2023 Edward Byrne Memorial Justice Assistance Grant (JAG) 2025 State Drug Task Force (DTF) **Application Workshop**



Drug Task Force (DTF) Grant Purpose

The purpose of the Drug Task Force (DTF) Grant

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 DTF grant opportunity provides resources to combat drug related crimes.

DTF Grant 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
 - 2023 Edward Byrne Memorial Justice Grant (JAG)/2025 State Drug Task Force (DTF) grant 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 "Click here to Register"

1 Enter your user id and	a password
User ID	
Password	
sia	SN IN

New Users

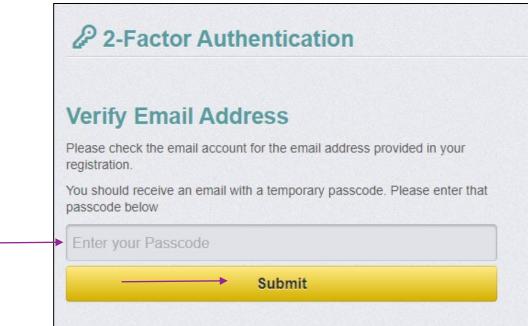
- ► If you are applying as a "New User"
 - If may take a few days for your
 request to be approved by DPS staff

☑ Registration	Save Registration Information
Personnel Contact Information	
Please note that fields in red font wit	h an asterisk indicates a required field. Any non-required, black font, fields can be skipped.
Name:	✓ First Name Middle Last Name
	Salutation First Name Last Name
Job Title*:	
Email*:	Email
Mailing Address*:	Address 1
	Address 2
	Address 3
	City Missouri Zip City State/Province Postal Code/Zip
Phone*:	Phone Ext
	Phone Ext.
Fax:	Fax
0 P 11 / /' /	
Copy Personnel Information to Organization?:	Yes No
Organization Information	
IMPORTANT: Check YES that you are affiliate you can conduct business on its behalf within	d 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 this orant system.
Are you Affiliated with an	Yes No
Organization?*:	
Applicant Agency*:	Name

Two-Step Verification

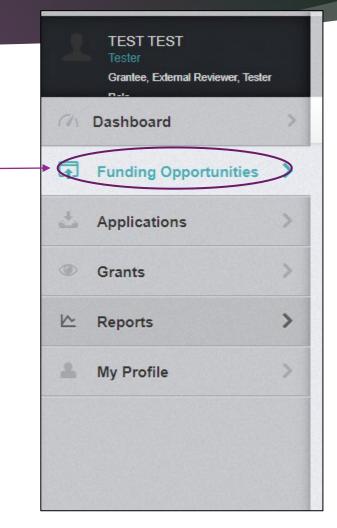
Type in your One-Time Passcode

- A one-time passcode will be sent to the email address that is registered with the User ID
- Select "Submit"



DTF Grant Application

Select "Funding Opportunities" from the "Main Bar"



Funding Opportunities

Select the "2023 Federal Jag 2025 State DTF" Funding Opportunities

27689 Posted 2023 Federal JAG 2025 State DTF	JAG-Edward Byrne Memorial Justice Assistance	May 16, 2024 4:00
	Grant	PM

Review the Funding Opportunity details including:

- Description
- Attachments
 - > 2023 Federal 2025 State Drug Task Force Certified Assurances
 - > 2023 Federal 2025 State Drug Task Force Notice of Funding Opportunity
- Website Links
 - DPS DTF Website

Funding Opportunity cont.

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

Image: Funding Opportunity Details €	Copy Existing Application	
--	---------------------------	--

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

General Information

Complete the entire form as indicated:

- Project Title: Enter 23/25 DTF Task Force name (i.e. 23/25 DTF Whoville Island Narcotics (WIN) Task Force
- Primary Contact: Select from the
- drop down, who will be the Primary
- Contact for the application
- Select "Save Form Information"

Application - Gener	aral 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*:	23/25 DTF - Whoville Island (WIN) Task Force	
Primary Contact*:	TEST TEST V	
Organization*:	Audit OVC	
Additional Contacts*:	Cassie Tester Chelse Dowell System Administrator	
	Tena Malone TEST TEST	
	Tester2 Tester2	

General Information cont.

- Select from the drop-down the
 Organization
- Select "Save Form Information"

Application - Gene	eral Information
application from your organ application.	individual in your organization who will be designated as the primary person responsible for this nization. This individual will receive automated email notifications when your attention is needed on this nou belong to more than one, for which you will be submitting this application.
Application ID:	27671
Program Area*:	Edward Byrne Memorial Justice Assistance Grant
Funding Opportunity*:	27660-Test 2023 2025 JAG DTF
Application Stage*:	Final Application
Application Status*:	Editing
Application Title*:	23/25 DTF - Whoville Island (WIN) Task Force
Primary Contact*:	TEST TEST
Organization*:	BaseLine Organization 🗸
Additional Contacts*:	BaseLine Organization Illinois Iowa Kansas
	Nebraska State of Arkansas

2023/2025 DTF Application Forms

▶ The 2023/2025 DTF Application will include 6 forms:

- General Information
- Contact Information 2023
- Law Enforcement Eligibility Requirements
- Project Form State 2025, Fed 2023
- Budget
- Named Attachments

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 Preview	Attachments Alert History Map		
Application	Details		Q Preview Application X Withdraw
 Application cannot be Submitted Currently Application Budget is lower than the allowable limit Application components are not complete 			
Component		Complete?	Last Edited
General Information		\checkmark	Apr 17, 2024 10:49 AM - TEST TEST
Contact Information 2023		/ \	-
Law Enforcement Eligibility Requirements			-
Project Form State 2025, Fed 2023			-
Budget			
Named Attachments		\backslash	-

Contact Information

Select "Contact Information 2023"

Component	Complete?	Last Edited
General Information	×	Apr 17, 2024 10:49 AM - TEST TEST
Contact Information 2023		-
Law Enforcement Eligibility Requirements		-
Project Form State 2025, Fed 2023		-
Budget		-
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

Save Form

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	e	I	Last Name
Job Title*:	Whoville Island Mayor				
Agency*:	Whoville Island]
Mailing Address*:	1101 Riverside Dr				
Street Address 1:	P.O. Box 749				
Street Address 2:					
	Whoville Isaland		Missouri	• 65	5102
	City		State	Zip	Code
Email*:	Amelia.Jaegers@dps.mo	.gov			
Phone*:	573-522-4094				
	Office Ext.	Cell			
Fax:					

Contact Information cont.

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



▶ If edits are necessary, select "Edit Form"

Save the form, once all edits have been made

Select "Mark as Complete"



Application Forms

Select "Law Enforcement Eligibility Requirements"

Component	Complete?	Last Edited
General Information	×	Apr 17, 2024 10:49 AM - TEST TEST
Contact Information 2023	×	Apr 17, 2024 11:07 AM - TEST TEST
Law Enforcement Eligibility Requirements		
Project Form State 2025, Fed 2023		-
Budget		-
Named Attachments		-

Complete each section of the Law Enforcement Eligibility Requirements

- Law Enforcement Agency Information
- Eligibility Requirements

Law Enforcement Eligibility Requirements

Law Enforcement Agency Information

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

Law Enforcement Agency	y Information
Name of the Project Agency (law enforcement department):	Whoville Island Narcotics (WIN) Task Force
Originating Agency Identifier (ORI):	The "applicant agency" for the project must be the unit of government. The "project agency" must be the respective law enforcement department. MO4576921

Law Enforcement 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 compliant

Eligibility Requirements	Save Form
• If the answers to any of the eligiblity que	stions #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
(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 first of the following calendar year.	
:	
2. Is the project agnecy in compliance with Section 590.700 RSMo? -	Yes No
(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)	
· · · · · ·	
3. Is the project agency in compliance with Section 43.544 RSMo -	Yes No
(each law enforcement agency shall adopt a policy	
requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository)	
:	
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 Use of Force reports for three or more months in the past 12 months.
For purposes of grant eligibility, law enfo	orcement agencies will be considered non-compliant if they have not submitted MIBRS reports for three or more months in the past 12 months.
5. Is the project agency in compliance with	Yes No
Section 43.505 RSMo Uniform Crime	
Reporting - Missouri Incident-Based Reporting System MIBRS?:	
6. Is the project agency in compliance with	Yes No
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):	

Law Enforcement Eligibility Requirements cont.

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



Select "Mark as Complete"



Application Forms

Select "Project Form State 2025, Fed 2023"

Component	Complete?	Last Edited
General Information	×	Apr 17, 2024 10:49 AM - TEST TEST
Contact Information 2023	×	Apr 17, 2024 11:07 AM - TEST TEST
Law Enforcement Eligibility Requirements	×	Apr 17, 2024 11:32 AM - TEST TEST
Project Form State 2025, Fed 2023		-
Budget		-
Named Attachments		-

Project Form State 2025, Fed 2023

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

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 prowide a brief summary of the proposed project t include: What is the project Who will be impacted by the project The geographic area that will be covered by the project Why is the project necessary Does this project generate program income*: Yes No Examples: Increase in drug crime - statistics on drug crime per statistics drug per per statistics per per per per per per per per per p	Immary	Save Form
		vill be covered by the project
1. Project Summary*:	Provide a brief summary of the proposed project t include:	
	The geographic area that will be covered by the project	
	Yes No	ide:
	Examples:	
demonstrate a need for this		
	Problem references	

Section 2: Goals and Objectives

- Objective 1: Coverage and Collaboration
 - ► Goal 1: Collaboration with Other Agencies
 - Verify on the 2023-2024 Drug Task Force Map hyperlink, that your agency has reported any change(s) for your coverage area
- Depending on how the questions are answered, "Yes" or "No", will determine if additional information is required, by a pop-up box for that question

Objective #1 Coverage and
 Collaboration Example:

Section 2 - Goals and Objectiv	es	
Objective #1 Coverage and Collabora	ation	
Goal 1 Collaboration with Other Ager	ncies	
2023-2024 Drug Task Force 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:	List the counties that have been added to the task force	
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:	List the counties that will not be served by the task force	
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.:	Explain the plan to become more actively involved with a prosecutor or other attorney for representation of legal advice on task force policies, procedures and operations	

Objective 2: Investment

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



✓ Mark as Complete

Add Row

■ Objective #2 Investment

NOTE: For Investment, Prevention, Education, and Rehabilitation Activities, and Rehabilitation sections, you will need "Add" when the rest of the form questions have been answered, as the form will not save without all required questions answered

- ► Investment cont.
 - ► Example
 - Once completed, select "Save Row"

Objective #2 Investment		
7. Please add each MOU signer sepa	arately:	Save Row
Objective #2 Investment		
Please add each MOU signer and fill in the	e resources they contribute:	
Agency*:	Missouri Department of Public Safety	
Personnel:	2 Task Force Officers	
Currency:	\$500	
Equipment:	2 Vehicles	
Fuel:	Gas card	
Office Space:	Covert Office	
Other:	Any other item that doesn't fit in the above	
		Save Row

Investment cont.

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

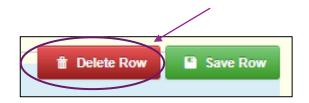


If you need to delete a line that was entered

Select the link for the entry

Agency		Personnel	Currency	Equipment	Fuel	Office Space	Other
Missouri Department of Public Safet	\mathcal{S}	2 Task Force Officers	\$500.00	2 Vehicles	Gas card	Covert Office	Any other item that doesn't fit in the above

► Select "Delete Row"



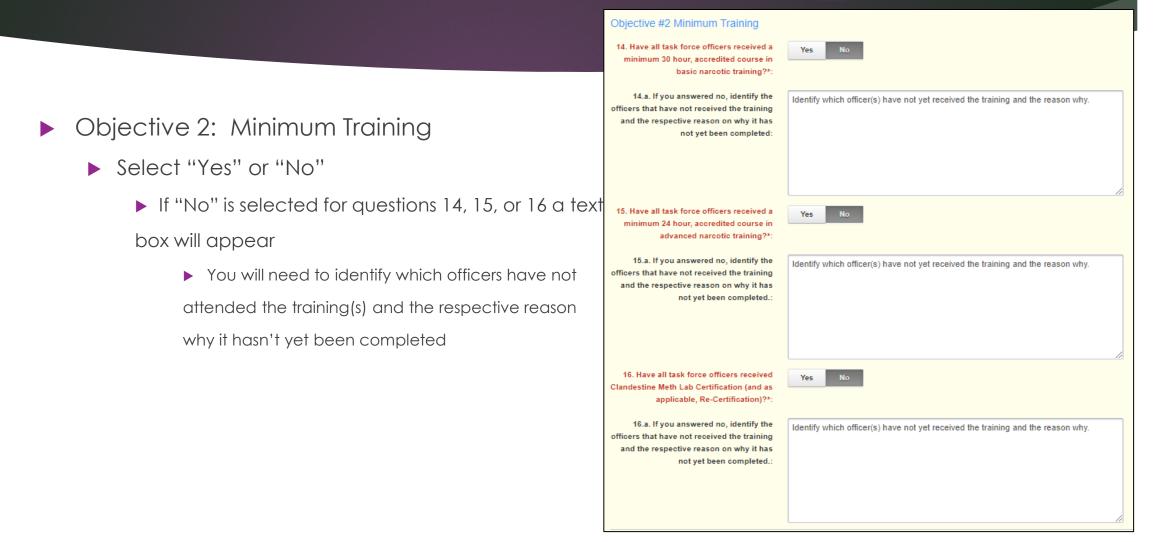
Objective 3: Deconfliction

- Select "Yes" or "No"
 - Depending on how the questions are answered, will determine if additional information is required

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, explain the plan to implement a written policy						
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, explain the plan to implement a written policy						

- Goal 2: Minimum Standards
 - Answer each question 9-12, by selecting "Yes" or "No"
 - If you selected "No" to a question,
 (9-12), in question #13, explain the plan
 to implement such policies and why
 they have not yet been implemented

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							
9.b. through which means information will Yes No be shared*: 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*:							
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*:							
11.b. a designation to the task force commander (or similar person of approval) to review/approve informant files*: Yes No							
11.c. a requirement for a log to be maintained for all activity conducted as it pertains to each informants*:							
11.d. a process for the security/custody of informant files*: No							
11.e. a requirement to maintain Yes No professional/ethical relationships with informants*:							



Goal 3: Prevention, Education, and Rehabilitation Activities

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



Goal #3, Prevention, Education, and Rehabilitation Activities - Multi-List



NOTE: For Investment, Prevention, Education, and Rehabilitation Activities, and Rehabilitation sections, you will need "Add" when the rest of the form questions have been answered, as the form will not save without all required questions answered

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

Example	E Goal #3, Prevention, Education, and Rehabilitation Activities							
	Objective #1 Prevention and Education							
 Once completed, 								
Select "Save Row" 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, radi stations, law enforcement agencies, libraries, parents, students, teachers, etc.								
	17. Please list each of the prevention and education activities that your Drug Task Force participated in during the current grant cycle:							
	Goal #3 Prevention, Education, and Rehabilitation Activities							
	2.N. Instructions: Please list each training	at the task force participated in during the prior cale	endar year:					
	Type of Training*:	Business						
	Purpose of Training:	Business General Public/Civic Organization Law Enforcement Agency						
	Location:	School						
		Other						
	Number of Attendees:							

If you need to delete a line that was entered

Select the link for the entry



- ▶ Goal 3: Prevention, Education, and Rehabilitation Activities cont.
 - Once each activity has been added, scroll back to the right corner, select "Edit Form" and continue with the form questions



- Goal 3: Prevention, Education, and Rehabilitation Activities
 - Question 17.a needs to be completed if the Drug Task force did not participate in Prevention or Education programs during the 2023 - 2024 grant cycle

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

Objective 2: Rehabilitation

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



✓ Mark as Complete

Add Ro

Objective #2 Rehabilitation - Multi-List

NOTE: For Investment, Prevention, Education, and Rehabilitation Activities, and Rehabilitation sections, you will need "Add" when the rest of the form questions have been answered, as the form will not save without all required questions answered

Objective 2: Rehabilitation cont.

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

Once	comp	leted,
------	------	--------

select "Save Row"

Objective #2 Rehabilitation	n Save Row				
18. Please list each of the rehabilitation	18. Please list each of the rehabilitation activities that your Drug Task Force participated in the current grant cycle:				
Objective #2 Rehabilitation					
nstructions: Please list each training that t Type of Program*:	he task force participated in during the current grant cycle: Drug Court				
Location:	Jefferson City, MO				
Number of Programs:	3				
Number of Attendees:	15				
	Save Row				

Objective #2 Rehabilitation cont.

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

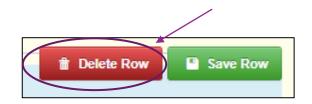


If you need to delete a line that was entered

Select the link for the entry

Type of Program	Location	Number of Programs	Number of Attendees
Drug Court	Jefferson City, MO	3	15

► Select "Delete Row"



- Goal 3: Prevention, Education, and Rehabilitation Activities
 - Question 18.a needs to be completed if the Drug Task Force did not participate in Rehabilitation programs during the 2023 - 2024 grant cycle

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

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"
 - 19.a Provide a summary of the plan to sustain the Drug Task Force

Objective #1 Find ways to sustain	n the Drug Task Force with less or no Federal funding within three
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.:	Provide a summary of the plans to sustain the DTF.

► Goal #4 Task Force Sustainment cont.

Question #19 - 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 "No"

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

ill	19. Does your drug task force have a plan to sustain the task force without Federal Funds within the next three years?*:	Yes No
I	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.:	Describe the actions that will be taken THIS year to investigate methods to secure other funding

	Section 3 - Audit, Risk Assessment, Certified Assurances
 Section 3: Audit, 	Audit Details
Rick Assessment,	20. Has the Applicant Agency exceeded the federal
Certified Assurances	expenditure threshold of \$750,000 in federal funds during agency's last fiscal
 Audit Details 	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*: 12/31/2023 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*:

Risk Assessment

 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)

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):	List the name(s) of the new personnel that be MANAGING the grant and what the job title(s) are
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.:	List the DIRECT federal awards that the agency receives
26. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?*:	Yes A Yes No
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.:	N/A List the DIRECT federal awards that were monitored and indicate if there were any findings or recommendations

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

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

Certified Assurances

Certified Assurances cont.

Example

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 Federal 2025 State DTF 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*:	WIN OIC Joni McCarter	
30. Date*:	04/17/2024	

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



Select "Mark as Complete"



Application Forms

Select "Budget"

Component	Complete?
General Information	✓
Contact Information 2023	✓
Law Enforcement Eligibility Requirements	✓
Project Form State 2025, Fed 2023	✓
Budget	
Named Attachments	

Budget

Budget

- The budget opens in "Edit" status
 - ► To add budget lines first, you will need to select "Save Form"

Budget Justification



Select "Add Row" to enter each budget line



- Budget Line Category: Select from the drop-down box, which budget category
- Line name: Should be a brief description of what the budget line is requesting (i.e. 3 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

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

E Budget		Save Row	
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		
Line Name*:	1. Personnel 2. Personnel Benefits		
Description*:	3. Overtime Personnel		
Amount of Grant Funds Requested*:	4. Overtime Benefits 5. Travel/Training		
		Save Row	

Completed Budget Example

To edit a budget line, select the hyperlink of the line you wish to edit, or select "Edit All Rows"

for a mass edit of all lines as well as the budget justification

🗮 Budget - Multi-List			Mark as Complete 🕂 Add Row 🗹 Edit All Rows
To include lines in your budge	, click "Add". If the project include	es more than one budget line, repeat this step for each budget lin	ne.
Budget Line Category	Line Name	Description	Amount of Grant Funds Requested
1. Personnel	Task Force Officers (3)	Salary	\$150,000.00
Subt	otal		\$150,000.00
2. Personnel Benefits	Other	F/M; Medical Insurance, Workers Comp	\$20,502.45
Subt	otal		\$20,502.45
3. Overtime Personnel	Overtime	1 Task Force Officer	\$5,000.00
Subt	otal		\$5,000.00
4. Overtime Benefits	Overtime Benefits	F/M for 1 TFO	\$524.00
Subt	otal		\$524.00
5. Travel/Training	Fuel	5 Vehicles Fuel	\$6,000.00
5. Travel/Training	Vehicle Maintenance	5 Vehicles Maintenance	\$6,000.00
Subt	otal		\$12,000.00
6. Equipment	Mobile Radio (2)	Motorola APX 8500	\$11,000.00
6. Equipment	Portable Radio (2)	Motorola APX 8000	\$10,000.00
Subt	otal		\$21,000.00
7. Supplies/Operations	Office Supplies	Office Supplies	\$1,000.00
7. Supplies/Operations	Field Supplies	Field Supplies	\$1,000.00
Subt	otal		\$2,000.00
8. Contractual	Vehicle Leases	5 TFO vehicle leases	\$60,000.00
Subt	otal		\$60,000.00
			\$271,026.45

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 <u>2023 JAG application</u>, 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

- ► Justification cont.
 - ▶ To add the Justification(s), select "Edit Form" in the top of the Justification

Budget Justification



Justification cont.

- Justification Example
 - Each budget line must be included in the Justification and in the same order
 - Make sure to answer the specified questions for each budget category

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.

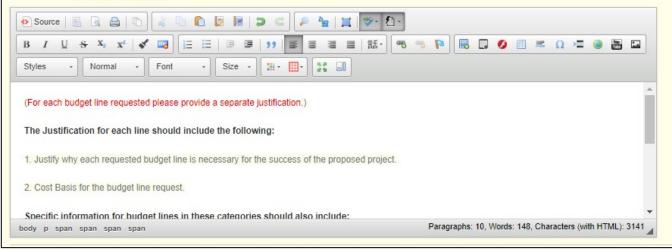
Benefit and Overtime Benefits - List which benefits are included and the rate of each benefit.

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.

Budget Justification*:



Select "Save Form" or "Save Multi-list", when the form has been completed

Save Form

Select "Mark as Complete"



Application Forms

Select "Named Attachments"

Component	Complete?	Last Edited
General Information	×	Apr 17, 2024 10:49 AM - TEST TEST
Contact Information 2023	×	Apr 17, 2024 11:07 AM - TEST TEST
Law Enforcement Eligibility Requirements	×	Apr 17, 2024 11:32 AM - TEST TEST
Project Form State 2025, Fed 2023	×	Apr 17, 2024 2:25 PM - TEST TEST
Budget	×	Apr 17, 2024 2:46 PM - TEST TEST
Named Attachments		-

Named Attachments

- *Required to attach most recent audit or financial statement
- *Required to attach MOU/MOA
 - Should have <u>current</u> signatures
- Other attachments could include
 - Vendor Quotes
 - Supporting documents

Named Attachments cont.

► To attach , select the hyperlink for that attachment

Annual Attachments					✓ M:	ark as Com	plete
Named Attachment	Required	Description	File Name	Туре	Size	Upload Date	Delete
Audit/Financial Statement (REQUIRED)*	~						
If the Drug Task Force/Drug Enforcement Unit (DTF) is a Multi-jurisdictional Enforcement Group (MEG) a Signed Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA), if the DTF is not a MEG Charter or policy covering operations of the unit.*	~						
Other Supporting Documentation (Quotes/cost basis, policies)							
Other Supporting Documentation (Quotes/cost basis, policies)							
Other Supporting Documentation (Quotes/cost basis, policies)							
Other Supporting Documentation (Quotes/cost basis, policies)							
Other Supporting Documentation (Quotes/cost basis, policies)							
Other Supporting Documentation (Quotes/cost basis, policies)							

Named Attachments cont.

- Browse your computer to attach the document
- Give a brief description of the file
- Select "Save File"

Upload File*:	Select file
Description*: Description	
500 character(s) left	





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 Details		Preview Application Submit Application Withdraw
Application is in compliance and is ready for Submission!		
Component	Complete?	Last Edited
General Information	/ ✓ \	Apr 17, 2024 10:49 AM - TEST TEST
Contact Information 2023	✓	Apr 17, 2024 11:07 AM - TEST TEST
Law Enforcement Eligibility Requirements	×	Apr 17, 2024 11:32 AM - TEST TEST
Project Form State 2025, Fed 2023	✓	Apr 17, 2024 2:25 PM - TEST TEST
Budget	\ 🗸 /	Apr 17, 2024 2:46 PM - TEST TEST
Named Attachments	\checkmark	Apr 17, 2024 2:54 PM - TEST TEST

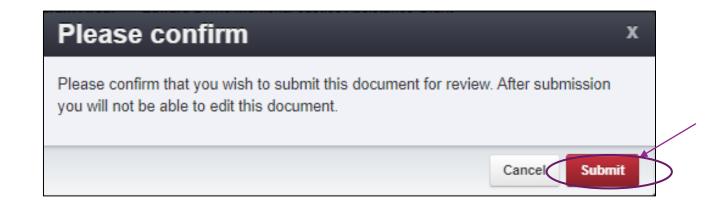
Submit Application cont.

Select "Submit Application"

Application Details		Preview Application Submit Application Withdraw
Application is in compliance and is ready for Submission!		
Component	Complete?	Last Edited
General Information	✓	Apr 17, 2024 10:49 AM - TEST TEST
Contact Information 2023	×	Apr 17, 2024 11:07 AM - TEST TEST
Law Enforcement Eligibility Requirements	×	Apr 17, 2024 11:32 AM - TEST TEST
Project Form State 2025, Fed 2023	\checkmark	Apr 17, 2024 2:25 PM - TEST TEST
Budget	\checkmark	Apr 17, 2024 2:46 PM - TEST TEST
Named Attachments	\checkmark	Apr 17, 2024 2:54 PM - TEST TEST

Submit Application cont.

A pop-up box will ask if you are sure, you are ready to submit, if you are sure, select "Submit"



Submit Application cont.

The Primary Contact from the General Information component will receive a confirmation email stating that the application has been submitted

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

Sent: Wednesday, April 17, 2024 3:00 PM

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

Subject: WebGrants - Missouri Department of Public Safety - Application - #27671 - Submitted

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

The following Application has been submitted:

Application Number: 27671 Project Title: 23/25 DTF - Whoville Island (WIN) Task Force Program Area: Edward Byrne Memorial Justice Assistance Grant Applicant Agency: BaseLine Organization Primary Contact: TEST TEST

If this email requires your attention, you may log into the WebGrants grants management system at <u>https://dpsgrants.dps.mo.gov</u>. 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:
 - Wednesday, April 18, 2024 Wednesday, May 16, 2024, 4:00 p.m. CST
- Application Instructions PowerPoint Workshop, and Notice of Funding Opportunity available online: April 17, 2024
- Application review and funding determinations:
 - May June 2024
- Program Start Date: July 1, 2024
- Program End Date: June 30, 2025

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