FY 2023 JAG Drug Task Force (DTF) Application Workshop

FY 2023 JAG DTF Purpose

▶ The purpose of the Edward J. Byrne Memorial Justice Assistance Grant (JAG DTF)

  ▶ The Missouri Department of Public Safety's strategic priorities encompass several key initiatives including; building relationships with external stakeholders, identifying hazards and threats to public safety, maintaining sufficient capacities to perform statutorily required responsibilities and utilizing Federal and State programs to protect, as well as, provide impactful service to Missouri citizens. The JAG DTF grant opportunity provides resources to combat drug related crimes.

FY 2023 JAG DTF Eligible Applicants

- Eligible Applicants
  - Multi-Jurisdictional Drug Task Forces
    - Minimum of 10 MOU/MOA signers is recommended – MOU/MOA must be submitted with the application
    - Applicant agency must be its respective unit of state or local government

- Reference the Notice of Funding Opportunity for additional detail
  - [FY 2023 JAG-DTF Notice of Funding Opportunity](#)

Login

- To begin an application login to the WebGrants System
  - Returning users or Organizations
    - Enter User ID under Log In
  - New Users select "Register Here"

New Users

- If you are applying as a "New User"
  - If may take a few days for your request to be approved by DPS staff

Two-Step Verification

▶ Type in your Password

▶ Type in your One-Time Passcode

    ▶ An one-time passcode will be sent to the email address that is registered with the User ID

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:*

Authenticate

Reset Password

Resend One Time Passcode

JAG DTF Application

- Select "Funding Opportunities from the "Main Menu"
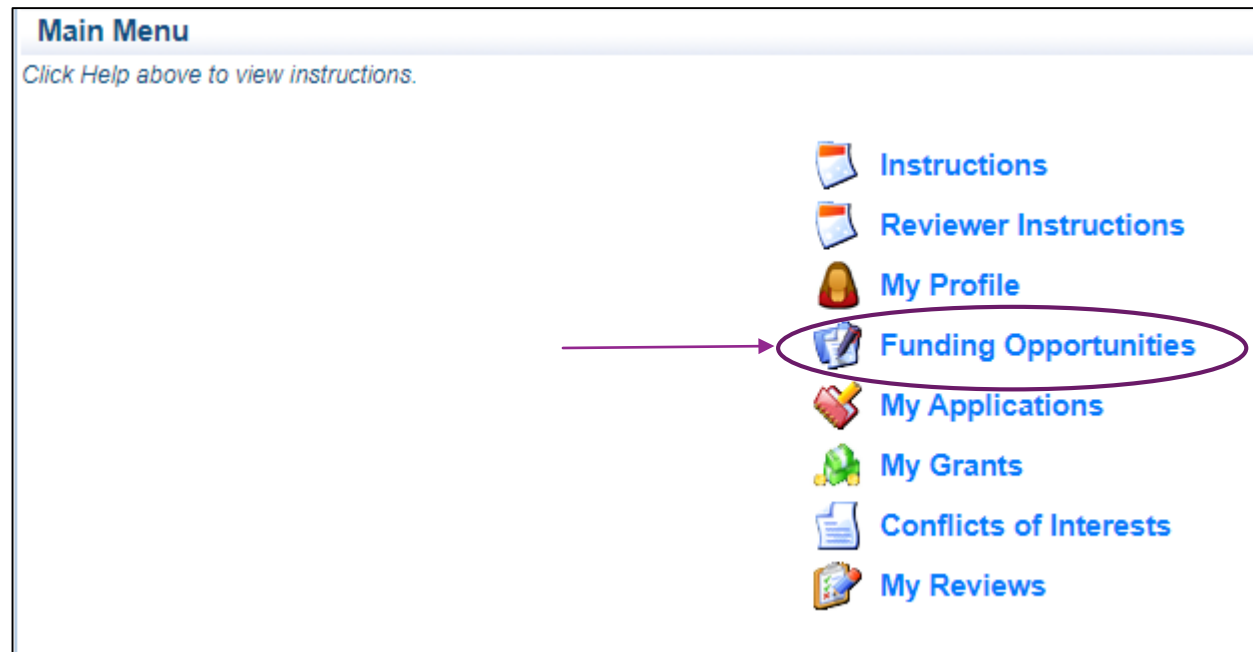
Funding Opportunities

▶ Select the "2023 JAG-DTF" Funding Opportunities

153511	Editing	2023 JAG-DTF	←	Edward Byrne Memorial Justice Assistance Grant (JAG)	05/03/2023

▶ Review the Funding Opportunity details including:

  ▶ Description

  ▶ Attachments

    ▶ 2023 JAG DTF NOFO

    ▶ 2023 JAG DTF Certified Assurances

  ▶ Website Links

    ▶ DPS JAG Website

Funding Opportunity, cont.

▶ After reviewing the information, select "Start a New Application"

Copy Existing Application | Start a New Application

▶ The Project Form has been updated, so "Copy Existing Application" will not save time, as all of the forms will be blank

General Information

► Complete the entire form as indicated:

  ► **Primary Contact:** Select from the drop down, who will be the Primary Contact for the application

  ► **Project Title:** Enter JAG 23 – Task Force name (i.e. JAG 23 – Whoville Island Narcotics (WIN) Task Force

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

General Information cont.

- Select "Save"

- Select "Go to Application Forms"

FFY 2023 JAG DTF Application Forms

▶ The FY 2023 JAG DTF Application will include 6 forms:

  ▶ General Information

  ▶ Contact Information

  ▶ Eligibility Requirements

  ▶ Project Form 2023

  ▶ Budget

  ▶ Named Attachments

FFY 2023 JAG DTF Application Forms cont.

▶ Once the General Information component has been completed, the Application Forms components will appear

▶ Each form must be completed and "Marked as Complete" before the application can be submitted

Application Forms		Application Details	Submit	Withdraw
Form Name	Complete?	Last Edited
General Information	✓	03/30/2023
Contact Information 2023		03/30/2023
Eligibility Requirements		03/30/2023
Project Form 2023		03/30/2023
Budget		03/30/2023
Named Attachments		

Contact Information

▶ Select "Contact Information 2023"

Application Forms		Application Details | Submit | Withdraw
Form Name	**Complete?**	**Last Edited**
General Information	✓	03/30/2023
Contact Information 2023		03/30/2023
Eligibility Requirements		03/30/2023
Project Form 2023		03/30/2023
Budget		03/30/2023
Named Attachments		

▶ Complete each section of the Contact Information form

  ▶ Authorized Official

  ▶ Project Director

  ▶ Fiscal Officer

  ▶ Officer in Charger

Contact Information, cont.

- Authorized Official
  - If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
  - If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
  - If the applicant agency is a State Department, the Director shall be the Authorized Official
  - If the applicant agency is a college/university, the President shall be the Authorized Official
  - If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
  - If the applicant agency is under the supervision of a board, the Board Chair or Board President shall be the Authorized Official
  - If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

Contact Information cont.

Contact Information

Authorized Official

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:
• If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
• If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
• If the applicant agency is a State Department, the Director shall be the Authorized Official
• If the applicant agency is a college/university, the President shall be the Authorized Official
• If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
• If the applicant agency is under the supervision of a board, the Board Chair or Board President shall be the Authorized Official
• If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official
THIS IS NOT AN ALL-INCLUSIVE LIST. IF YOUR AGENCY DOES NOT FALL INTO ONE OF THE CATEGORIES LISTED ABOVE OR YOU ARE UNSURE OF WHO THE AUTHORIZED OFFICIAL SHOULD BE FOR YOUR AGENCY, PLEASE CONTACT THE MISSOURI OFFICE OF HOMELAND SECURITY DPS GRANTS AT (573) 751-5289

Authorized Official:* `Mrs.` `Amelia` `Jaegers`
Title (Mr.Ms.etc)   First Name   Last Name

Job Title:* `Whoville Mayor`

Agency:* `City of Whoville`

Mailing Address:* `1101 Riverside Dr`

Street Address 1: `P.O. Box 749`

Street Address 2: ` `

* `Jefferson City` `Missouri ⌄` `65102`
City   State   Zip Code

Email:* `Amelia.Jaegers@dps.mo.gov`

Phone:* `573-522-4094` ` ` ` `
Office   Ext.   Cell

Fax: ` `

Contact Information cont.

▶ Select "Save", when the form has been completed

| 🖊 Edit | 💾 **Save** |

▶ Select "Mark as Complete"

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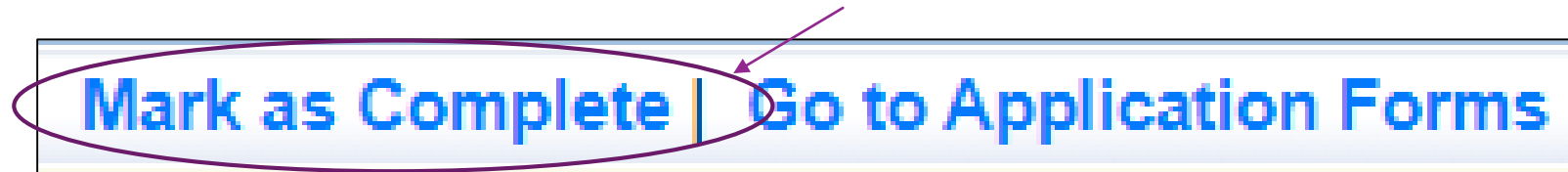
Application Forms

▶ Select "Eligibility Requirements"

Application Forms		Application Details | Submit | Withdraw
Form Name	Complete?	Last Edited
General Information	✓	03/30/2023
Contact Information 2023	✓	03/30/2023
Eligibility Requirements		03/30/2023
Project Form 2023		03/30/2023
Budget		03/30/2023
Named Attachments		

▶ Complete each section of the Eligibility Requirements

  ▶ Law Enforcement Agency Information

  ▶ Eligibility Requirements

  ▶ Ineligible Applicants

Eligibility Requirements cont.

- Law Enforcement Agency Information
  - Name of the Project Agency (law enforcement department)
  - Originating Agency Identifier (ORI)

Law Enforcement Agency Information	
Row	
Name of the Project Agency (law enforcement department):	Whoville Island Narcotics (WIN) Task Force
Originating Agency Identifier (ORI):	MO1234456789

Eligibility Requirements cont.

- Eligibility Requirements
  - If you answer "NO" to any questions #1-6, your agency is NOT currently eligible for funding, please DO NOT continue with the application until your agency is in compliance

Eligibility Requirements

- *If the answers to any of the eligiblity questions #1-6 is 'No' the agency is not eligible for funding please do not continue with the application, until the agency becomes compliant.*

1. Is the project agency in compliance with Section 590.650 RSMo - Vehicle Stops Reporting? ● Yes ○ No
   * Per Section 590.650 RSMo agencies are required to submit their reports to the Missouri Attorney Generals Office by March 1st of each year. Agencies that submitted by the late submission date of March 15th may be eligible for funding but will not take priority over agencies that submitted on time.

2. Is the project agency in compliance with Section 590.700 RSMo? - (Agencies are required to 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 Section 590.700 RSMo) ● Yes ○ No

3. Is the project agency in compliance with Section 43.544 RSMo - (each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository) ● Yes ○ No

4. Is the project agency in compliance with Section 590.1265 RSMo - Police Use of Force Transparency Act of 2021? ● Yes ○ No
   * 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 since January 1, 2022

5. Is the project agency in compliance with Section 43.505 RSMo Uniform Crime Reporting - Missouri Incident-Based Reporting System MIBRS (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) ● Yes ○ No
   * 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 since January 1, 2022

6. Is the project agency in compliance with Section 590.030 RSMo - Rap Back Program Participation (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) ● Yes ○ No
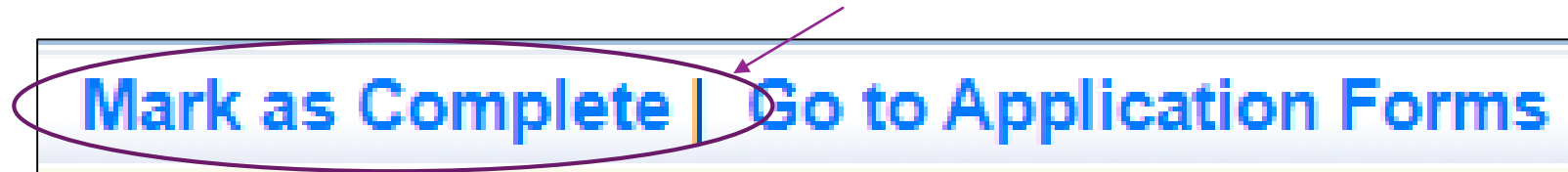
Eligibility Requirements cont.

- Select "Save", when the form has been completed

- Select "Mark as Complete"

Application Forms

▶ Select "Project Form 2023"

Project Form 2023

- The Project Form has 3 Sections:
  - Project Summary
  - Goals and Objectives
  - Audit, Risk Assessment, Certified Assurances

Project Form 2023 cont.

▶ Section 1: Project Summary – Enter all information requested in the instructions

Section 1 - Project Summary

Provide a brief summary of the proposed project. Include: what the project is; who will be impacted by the project; the geographic area that will be covered by the project; why is the proposed project necessary.

1. Project Summary: *

> Provide a brief summary of the proposed project to include:
>
> What the project is
> Who will be impacted by the project
> The geographic are that will be covered by the project
> Why is the proposed project necessary

2. Does this project generate program income: *

◉ Yes ○ No

3. Please provide statistics in your program area that demonstrate a need for this project: *

> Examples:
>
> Increase in drug crime - statistics on drug crime
> Decrease in funds - why
> Problem references

Project Form 2023 cont.

- ▶ Section 2: Goals and Objectives
  - ▶ Objective 1: Coverage and Collaboration
    - ▶ Goal 1: Collaboration with Other Agencies
    - ▶ Verify on the JAG DTF Map hyperlink that your agency has reported any change(s) for your coverage area

Section 2 - Goals and Objectives

Objective #1 Coverage and Collaboration

Goal 1 Collaboration with Other Agencies

2022-2023 JAG DTF Map

4. Will the task force serve a county during the upcoming grant year that was not served by a JAG funded drug task force during the previous grant year? * ● Yes ○ No

4.a If you answered yes please list the counties that have been added to your drug task force: `This box should let you know what county/counties were added as a MOU signer.`

5. Did the task force serve a county at the beginning of the prior grant year that will not be served in the upcoming grant year ?* ● Yes ○ No

5.a If you answered yes please list the counties that will not be served by your drug task force: `If "Yes" is answered a text box will appear.` `What county or counties have left your task force in the past year?`

6. Does the task force actively engage with a prosecutor(s) or other attorney(s) for representation or legal advice on task force policies, procedures and operations? * ○ Yes ● No

6.a If you answered no to the previous question, explain the plan to become more actively involved with a prosecutor or other attorney for representation or legal advice on task force policies, procedures and operations. `If "No" is answered a text box will appear.` `What is the plan to become more actively involved with a prosecutor or other attorney for representation or legal advise on task force policies, procedures and operations?`

Project Form 2023 cont.

- Objective 2: Investment
  - Will need to add each Agency individually and the contribution while not in "Editing" status
    - In the top right corner select "Save", then scroll to Objective #2 – Investment and select "Add" to add

Objective #2 Investment						Add
2.C. Please add each MOU signer separately:						
Agency	Personnel	Currency	Equipment	Fuel	Office Space	Other

- **NOTE:** For Investment, Prevention, Education, and Rehabilitation Activities, and Rehabilitation sections, it is recommend to "Add" when the rest of the form questions have been answered

Project Form 2023 cont.

- Investment Cont.
  - Example

Objective #2 Investment

2.C. Please add each MOU signer separately:

Objective #2 Investment

Please add each MOU signer and fill in the resources they contribute:

Agency	Department of Public Safety
Personnel	3 Full-Time Officer w/ Benefits - $150,000.00
Currency	1000.00
Equipment	2 Vehicles - 10,000.00
Fuel	200.00
Office Space	Rent for covert office - 6,000.00 ×
Other	Other - 200.00

Project Form 2023 cont.

- ▶ Investment cont.
  - ▶ After all agencies have been added, scroll back to the top right corner, select "Edit" and continue with the form questions

  - ▶ Once the "Add" button has been selected, a line has been added and cannot be deleted from the Investment table, it can only be zeroed out

Project Form 2023 cont.

▶ Objective 3: Deconfliction

Objective #3 Deconfliction

Objective #3 Deconfliction

8. Has the task adopted a written policy for deconfliction that addresses all of the following:

8.a. When to deconflict? ○ Yes ◉ No

8.b. If no, explain the plan to implement such a written policy?
If "No" is answered a text box will appear

8.c. How or through which means to deconflict? ○ Yes ◉ No

8.d. If no, explain the plan to implement such a written policy?
If "No" is answered a text box will appear

Project Form 2023 cont.

- ▶ Goal 2: Minimum Standards
  - ▶ Answer each question 9-13

Goal #2 Minimum Standards

Goal #2 Minimum Standards

Objective # 1 Standard Operating Procedures

9. Has the task force adopted a written policy(s) for information sharing with other JAG-funded drug task forces that addresses all of the following:

9.a. the type(s) of information to be shared *	● Yes ○ No
9.b. through which means information will be shared*	● Yes ○ No

10. Has the task force adopted a written policy(s) for personnel hiring/selection that addresses all of the following:

10.a. whether the task force commander and/or board is included in the selection process for new officers *	● Yes ○ No
10.b. a requirement of drug/alcohol testing as a condition of begin offered employment*	● Yes ○ No

11. Has the task force adopted a written policy(s) for informants that addresses all of the following:

11.a. the types of information/records that shall be contained in an informant's file*	● Yes ○ No
11.b. a designation to the task force commander (or similar person of approval) to review/approve informant files*	● Yes ○ No
11.c. a designation to the task force commander (or similar person of approval) to review/approve informant files*	● Yes ○ No
11.d. a requirement for a log to be maintained for all activity conducted as it pertains to each informants*	● Yes ○ No
11.e. a process for the security/custody of informant files*	● Yes ○ No
11.f. a requirement to maintain professional/ethical relationships with informants*	● Yes ○ No

Project Form 2023 cont.

- Objective 2: Minimum Training
  - If "No" is selected for questions 14-16.a a text box will appear

Objective #2 Minimum Training

14. Have all task force officers received a minimum 30 hour, accredited course in basic narcotic training?* ○ Yes ● No

14.a. If you answered no, identify the officers that have not received the training and the respective reason on why it has not yet been completed

Identify the officers that have not received the training and the reason why it has not yet been completed.

15. Have all task force officers received a minimum 24 hour, accredited course in advanced narcotic training?* ○ Yes ● No

15.a. If you answered no, identify the officers that have not received the training and the respective reason on why it has not yet been completed.

Identify the officers that have not received the training and the reason why it has not yet been completed.

16. Have all task force officers received Clandestine Meth Lab Certification (and as applicable, Re-Certification)?* ○ Yes ● No

16.a. If you answered no, identify the officers that have not received the training and the respective reason on why it has not yet been completed.

Identify the officers that have not received the training and the reason why it has not yet been completed.

Project Form 2023 cont.

- Goal 3: Prevention, Education, and Rehabilitation Activities
  - Add each Type of Training individually while form is not in Editing status
    - In the top right corner select "Save", then scroll to Goal #3: Prevention, Education, and Rehabilitations Activities and select "Add" to add

- Once the "Add" button has been selected, a line has been added and cannot be deleted from the Prevention, Education, and Rehabilitation Activities table, it can only be zeroed out

Project Form 2023 cont.

- Goal 3: Prevention, Education, and Rehabilitation Activities cont.
  - Example

Goal #3, Prevention, Education, and Rehabilitation Activities

NOTE: Prevention programs are designed to "prevent" the use and/or existence of narcotics. Such programs generally include actions being taken or laws being implemented and include, but are not limited to, legislation, local ordinances, coalitions, prescription take-back programs, neighborhood watch programs, and town hall meetings.

NOTE: Education programs are designed to "educate" the public about the use, recognition, and/or existence of narcotics. Such programs generally are informational to include, but not limited to, programs, presentations, and fair/expo booths for businesses, civic organizations, government organizations, radio stations, law enforcement agencies, libraries, parents, students, teachers, etc.

Goal #3 Prevention, Education, and Rehabilitation Activities

Objective #1 Prevention and Education

2.N. Instructions: Please list each training that the task force participated in during the prior calendar year:

Type of Training	Business
	General Public/Civic Organization
	Law Enforcement Agency
Purpose of Training	School
	Other
Location	
	(i.e. City or County name)
Number of Attendees	

Project Form 2023 cont.

▶ Goal 3: Prevention, Education, and Rehabilitation Activities cont.

   ▶ Once each Agency has been added, scroll back to the top right corner, select "Edit" and continue with the form questions

Project Form 2023 cont.

- Goal 3: Prevention, Education, and Rehabilitation Activities
  - NEW - Question 17.a needs to be completed if the Drug Task force did not participate in Prevention or Education programs during the 2021-2022 grant cycle

| 17.a. If your agency did not participate in Prevention or Education programs during the current grant cycle please explain: | Why did your agency not participate in any Prevention or Education programs during the current grant cycle? |

Project Form 2023 cont.

- Objective 2: Rehabilitation
    - Will need to add each Type of Training individually while form is not in Editing status
        - In the top right corner select "Save", then scroll to Objective 2: Rehabilitation and select "Add" to add

- Once the "Add" button has been selected, a line has been added and cannot be deleted from the Rehabilitation table, it can only be zeroed out

Project Form 2023 cont.

▶ Objective 2: Rehabilitation cont.

    ▶ List each rehabilitation training that the Drug Task Force participated in during the current grant cycle

Objective #2 Rehabilitation

18. Please list each of the rehabilitation activities that your Drug Task Force participated in the current grant cycle:

Objective #2 Rehabilitation

Instructions: Please list each training that the task force participated in during the current grant cycle:

Type of Program	Drug Court ⌄
Location	Drug Court
	Treatment Program
Number of Programs	Other
Number of Attendees	

Project Form 2023 cont.

▶ Objective 2: Rehabilitation cont.

   ▶ After all agencies have been added, scroll back to the top right corner, select "Edit" and continue with the form questions

Project Form 2023 cont.

- Goal 3: Prevention, Education, and Rehabilitation Activities
  - NEW - Question 18.a needs to be completed if the Drug Task Force did not participate in Rehabilitation programs during the 2021-2022 grant cycle

18.a. If your agency did not participate in Rehabilitation programs during the current grant cycle please explain:	Why did your agency not participate in any Rehabilitation programs during the current grant cycle?

Project Form 2023 cont.

▶ NEW – Goal #4 Task Force Sustainment

  ▶ Does your drug task force have a plan to sustain the task force without Federal Funds with the next three years?

▶ If the answer is "Yes"

  ▶ Provide a summary of the plan to sustain the Drug Task Force

▶ If the answer is "No"

  ▶ Describe what actions will be taken THIS year to investigate methods to secure other funding.

Goal #4 Task Force Sustainment

Objective #1 Find ways to sustain the Drug Task Force with less or no Federal funding within three years

19. Does your drug task force have a plan to sustain the task force without Federal Funds within the next three years?*   ◉ Yes ○ No

19.a If you answered yes to Question #19, please provide a summary of the plans to sustain the Drug Task Force.   `If you answer "Yes", provide a summary of the plain to sustain the Drug Task Force`

Goal #4 Task Force Sustainment

Objective #1 Find ways to sustain the Drug Task Force with less or no Federal funding within three years

19. Does your drug task force have a plan to sustain the task force without Federal Funds within the next three years?*   ○ Yes ◉ No

19.b If you answered No to Question #19, please describe what actions will be taken this year to investigate methods to secure other funding.   `If you answer "No", describe what actions will be taken this year to investigate methods to secure other funding.`

Project Form 2023 cont.

▶ Section 3: Audit, Rick Assessment, Certified Assurances

▶ Audit Details

Section 3 - Audit, Risk Assessment, Certified Assurances

Audit Details

20. Has the Applicant Agency exceeded the federal expenditure threshold of $750,000 in federal funds during agency's last fiscal year?*

◉ Yes ○ No

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the CJ/LE within nine (9) months after the end of the audited fiscal year.

21. Date last audit completed: MM/DD/YYYY*

12/31/2022

If an agency has never had an audit, please enter the date of their last annual financial statement.

22. By checking this box the applicant agency understands they are required to upload a copy of the agencies most recent completed audit (or annual financial statement) in the Named Attachments section of this application:*

☑

Project Form 2023 cont.

▶ Risk Assessment: the information obtained in this section will be used by DPS staff to conduct a risk assessment, of your agency, as required by 2 CFR 200.331 (b)

Risk Assessment

23. Does the applicant agency have new personnel that will be managing this grant award?:* ● Yes ○ No
New personnel is defined as working with this award type less than 12 months.

23.a. If you answered yes to Question #23., please list the name(s) of new personnel and their title(s)
> If "Yes" is answered a text box will appear
> Who are the new personnel that will be managing the grant and what is their title - this is not grant funded staff!

24. Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:* ○ Yes ● No
New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

25. Does the applicant agency receive any direct Federal awards?:* ● Yes ○ No
Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as CJ/LE.

25.a. If you answered yes to Question #25, please list the direct Federal awards the agency receives.
> If "Yes" is answered a text box will appear
>
> List the direct Federal awards.

26. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:* [Yes ▾]

26.a. If you answered yes to Question #3.G., please list the direct awards that were monitored and indicate if there were any findings or recommendations.
> If "Yes" is answered a text box will appear
>
> What direct awards were monitored and indicate if there were any findings or recommendations?

Project Form 2023 cont.

- ▶ Certified Assurances
  - ▶ Authorized Official signature will be one of the following:
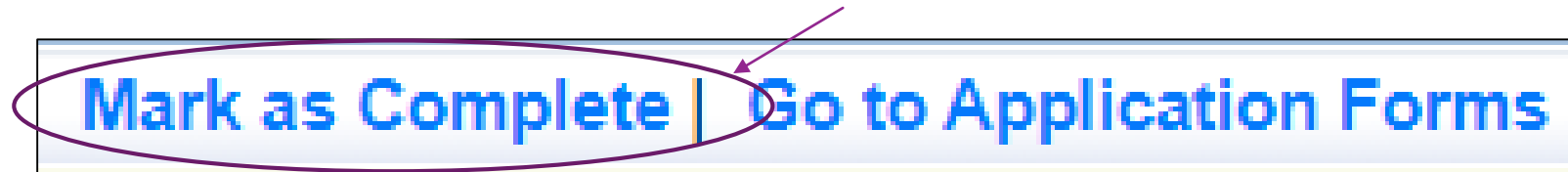   - ▶ If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
    - ▶ If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
    - ▶ If the applicant agency is a State Department, the Director shall be the Authorized Official
    - ▶ If the applicant agency has questions on who the Authorized Official is, please contact Amelia Jaegers at (573) 522-4094

Project Form 2023 cont.

▶ Certified Assurances cont.

    ▶ Example

Certified Assurances

27. By checking this box, I have read and agree to the terms and conditions of this grant: ☑

If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official.(The Police Chief is NOT the Authorized Official)
If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official. (The Sheriff or Police Chief are not the Authorized Official)
If the applicant agency is a college/university, the College/University President (or Campus Chancellor, if applicable) shall be the Authorized Official.

If the authorized official has a different title, than those listed above, official documentation naming that position as the authorized official for your agency must be included in the application attachments or your application will not be considered for funding.

**IF YOU ARE UNABLE TO DETERMINE THE CORRECT AUTHORIZED OFFICIAL FOR YOUR AGENCY, OR THEY ARE DIFFERENT FROM WHAT IS LISTED ABOVE PLEASE CONTACT OUR OFFICE AT (573)751-5289, OR (573)522-4094

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 JAG Certified Assurances

I (The Authorized Official) have read and agree to the terms and conditions of the grant. I am aware that failure to comply with any of the Certified Assurances will result in my agency being ineligible for funding.

28. Authorized Official Name and Title:*   Mayor Amelia Jaegers

29. Name and Title of person completing this proposed application:*   Commander Brandy Boessen

30. Date:*   03/30/2023

Authorized Official

- Authorized Official
  - If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
  - If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
  - If the applicant agency is a State Department, the Director shall be the Authorized Official
  - If the applicant agency is a college/university, the President shall be the Authorized Official
  - If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
  - If the applicant agency is under the supervision of a board, the Board Chair or Board President shall be the Authorized Official
  - If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

Project Form 2023 cont.

► Select "Save", when the form has been completed
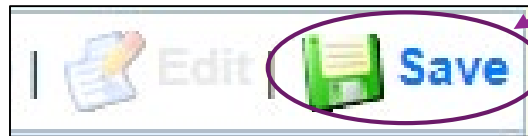
► Select "Mark as Complete"

Application Forms

▶ Select "Budget"

Budget

- Budget
  - Select "Add" for each

  Budget line

Budget cont.

▶ **Line name:** should be a brief description of what the budget line is requesting (i.e. Personnel task force officers)

▶ **Description:** Description of the budget line (i.e. (3) task force officers)

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

Budget cont.

▶ For each budget line select one of the eight budget categories from the dropdown menu

Budget

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

Budget Line Category:*
> 1. Personnel
> 2. Personnel Benefits
> 3. Overtime Personnel
> 4. Overtime Benefits
> 5. Travel/Training
> 6. Equipment
> 7. Supplies/Operations
> 8. Contractual

Line Name:*

Description:*

Amount of Grant Funds Requested:*

Budget cont.

▶ Completed Budget Example

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

Budget cont.

- Justification
  - **The Justification for each line should include the following:**
    - Justify why each requested budget line is necessary for the success of the proposed project
    - Cost Basis for the budget line request
  - **Specific information for budget lines in these categories should also include:**
    - **Personnel and Overtime Personnel** - Description of job responsibilities the individual will be expected to perform for this project/program
    - If the personnel requested for funding, was **NOT** on the 2022 JAG application, list them as **"NEW"**
    - **Benefit and Overtime Benefits** - List which benefits are included and the rate of each benefit
    - **Travel/Training** – List each training separately in the budget and in the justification provide the cost basis breakdown for the training (Registration, hotel, per diem, etc.)
    - **Equipment** – In justification please include if the item is new or a replacement, and who will be using the equipment
    - **Contractual** – Provide the dates of service for any contracts or contracted services

Budget cont.

▶ Justification cont.

　　▶ To add the Justification(s), select "Edit" in the top right corner

Budget cont.

- Justification cont.
  - Justification Example

Budget Justification

Budget Justification*

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

The Justification for each line should include the following:

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

2. Cost Basis for the budget line request.

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

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

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

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

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

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

Personnel and Personnel Overtime:

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

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

Benefit and Overtime Benefits:

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

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

Travel/Training:

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

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

Equipment:

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

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

Suplies/Operations:

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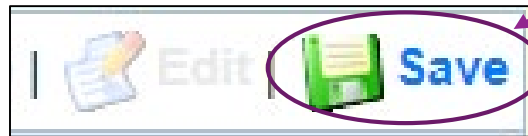
Contractual:

Justify why each requested budget line is necessary for the success of the proposed project. Cost basis for each budget line requested.
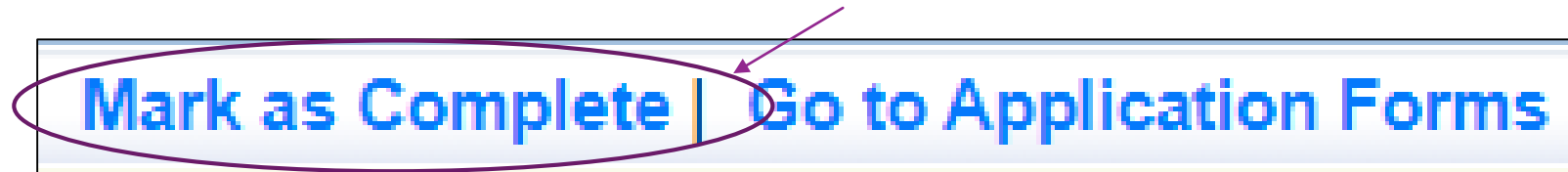
Provide the dates of service for any contracts or contracted services

Budget cont.

▶ Select "Save", when the form has been completed

▶ Select "Mark as Complete"

Application Forms

▶ Select "Named Attachments"

Application Forms	Application Details | Submit | Withdraw	
Form Name	Complete?	Last Edited
General Information	✔	03/30/2023
Contact Information 2023	✔	03/30/2023
Eligibility Requirements	✔	03/30/2023
Project Form 2023	✔	03/30/2023
Budget	✔	03/30/2023
Named Attachments		

Named Attachments

- *Required to attach MOU/MOA
  - Should have **current** signatures
- *Required to attach current Audit
- Other attachments could include
  - Vendor Quotes
  - Supporting documents

Named Attachments cont.

▶ To attach , select the hyperlink for that attachment

▶ Select "Mark as Complete", when the form has been completed

Submit Application

► Once all forms have been "Mark As Complete"

  ► It is recommended that you have another person review the application for clarity and completion.

Application Forms		Application Details Submit Withdraw
Form Name	Complete?	Last Edited
General Information	✓	03/30/2023
Contact Information 2023	✓	03/30/2023
Eligibility Requirements	✓	03/30/2023
Project Form 2023	✓	03/30/2023
Budget	✓	03/30/2023
Named Attachments	✓	03/31/2023

► Select "Submit"

  ► Once the application has been submitted a Confirmation screen will appear

Application Submitted Confirmation

You have successfully submitted your JAG 23 - Whoville Island Narcotics (WIN) Task Force Application with Application ID: 153382.

Important Dates

- Application Period:
  - Wednesday, April 5, 2023 – Wednesday, May 3, 2023 **4:00 p.m.** CST
- Application Instructions PowerPoint Workshop, and Notice of Funding Opportunity available online: April 5, 2023
- Application review and funding determinations:
  - May – June 2023
- Program Start Date: July 1, 2023
- Program End Date: June 30, 2024

Questions

For any questions please contact our office:

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

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

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