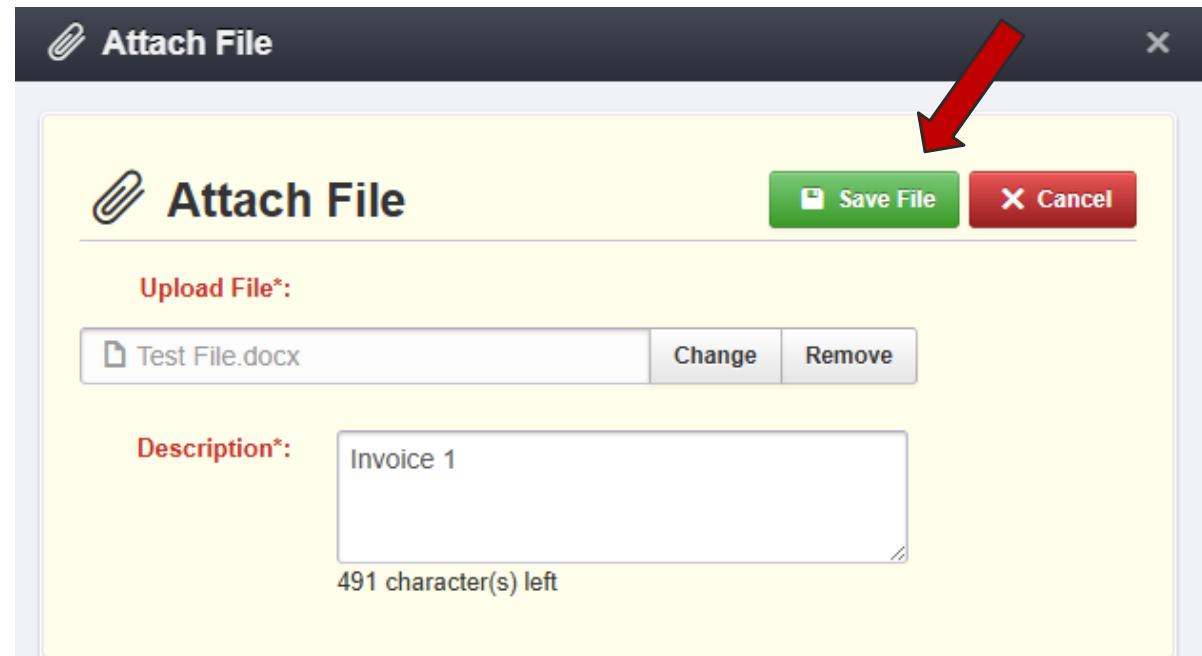
Reimbursement Requests (Claims)

- Select “Add New Attachment”



The screenshot shows a web interface for managing attachments. At the top, there is a header bar with a paperclip icon, the text "Other Attachments - Other Attachments", and two buttons: "Mark as Complete" (orange) and "Add New Attachment" (green). Below the header is a table with columns: "Description", "File Name" (with a link icon), "Type", "Size", "Upload Date", and "Delete". A red arrow points to the "Add New Attachment" button.

- Select the file(s) that are located on your computer
 - Completed/signed invoice
 - Payroll Summary (if applicable)
- Enter a description of the file
- Select “Save File”



The screenshot shows a modal dialog box titled "Attach File". It has a header bar with a paperclip icon and a close button. Below the header, there is a section with a paperclip icon and the text "Attach File". To the right of this section are two buttons: "Save File" (green) and "Cancel" (red). Below this is a section labeled "Upload File*:" with a text input field containing "Test File.docx" and two buttons: "Change" and "Remove". Below that is a section labeled "Description*:" with a text input field containing "Invoice 1". At the bottom of the description field, it says "491 character(s) left". A red arrow points to the "Save File" button.



Reimbursement Requests (Claims)

- When all attachments have been added, select “Mark as Complete”

 Other Attachments - Other Attachments				✓ Mark as Complete	+ Add New Attachment
Description	File Name 	Type	Size	Upload Date	Delete
Invoice 1	Test File.docx	docx	11 KB	07/20/2026 12:19 PM	Delete



Reimbursement Requests (Claims)

- When all Claim Components have been completed, select “Submit Claim”

Claim is in compliance and is ready for Submission!		
Component	Complete?	Last Edited
General Information	✓	Jul 20, 2026 11:58 AM - TEST TEST
Detail of Expenditure	✓	Jul 20, 2026 12:11 PM - TEST TEST
Other Attachments	✓	Jul 20, 2026 12:19 PM - TEST TEST



✓ Submit Claim

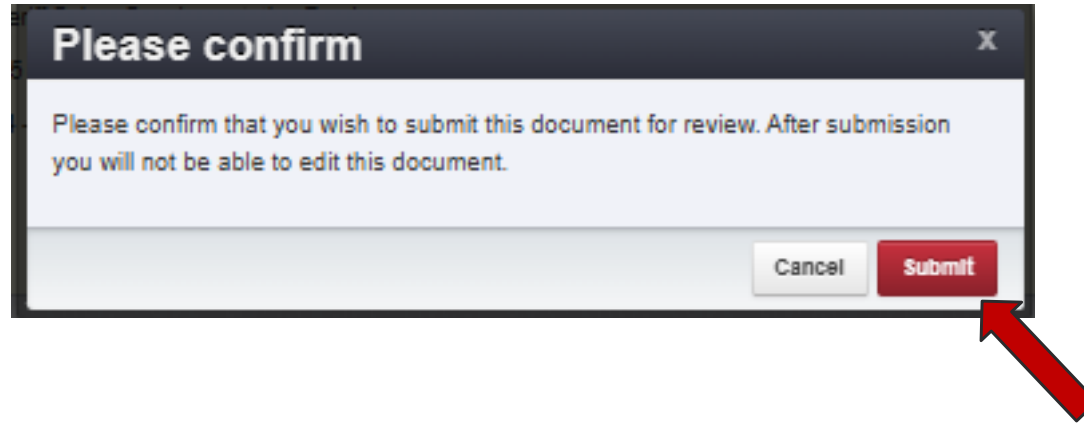
✕ Withdraw

🔍 Preview Claim



Reimbursement Requests (Claims)

- Select “Submit” to confirm you want to submit the claim for review



Subaward Adjustments

- [Information Bulletin 3: Policy on Budget Modification, Program Changes, Scope of Work Changes, Subaward Adjustments, Status Reports and Return of Funds](#) discusses Subaward Adjustments
- Subaward Adjustments are required for:
 - Budget Modification
 - A change in deputy that is listed in the Budget Justification
 - Transferring funds from the existing supplemental line to a benefit line
 - No additional monies are available to be awarded
 - A request for a budget modification must be submitted through WebGrants as a Subaward Adjustment
 - Program Modifications
 - Program changes include changes in recipient staff, Authorized Officials, Project Directs, Fiscal Officers, and Officers in Charge
 - Additional changes may include address, phone or email changes or any other information in the Organization component in WebGrants
 - A request for a program modification must be submitted through WebGrants as a Subaward Adjustment



Subaward Adjustments

- Select Subaward Adjustments

 **Grant Components**

The grant forms appear below.

Your grant award details are saved here, as grant.

Component
General Information
Award Documents - Final
Budget
Claims
Closeout
Contact Information
Correspondence
 Subaward Adjustments
Funding Opportunity
Application



Subaward Adjustments

- Select “Add Amendment”



Subaward Adjustments				+ Add Amendment
ID	Type	Status	Title	Last Submitted Date



Subaward Adjustments

- Complete General Information:
 - Amendment Type
 - Budget Revision
 - Program Revision
 - Title – Provide a brief title such as Subaward Adjustment #1
 - Select “Save Form”



General Information - Amendment - Edit [Save Form](#)

In the form below, complete all required fields. Select the appropriate amendment type and enter a short and concise title.

Status*:

Amendment Type*:

Title*:

#1



Subaward Adjustments

- “Select Justification” Component of the Subaward Adjustment



Component
General Information
Justification
Budget - NEW Form
Confirmation
Attachments



- Explain the requested change(s) in the “Justification”
- When requesting to add or remove a deputy to the justification:
 - Provide the position number listed on the budget
 - Name of the deputy
 - Last date of employment, if the deputy needs to be removed
 - Starting date of the new deputy
 - New hires will also need to add their annual salary without supplement
- Select “Save Form”
- Select “Mark As Complete”

Justification

Please explain the reason for the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the objectives of the project.

Justification*:

The following changes have occurred:

- Mayor Amelia Jaegers resigned her position August 1, 2026. Maggie Glick took her position effective August 2, 2026. The address and fax number will remain the same, however, the phone number needs to be changed to (573) 526-3510 and her email will be Maggie.Glick@dps.mo.gov.
- Candy Jones position 6 resigned from the agency effective July 28, 2026.
- Payton Jones was hired effective July 29, 2026 with an annual salary of \$42,000. She will fill the vacant position 6 of Candy Jones.

body ol li Paragraphs: 3, Words: 85, Characters (with HTML): 615



Subaward Adjustments

- Select “Budget”
 - Only required for “Budget Revisions”
 - This component will not show or be a required component for “Program Revisions”



Component
General Information
Justification
Budget - NEW Form
Confirmation
Attachments



Subaward Adjustments

- Adjust the budget line to mirror the changes that are to occur, if any
 - Make sure to update the Total Federal/State Share amounts

Category	Current Budget	Revised Amount	Net Change
Personnel	\$15,000.00	\$15,100.00	\$100.00
Personnel Benefits	\$1,147.00	\$1,047.00	\$-100.00
Personnel Overtime	\$0.00	\$0.00	\$0.00
Personnel Overtime Benefits	\$0.00	\$0.00	\$0.00
Volunteer Match	\$0.00	\$0.00	\$0.00
Travel/Training	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies/Operations	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Renovation/Construction	\$0.00	\$0.00	\$0.00
Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL	\$16,147.00	\$16,147.00	\$0.00

Last Edited By: TEST TEST - Jul 20, 2026 2:48 PM

[Edit Grid](#)

Federal/State and Local Match Share - Grid

[Mark as Complete](#)

[Edit Grid](#)

The **Current Budget** column represents the current subaward. Enter the total federal/state share and total local match share as it is reflected in the current version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Current Budget column above.

The **Revised Amount** column represents the requested, revised total of the budget as a result of the Subaward Adjustment. Therefore, enter the total federal/state share and the total local match share as it will be reflected in the revised version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Revised Amount column above.

Category	Current Budget	Current Percent	Revised Amount	Revised Percent	Net Change
Total Federal/State Share	\$16,147.50	100.00%	\$16,147.50	100.00%	\$0.00
Total Local Match Share	\$0.00	0.00%	\$0.00	0.00%	\$0.00



Subaward Adjustments

- Select “Save Grid”



- Select “Mark as Complete”



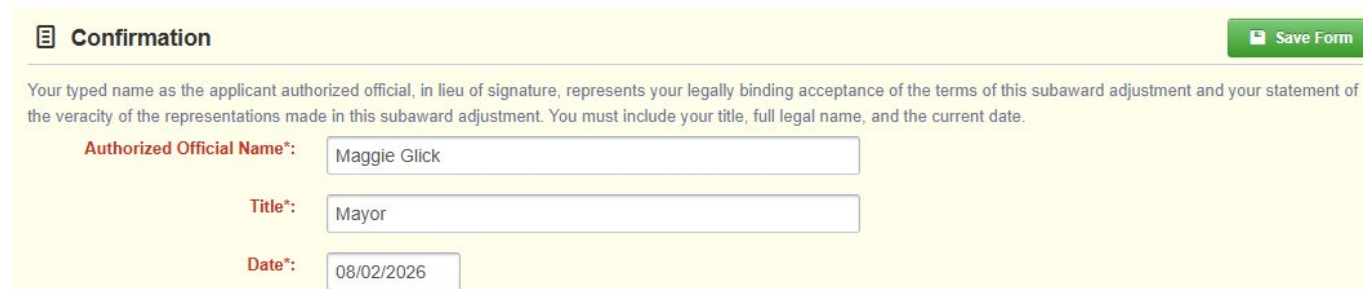
Subaward Adjustments

- Select “Confirmation”



Component
General Information
Justification
Budget - NEW Form
Confirmation
Attachments

- Complete with Authorized Official’s Name, Title, and Date and select “Save Form”



Confirmation [Save Form](#)

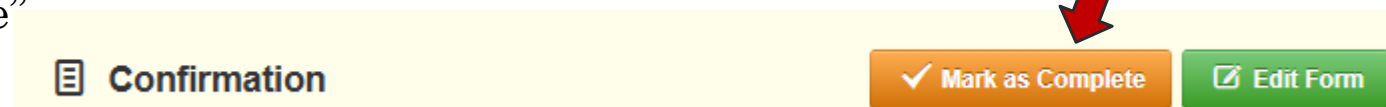
Your typed name as the applicant authorized official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of the veracity of the representations made in this subaward adjustment. You must include your title, full legal name, and the current date.

Authorized Official Name*:

Title*:

Date*:

- Select “Mark as Complete”



Confirmation [✓ Mark as Complete](#) [Edit Form](#)



Subaward Adjustments

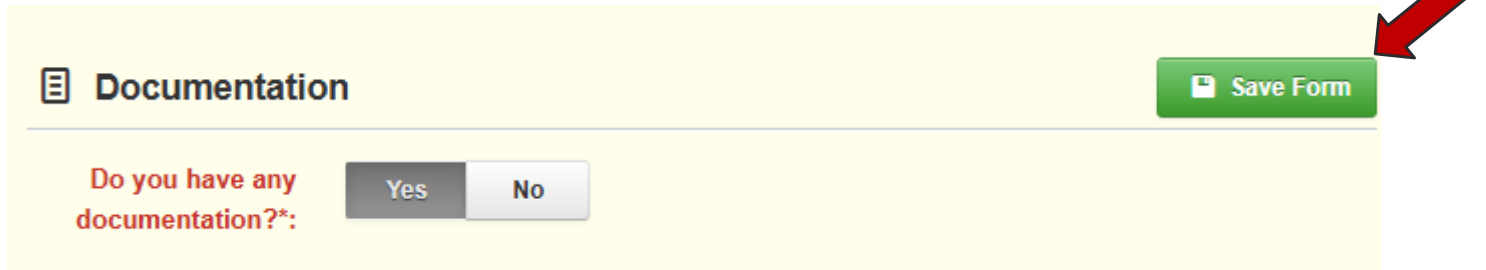
- Select “Attachments”
- Attachments may include:
 - Updated benefit rate sheet

Component
General Information
Justification
Budget - NEW Form
Confirmation
Attachments



Subaward Adjustments

- Select “Yes” or “No” to indicate if supporting documentation will be attached
 - Select “Save Form”



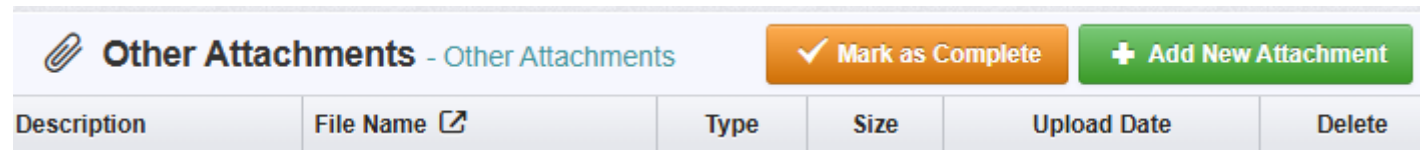
 **Documentation** 

Do you have any documentation?*: ☐ Yes ☐ No



Subaward Adjustments

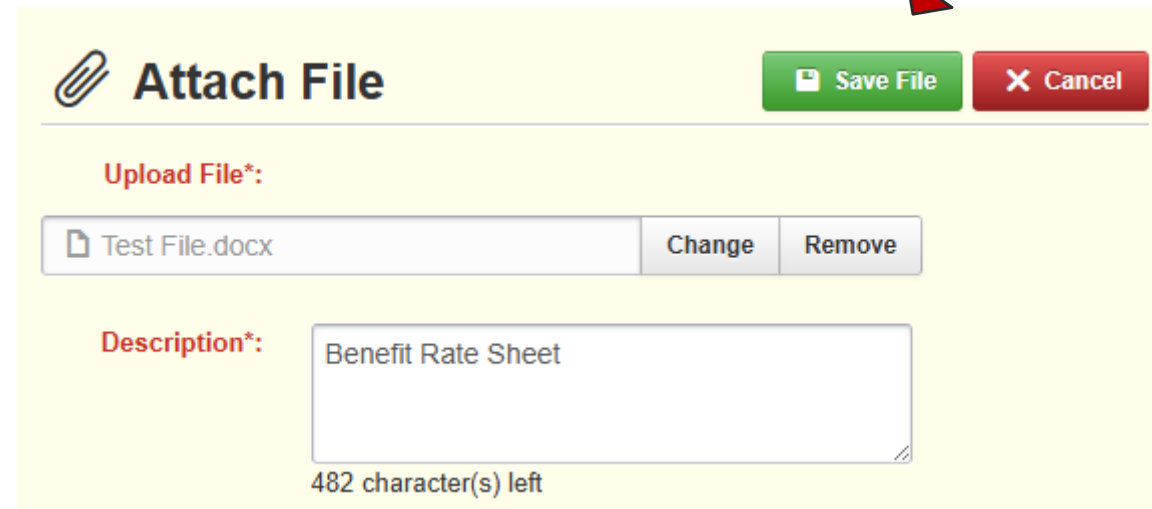
- Select “Add New Attachment”



 **Other Attachments** - Other Attachments ✓ Mark as Complete + Add New Attachment

Description	File Name 	Type	Size	Upload Date	Delete
-------------	---	------	------	-------------	--------

- Select the file(s) that are located on your computer
- Enter a description of the file
- Select “Save File”



 **Attach File** Save File Cancel

Upload File*:

 Test File.docx Change Remove

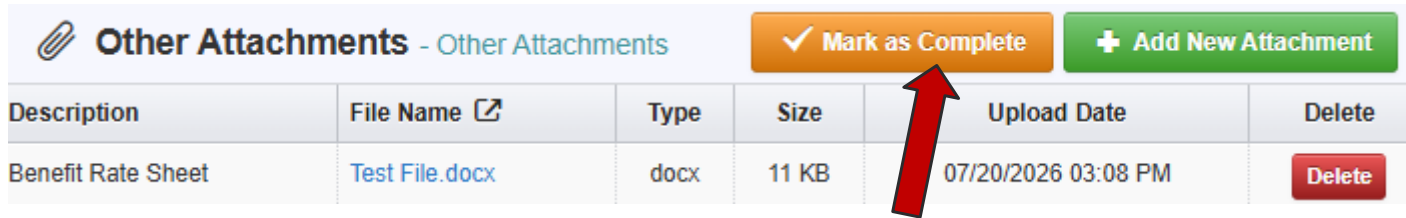
Description*:

482 character(s) left



Subaward Adjustments

- When all attachments have been added, select “Mark as Complete”



The screenshot shows a web interface for managing attachments. At the top, there is a header bar with a paperclip icon, the text "Other Attachments - Other Attachments", and two buttons: "✓ Mark as Complete" (orange) and "+ Add New Attachment" (green). Below the header is a table with the following columns: Description, File Name (with a link icon), Type, Size, Upload Date, and Delete. The table contains one row with the following data: Description: "Benefit Rate Sheet", File Name: "Test File.docx" (with a link icon), Type: "docx", Size: "11 KB", Upload Date: "07/20/2026 03:08 PM", and Delete: a red "Delete" button. A red arrow points to the "Mark as Complete" button.

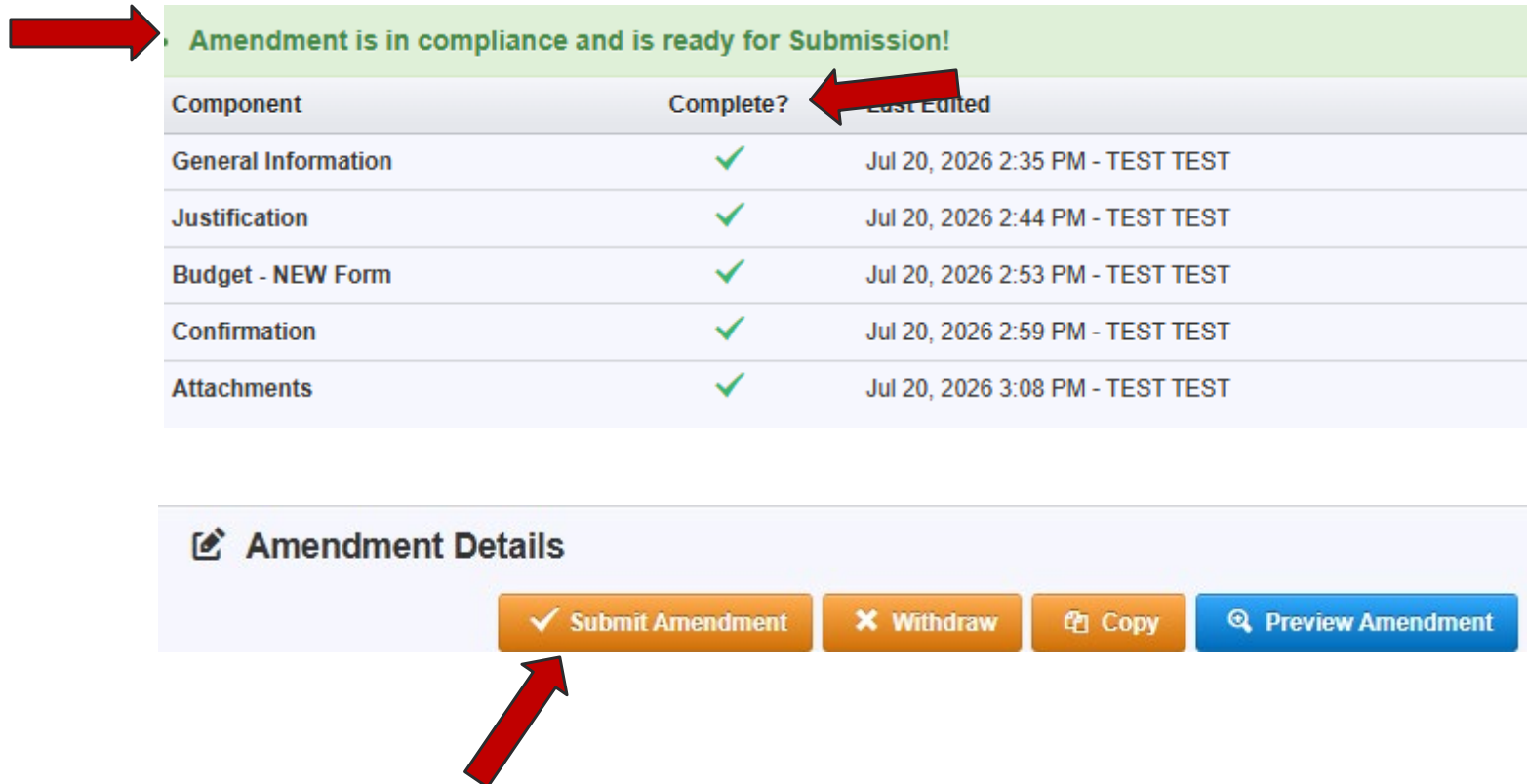
Description	File Name 	Type	Size	Upload Date	Delete
Benefit Rate Sheet	Test File.docx	docx	11 KB	07/20/2026 03:08 PM	Delete

- If you do not have any documents to add, select “No” indicating you do not have to documentation to add and select “Mark as Complete”



Subaward Adjustments

- When all Subaward Adjustment Components have been completed, select “Submit Amendment”



The screenshot displays a web interface for Subaward Adjustments. At the top, a green banner states "Amendment is in compliance and is ready for Submission!". Below this is a table with three columns: "Component", "Complete?", and "Last Edited". All components are marked as complete with green checkmarks. At the bottom, a section titled "Amendment Details" contains four buttons: "Submit Amendment" (highlighted with a red arrow), "Withdraw", "Copy", and "Preview Amendment".

Component	Complete?	Last Edited
General Information	✓	Jul 20, 2026 2:35 PM - TEST TEST
Justification	✓	Jul 20, 2026 2:44 PM - TEST TEST
Budget - NEW Form	✓	Jul 20, 2026 2:53 PM - TEST TEST
Confirmation	✓	Jul 20, 2026 2:59 PM - TEST TEST
Attachments	✓	Jul 20, 2026 3:08 PM - TEST TEST

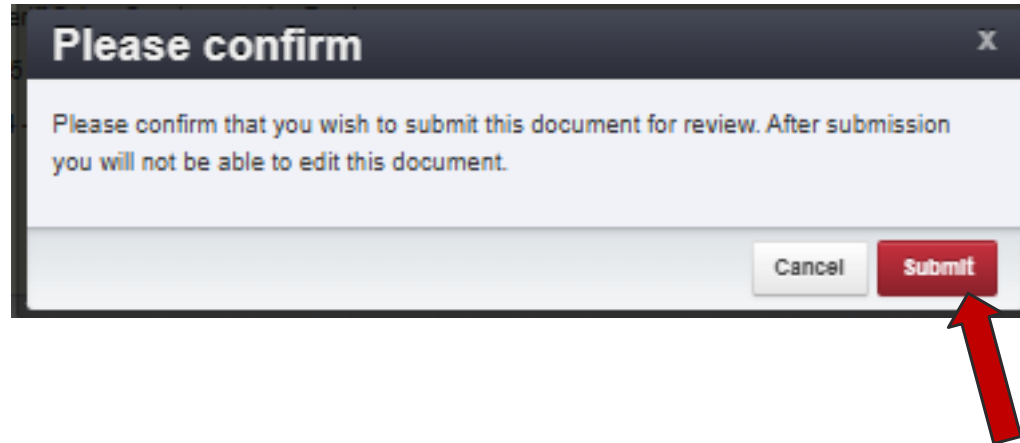
Amendment Details

✓ Submit Amendment ✕ Withdraw 📄 Copy 🔍 Preview Amendment



Subaward Adjustments

- Select “Submit” to confirm you want to submit the Subaward Adjustment for review



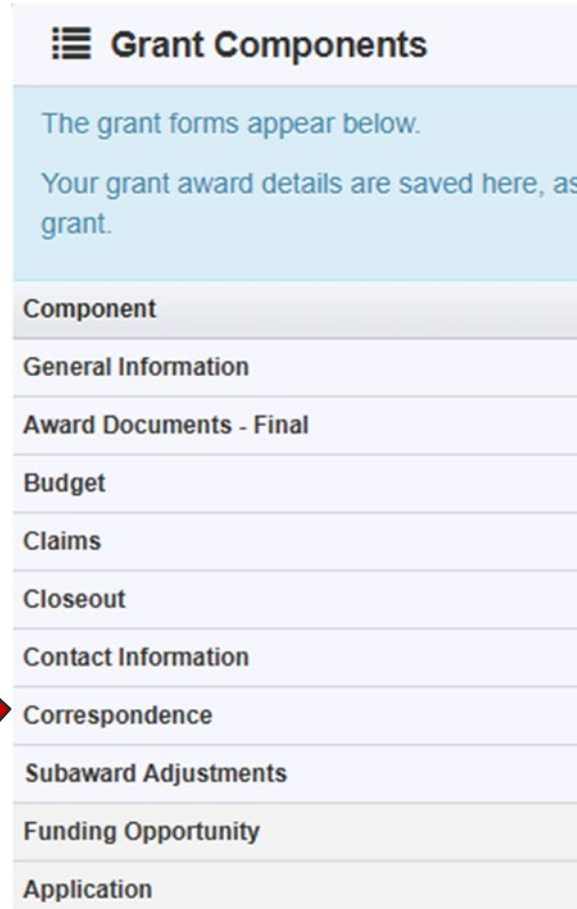
Status Reports

- Status Reports are no longer be required for the DSSSF!



Correspondence

- Correspondence Component of the grant should be used for contacting the DPS/OHS with approval requests, questions, pertinent information regarding your grant, etc.
- Select “Correspondence”



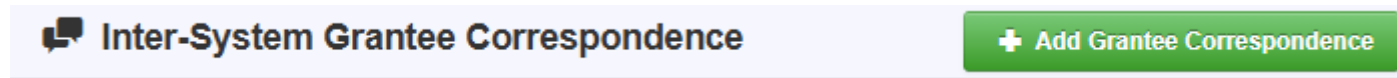
The screenshot shows a web interface for grant management. At the top, there is a header "Grant Components" with a hamburger menu icon. Below the header, a light blue box contains the text: "The grant forms appear below." and "Your grant award details are saved here, as grant." Below this box is a list of components: Component, General Information, Award Documents - Final, Budget, Claims, Closeout, Contact Information, Correspondence, Subaward Adjustments, Funding Opportunity, and Application. A red arrow points to the "Correspondence" option.

Component
General Information
Award Documents - Final
Budget
Claims
Closeout
Contact Information
Correspondence
Subaward Adjustments
Funding Opportunity
Application



Correspondence

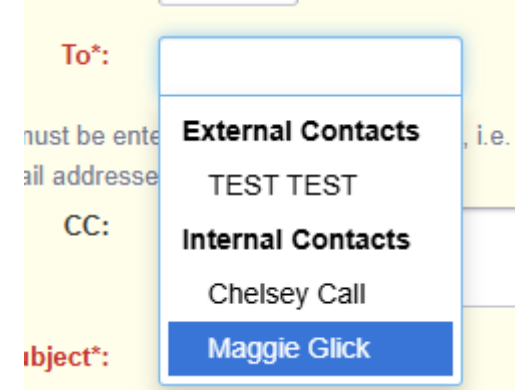
- To send correspondence, select “Add Grantee Correspondence”



- Correspondence works similar to email
 - To: Select who you would like to send the correspondence to (multiple people can be selected)
 - CC: Additional people who are not in WebGrants users can be added in CC
 - Use “;” between each email address

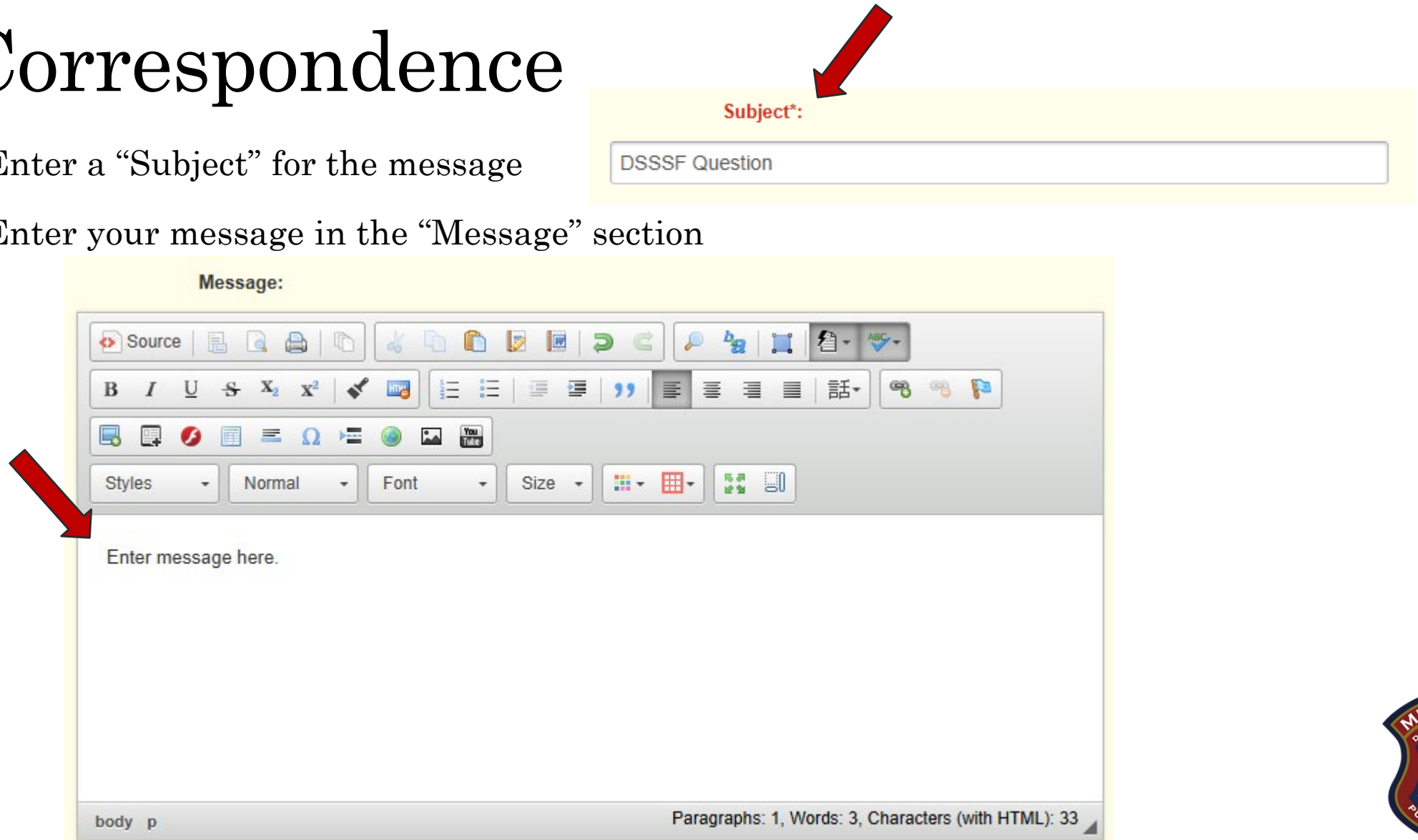
CC addresses must be entered in a valid email format, i.e. name@domain.org. Use a semicolon (;) to separate multiple CC email addresses.

CC:



Correspondence

- Enter a “Subject” for the message
- Enter your message in the “Message” section



The screenshot shows a web form for correspondence. At the top, a yellow box contains the label "Subject*" in red text, with a red arrow pointing to it. Below this is a text input field containing "DSSSF Question". Below the yellow box is another yellow box labeled "Message:". Inside this box is a rich text editor with a toolbar containing various icons for source, undo, redo, bold, italic, underline, strikethrough, subscript, superscript, link, unlink, bulleted list, numbered list, indent, outdent, quote, unquote, decrease indent, increase indent, link, unlink, and a speech bubble. Below the toolbar are dropdown menus for "Styles" (set to "Normal"), "Font", and "Size", along with color and background color pickers. A red arrow points to the text area of the editor, which contains the placeholder text "Enter message here.". At the bottom of the form, a status bar shows "body p" on the left and "Paragraphs: 1, Words: 3, Characters (with HTML): 33" on the right.

Subject*

DSSSF Question

Message:

Enter message here.

body p Paragraphs: 1, Words: 3, Characters (with HTML): 33



Correspondence

- Attach any necessary documents in the “Attachments” section
 - Select “Select File” to locate the document on your computer

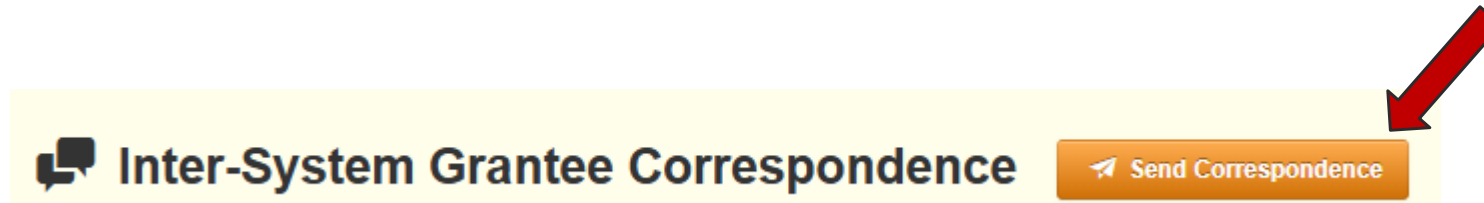


Attachment 1: [Select file](#)

Attachment 2: [Select file](#)

Attachment 3: [Select file](#)

- Select “Send Correspondence” to send the message to the DPS/OHS



 **Inter-System Grantee Correspondence** [Send Correspondence](#)



Correspondence

- Examples of Correspondence
 - Questions pertaining to the grant
 - For new contacts, Authorized Official, Project Director, Fiscal Officer, Project Contact Person changes will be submitted through a Subaward Adjustment – Program Revision
- Your grant specialist will receive an alert when you send correspondence through the WebGrants system
- When you receive correspondence, it will be sent to your email from dpswebgrants@dpsgrants.dps.mo.gov
- When receiving emails from WebGrants, **DO NOT** reply from your email
 - The reply will go to a generic inbox and will cause a delay in response



Correspondence

- To reply to Correspondence
 - Select the subject of the Correspondence

 **Inter-System Grantee Correspondence** [+ Add Grantee Correspondence](#)

Search:

Flag	Sent/Received	From	To	Subject	Message	Attachment 1	Attachment 2	Attachment 3	Attachment 4	Attachment 5
	Jul 20, 2026 3:30 PM	TEST TEST	Maggie Glick	DSSSF Question	Enter message here.	Test File.docx				

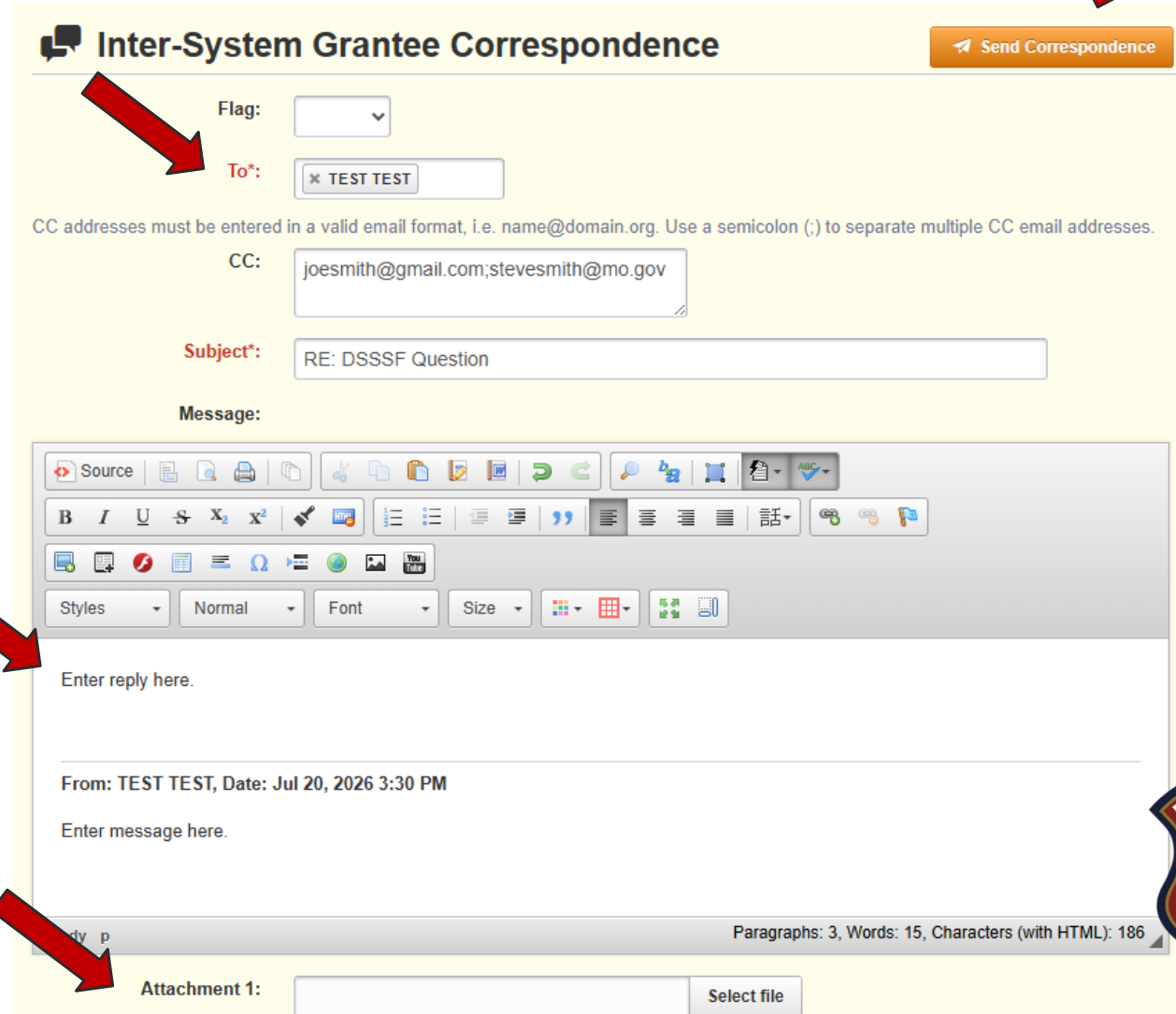
- Select “Reply to Message”

 **Inter-System Grantee Correspondence** [← Reply to Message](#) [→ Forward Message](#)



Correspondence

- Select who you want to the reply to go to
- Add your “Message” above the start of the original Correspondence
- Add Attachments, as applicable
- Select “Send Correspondence”



Inter-System Grantee Correspondence Send Correspondence

Flag:

To*:

CC addresses must be entered in a valid email format, i.e. name@domain.org. Use a semicolon (;) to separate multiple CC email addresses.

CC:

Subject*:

Message:

Enter reply here.

From: TEST TEST, Date: Jul 20, 2026 3:30 PM

Enter message here.

Attachment 1: Select file

Paragraphs: 3, Words: 15, Characters (with HTML): 186



Next Steps

- The Award Agreement was sent via email
- The Authorized Official must sign the Award Agreement and initial each page of the Articles of Agreement
- The signed Award Agreement should be emailed to Maggie Glick at Maggie.Glick@dps.mo.gov
- Grants will be marked underway in WebGrants upon return of the signed Award Agreement and Compliance Workshop Acknowledgement
 - Compliance Workshop Acknowledgement will be sent via email upon completion of the Compliance Workshop



MoSMART Board Members

- Sheriff Randee M. Kaiser – Chairman
- Sheriff Michael Bonham – Vice-Chair



Contact Information

Maggie Glick

- Grants Specialist
- (573) 526-3510
- Maggie.Glick@dps.mo.gov

Amelia Jaegers

- Lead Grants Specialist
- (573) 522-4094
- Amelia.Jaegers@dps.mo.gov

Chelsey Call

- Grants Supervisor
- (573) 526-9203
- Chelsey.Call@dps.mo.gov

Joni McCarter

- Program Manager
- (573) 526-9203
- Joni.McCarter@dps.mo.gov

