2024 Edward Byrne Memorial Justice Assistance Grant (JAG)
2026 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
  - [2024 Edward Byrne Memorial Justice Grant (JAG)/2026 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 and Password to Log In

    - New users select "Click here to Register"

New Users

► If you are applying as a "New User"

    ► It may take a few days for your request to be approved by DPS staff

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"

JAG/DTF Grant Application

▶ Select "Funding Opportunities" from the "Main Bar"
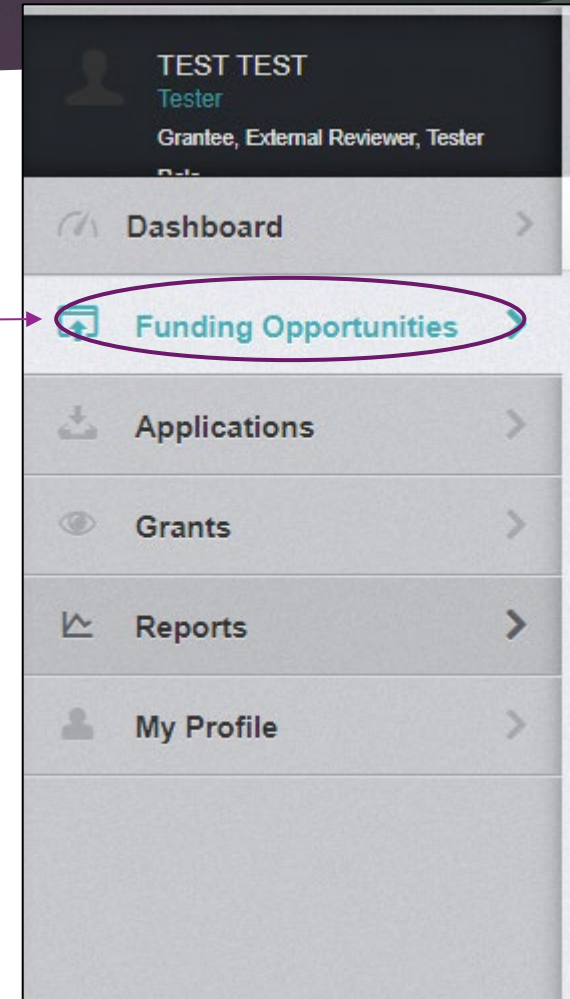
Funding Opportunities

▶ Select the "2024 Federal Jag 2026 State DTF" Funding Opportunities, #42178

42178	Posted	2024 Federal JAG 2026 State DTF	JAG-Edward Byrne Memorial Justice Assistance Grant	May 21, 2025 4:00 PM

▶ Review the Funding Opportunity details including:

  ▶ Description

  ▶ Attachments

    ▶ 2024 Federal 2026 State Drug Task Force Certified Assurances

    ▶ 2024 Federal 2026 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"

General Information

- Complete the entire form as indicated:

  - **Project Title:** Enter 24 JAG 26 DTF – Task Force name (i.e. 24 JAG 26 DTF – Whoville Island Narcotics (WIN) Task Force

  - **Primary Contact:** Select from the drop down, who will be the Primary Contact for the application
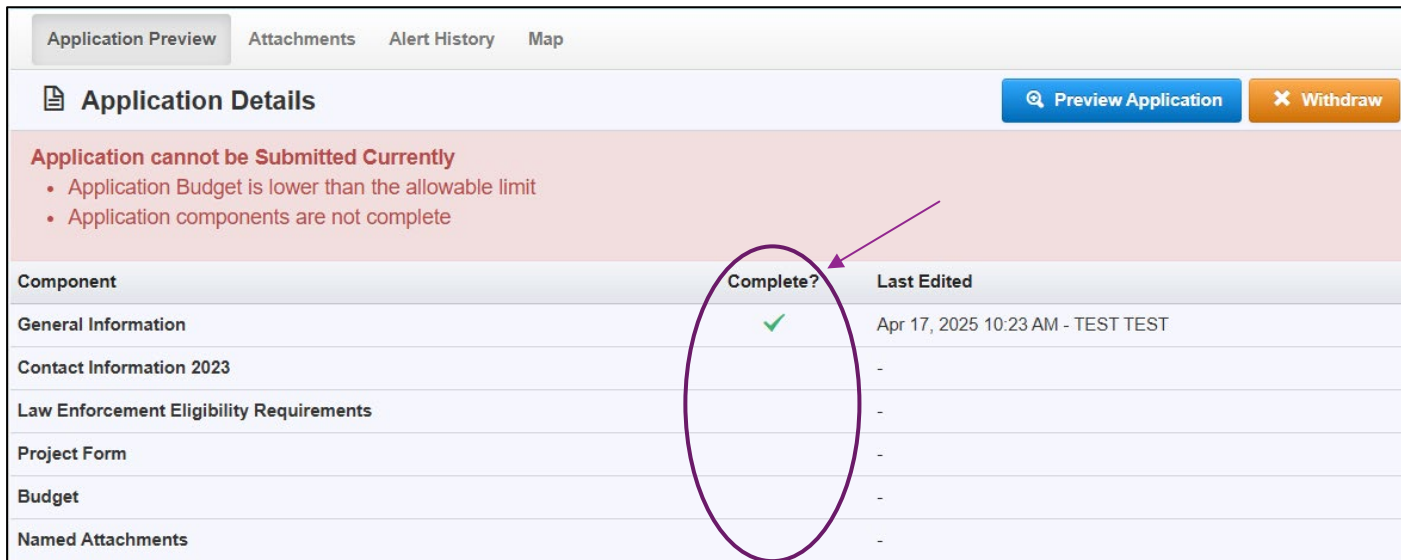
  - Select "Save Form Information"

General Information cont.

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

2024 JAG /2026 DTF Application Forms

▶ The 2024 JAG/2026 DTF Application will include 6 forms:

   ▶ General Information

   ▶ Contact Information 2023

   ▶ Law Enforcement Eligibility Requirements

   ▶ Project Form

   ▶ 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**   🔍 **Preview Application**   ✕ **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	✓	Apr 17, 2025 10:23 AM - TEST TEST
Contact Information 2023		-
Law Enforcement Eligibility Requirements		-
Project Form		-
Budget		-
Named Attachments		-

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	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 ▼	65102
	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, 2025 10:23 AM - TEST TEST
Contact Information 2023	✓	Apr 17, 2025 10:41 AM - TEST TEST
Law Enforcement Eligibility Requirements		-
Project Form		-
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 Information

Name of the Project Agency (law enforcement department): Whoville Island Narcotics (WIN) Task Force

The "applicant agency" for the project must be the unit of government. The "project agency" must be the respective law enforcement department.

Originating Agency Identifier (ORI): MO4576921

Law Enforcement Eligibility Requirements cont.

- Eligibility Requirements
    - If you answer "NO" to any questions #1-7, 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 questions #1-7 is 'No' the agency is not eligible for funding please do not continue with the application, until the agency becomes compliant.*

Pursuant to Section 590.650.3 RSMo, (1) every law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and (2) each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.

1. Is the project agency in compliance with Section 590.650 RSMo - Vehicle Stops Reporting?: [Yes | No]

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 of this section.

2. Is the project agency in compliance with Section 590.700 RSMo? : [Yes | No]

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 and shall certify adoption of such policy when applying for any grants administered by the department of public safety.

3. Is the project agency in compliance with Section 43.544 RSMo?: [Yes | No]

Pursuant to Section 590.1265 RSMo Use of force incidents reporting standards and procedures, publication of report data, analysis report. Each law enforcement agency shall report data submitted under subsection 3 of this section to the department of public safety.

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. Each law enforcement agency shall certify compliance with Section 590.1265 RSMo when accepting any grants administered by the Department of Public Safety.

4. Is the project agency in compliance with Section 590.1265 RSMo - Police Use of Force Transparency Act of 2021? : [Yes | No]

Pursuant to Section RSMo 43.505.3 Uniform Crime Reporting system – duties of department – violations, penalty: 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.

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 in the past 12 months. Each law enforcement agency shall certify compliance with Section RSMo 43.505 when applying for any grants administered by the Missouri Department of Public Safety.

5. Is the project agency in compliance with Section 43.505 RSMo Uniform Crime Reporting - Missouri Incident-Based Reporting System MIBRS? : [Yes | No]

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.

For the purposes of grant eligibility each law enforcement agency shall certify compliance with Section 590.030 RSMo when applying for any grants administered by the Missouri Department of Public Safety.

6. Is the project agency in compliance with Section 590.030 RSMo - Rap Back Program Participation?: [Yes | No]

Death in Custody Reporting Act (DCRA) - The Death in Custody Reporting Act of 2013 (DCRA; Pub. L. No. 113-242) requires states to report to the Attorney General information regarding the death of any person who is detained, under arrest, or in the process of being arrested, en route to be incarcerated, or incarcerated at a municipal or county jail, state prison, state-run boot camp prison, boot camp prison that is contracted by the state, any state or local contract facility, or other local or state correctional facility (including any juvenile facility). SAAs are responsible for collecting data on a quarterly basis from local entities including local jails, law enforcement agencies, medical examiners, and other state agencies.

If an agency experiences a death in custody event, timely submissions of the information on the Death in Custody Reporting Act data collection template are requested to be sent to cjle@dps.mo.gov via fax to (573) 526-9012. Examples of reportable and non-reportable death in custody scenarios can be found at https://bja.ojp.gov/funding/performance-measures/DCRA-Reporting-Guidance-FAQs.pdf, pages 5-7.

For the purposes of grant eligibility each law enforcement agency shall certify that they have submitted all required death in custody reports when applying for any Department of Justice grants administered by the Missouri Department of Public Safety.

7. Has your agency reported all required Death in Custody Reports to the Missouri Department of Public Safety?: [Yes | No]

Law Enforcement Eligibility Requirements cont.

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

- ► Select "Mark as Complete"

Application Forms

▶ Select "Project Form"

Component	Complete?	Last Edited
General Information	✓	Apr 17, 2025 10:23 AM - TEST TEST
Contact Information 2023	✓	Apr 17, 2025 10:41 AM - TEST TEST
Law Enforcement Eligibility Requirements	✓	Apr 17, 2025 10:56 AM - TEST TEST
Project Form		-
Budget		-
Named Attachments		-

Project Form

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

Project Form cont.

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

Project Form cont.

- Section 2: Goals and Objectives

  - Objective 1: Coverage and Collaboration

    - Goal 1: Collaboration with Other Agencies

    - Verify on the 2024-2026 JAG DTF 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

Project Form cont.

▶ Objective #1 Coverage and Collaboration Example:

Project Form cont.

- 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

- **NOTE:** For Investment, Subaward, 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

Project cont.

▶ Investment cont.

    ▶ Example

    ▶ Once completed,
select "Save Row"

📄 **Objective #2 Investment**

Save Row

7. Please add each MOU signer separately:

Objective #2 Investment

Please add each MOU signer and fill in the 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

Project Form cont.

▶ Investment cont.

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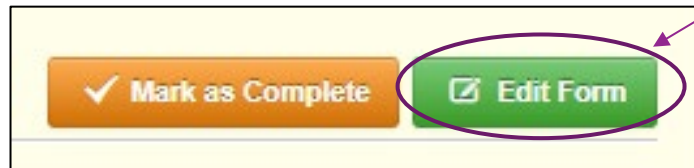
Project Form cont.

► 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 Safety	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"

🗑 Delete Row   💾 Save Row

Project Form cont.

- **NEW!** - Objective 2.1: Subaward
  - Will need to add each agency that your agency subawards grant funds to while not in "Editing" status
    - In the right corner select "Save Form", then scroll to Objective #2 – Investment and select "Add Row" to add

Objective #2.1 Subaward - Multi-List   ✓ Mark as Complete   + Add Row
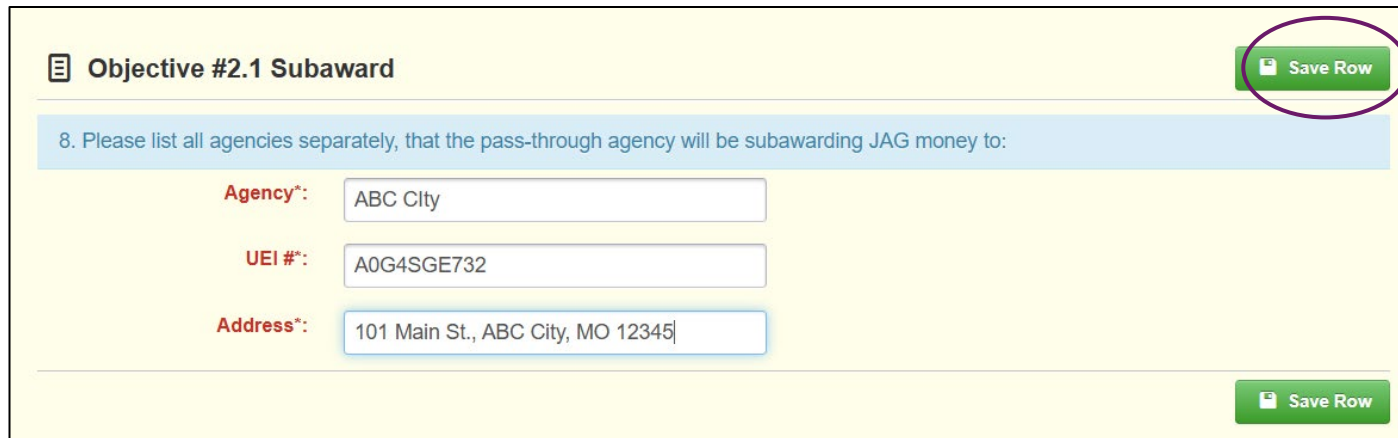
- **NOTE:** For Investment, Subaward, Prevention, Education, and Rehabilitation Activities, and Rehabilitation sections, you will need "Add" when the rest of the form questions have been answered, as the form will not save without all required questions answered

Project cont.

▶ Subaward cont.

  ▶ Example

  ▶ Once completed,
  select "Save Row"

Objective #2.1 Subaward   💾 Save Row

8. Please list all agencies separately, that the pass-through agency will be subawarding JAG money to:

Agency*:   ABC CIty

UEI #*:   A0G4SGE732

Address*:   101 Main St., ABC City, MO 12345

                                                               💾 Save Row

Project Form State 2025, Fed 2023 cont.

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

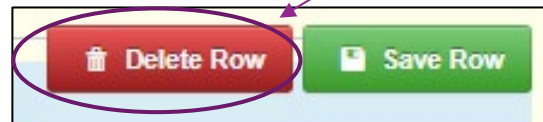# Project Form cont.

▶ If you need to delete a line that was entered

  ▶ Select the link for the entry

Agency	UEI #	Address
ABC CIty	A0G4SGE732	101 Main St., ABC City, MO 12345
ABC CIty	A0G4SGE732	101 Main St., ABC City, MO 12345

8. Please list all agencies separately, that the pass-through agency will be subawarding JAG money to:

  ▶ Select "Delete Row"

🗑 Delete Row   💾 Save Row
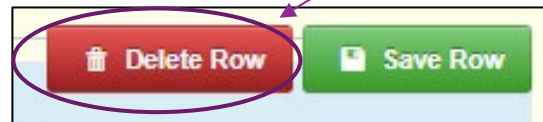
Project Form cont.

- Objective 3: Deconfliction
  - Select "Yes" or "No"
    - Depending on how the questions are answered, will determine if additional information is required

📄 **Objective #3 Deconfliction**

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

9.a. When to deconflict? : Yes **No**

9.b. If no, explain the plan to implement such a written policy?: If "No" is answered, explain the plan to implement a written policy.

9.c. How or through which means to deconflict?: Yes **No**

9.d. If no, explain the plan to implement such a written policy?: If "No" is answered, explain the plan to implement a written policy.

Project Form cont.

- Goal 2: Minimum Standards
  - Answer each question 10-14, by selecting "Yes" or "No"
  - If you selected "No" to a question, (10-13), in question #14, explain the plan to implement such policies and why they have not yet been implemented

10. 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:

10.a. the type(s) of information to be shared *: **Yes** No

10.b. through which means information will be shared*: **Yes** No

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

11.a. whether the task force commander and/or board is included in the selection process for new officers *: **Yes** No

11.b. a requirement of drug/alcohol testing as a condition of begin offered employment*: **Yes** No

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

12.a. the types of information/records that shall be contained in an informant's file*: **Yes** No

12.b. a designation to the task force commander (or similar person of approval) to review/approve informant files*: **Yes** No

12.c. a requirement for a log to be maintained for all activity conducted as it pertains to each informants*: **Yes** No

12.d. a process for the security/custody of informant files*: **Yes** No

12.e. a requirement to maintain professional/ethical relationships with informants*: **Yes** No

12.f. a requirement for the presence of two officers (at least one of the same sex) when meeting with an informant*: **Yes** No

12.g. the terms and conditions for the use of juveniles as informants*: **Yes** No

12.h. how and by whom informant payments are authorized*: **Yes** No

12.i. a requirement of officers to prepare a receipt for all payments made to informants and to identify the signatory parties for such receipts*: **Yes** No

12.j. the measures to be taken in the event an informant fails to abide by the task force/informant agreement*: **Yes** No

12.k. a requirement to periodically review informant files and deactivate informants that are not considered active*: **Yes** No

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

13.a. a requirement to document the chain of custody of evidence*: **Yes** No

13.b. the safekeeping, processing, and storage of evidence*: **Yes** No

13.c. a process for the disposal/return of evidence*: **Yes** No

Project Form cont.

- Objective 2: Minimum Training
  - Select "Yes" or "No"
    - If "No" is selected for questions 15, 16, or 17 a text box will appear
      - You will need to identify which officers have not attended the training(s) and the respective reason why it hasn't yet been completed

Objective #2 Minimum Training

15. Have all task force officers received a minimum 30 hour, accredited course in basic 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 which officer(s) have not yet received the training and the reason why.

16. Have all task force officers received a minimum 24 hour, accredited course in advanced narcotic training?*:   [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 which officer(s) have not yet received the training and the reason why.

17. Have all task force officers received Clandestine Meth Lab Certification (and as applicable, Re-Certification)?*:   [Yes | No]

17.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 which officer(s) have not yet received the training and the reason why.

Project Form cont.

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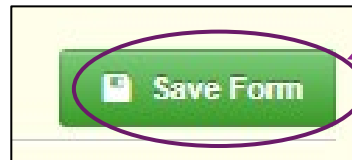
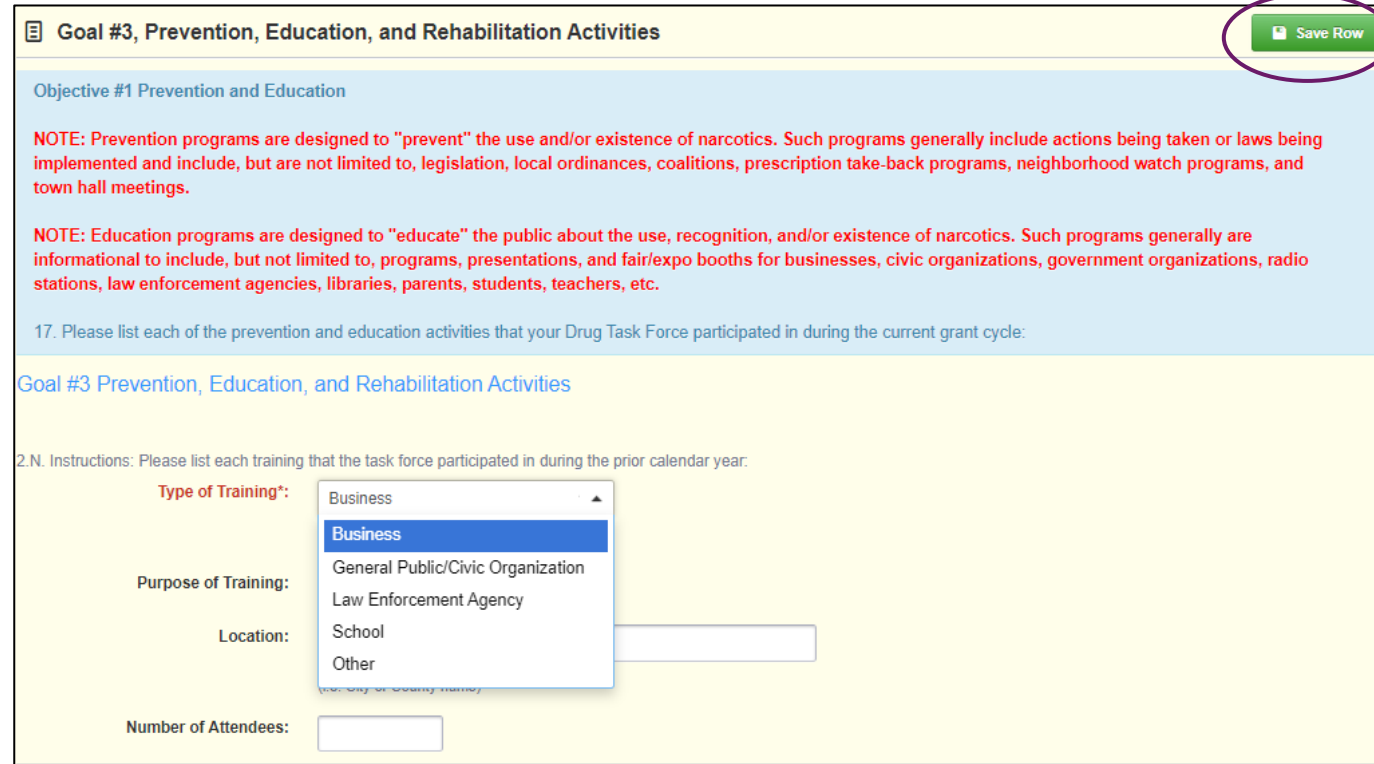- **NOTE:** For Investment, Subaward, Prevention, Education, and Rehabilitation Activities, and Rehabilitation sections, you will need "Add" when the rest of the form questions have been answered, as the form will not save without all required questions answered

Project Form cont.

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

  - Example

  - Once completed,
  select "Save Row"

Project Form State 2025, Fed 2023 cont.

▶ If you need to delete a line that was entered

  ▶ Select the link for the entry

Type of Training	Purpose of Training	Location	Number of Attendees
Business	Prevention		

  ▶ Select "Delete Row"
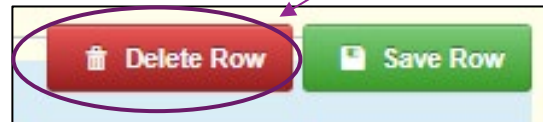
Project cont.

▶ 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
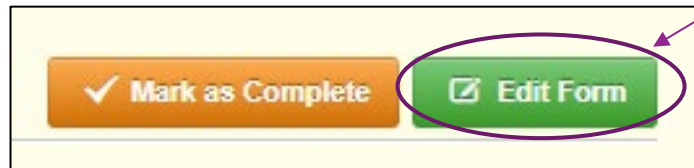
Project Form cont.

▶ Goal 3: Prevention, Education, and Rehabilitation Activities

▶ Question 18.a needs to be completed if the Drug Task force did not participate in Prevention or Education programs during the 2023 JAG – 2025 DTF grant cycle

18.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 Prevention or Education program during the CURRENT grant cycle?

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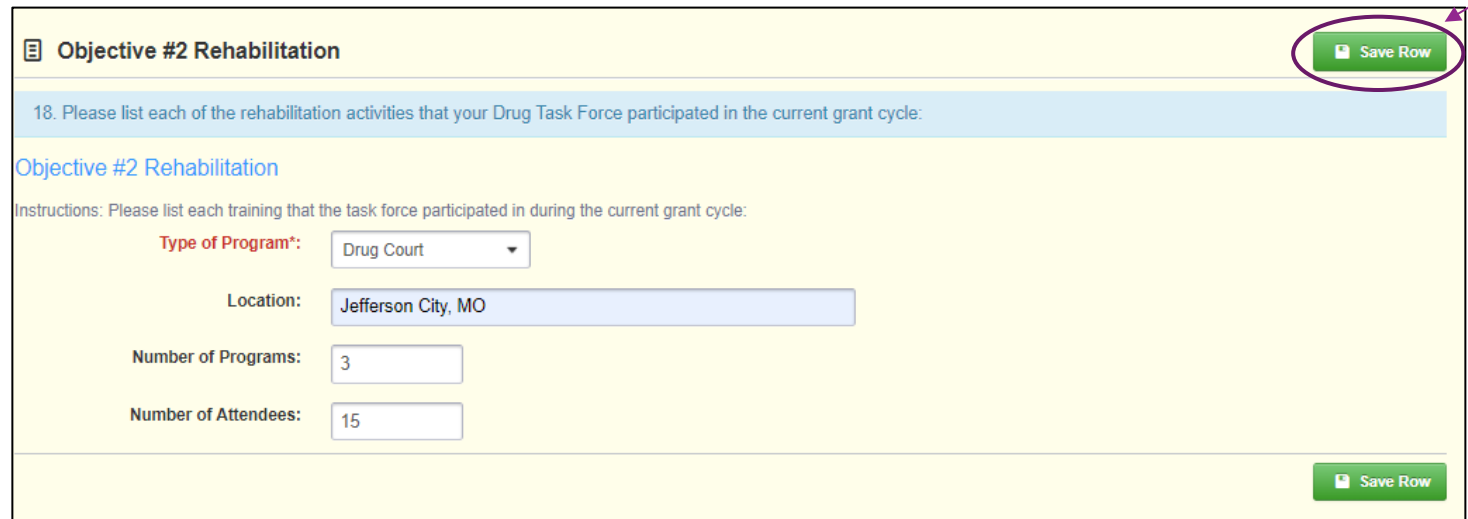
- Objective 2: Rehabilitation
  - Will need to add each Rehabilitation program individually while form is not in "Editing" status
    - In the top right corner select "Save Form", then scroll to Objective 2: Rehabilitation and select "Add Row" to add
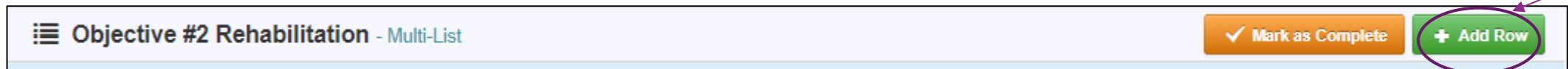
      Save Form

      :≡ Objective #2 Rehabilitation - Multi-List   ✓ Mark as Complete   **+ Add Row**

  - **NOTE:** For Investment, Subaward, 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

Project Form cont.

- ▶ Objective 2: Rehabilitation cont.
  - ▶ List each rehabilitation training individually that the Drug Task Force participated in during the current grant cycle

  - ▶ Once completed,

  select "Save Row"

Project Form cont.

▶ 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
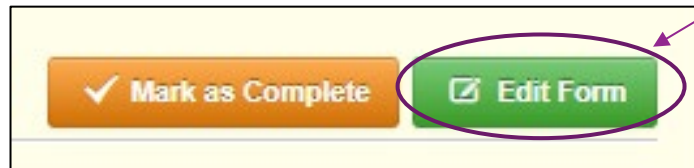
Project Form cont.

▶ 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"
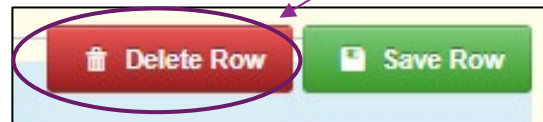
Project Form cont.

- Goal 3: Rehabilitation

  - Question 19.a needs to be completed if the Drug Task Force did not participate in Rehabilitation programs during the 2023 JAG – 2025 DTF grant cycle

| 19.a. If your agency did not participate in Rehabilitation programs during the current grant cycle please explain : | Why did your agency not participate in Rehabilitation programs during the CURRENT grant cycle? |

Project Form cont.

- Goal #4 Task Force Sustainment

  - Question #20 - 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"

  - 20.a - Provide a summary of the

  plan to sustain the Drug Task Force

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

20. Does your drug task force have a plan to sustain the task force without Federal Funds within the next three years?*:   [Yes] [No]

20.a If you answered yes to Question #19, please provide a summary of the plans to sustain the Drug Task Force.:   Provide a summary on the plans to sustain the DTF.

Project Form cont.

- Goal #4 Task Force Sustainment cont.
  - Question #20 - 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"
  - 20.b Describe what actions will be taken THIS year to investigate methods to secure other funding

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

20. Does your drug task force have a plan to sustain the task force without Federal Funds within the next three years?*:

Yes | No

20.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.

Project Form cont.

▶ Section 3: Audit, Rick Assessment, Certified Assurances

　　▶ Audit Details

📋 **Section 3 - Audit, Risk Assessment, Certified Assurances**　　　　　💾 Save Form

Audit Details

21. Has the Applicant Agency exceeded the federal expenditure threshold of $1,000,000 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 DPS Grants within nine (9) months after the end of the audited fiscal year.

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

`12/31/2024`

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

23. 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 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

24. 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.

24.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 will be MANAGING the grant and what the job title(s) are.

25. 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.

26. 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.

26.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.

27. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?*:

Y... ▲
| Yes |
| No |
| N/A |

27.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.:

List the DIRECT FEDERAL awards that were monitored and indicate if there were any finding or recommendations.

Project Form 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

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 cont.

▶ Certified Assurances cont.

    ▶ Example

Certified Assurances

28. 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:

2024 Federal JAG 2026 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.

29. Authorized Official Name and Title*: Mrs Amelia Jaegers, Authorized Official

30. Name and Title of person completing this proposed application*: Mrs. Joni McCarter, Officer in Charge WIN

31. Date*: 04/17/2025

Project Form cont.

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

▶ Select "Mark as Complete"

Application Forms

▶ Select "Budget"
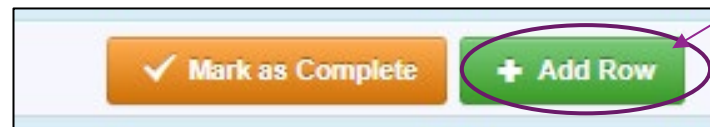
Component	Complete?
General Information	✔
Contact Information 2023	✔
Law Enforcement Eligibility Requirements	✔
Project Form	✔
Budget	
Named Attachments	

Budget

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

📄 **Budget Justification**   💾 Save Form

- Select "Add Row" to enter each budget line

✓ Mark as Complete   ➕ Add Row

Budget cont.

- **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

Budget cont.

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

Budget cont.

▶ 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 budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.			
Budget Line Category	**Line Name**	**Description**	**Amount of Grant Funds Requested**
1. Personnel	Task Force Officers (3)	Salary	$150,000.00
Subtotal			$150,000.00
2. Personnel Benefits	Other	F/M; Medical Insurance, Workers Comp	$20,502.45
Subtotal			$20,502.45
3. Overtime Personnel	Overtime	1 Task Force Officer	$5,000.00
Subtotal			$5,000.00
4. Overtime Benefits	Overtime Benefits	F/M for 1 TFO	$524.00
Subtotal			$524.00
5. Travel/Training	Fuel	5 Vehicles Fuel	$6,000.00
5. Travel/Training	Vehicle Maintenance	5 Vehicles Maintenance	$6,000.00
Subtotal			$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
Subtotal			$21,000.00
7. Supplies/Operations	Office Supplies	Office Supplies	$1,000.00
7. Supplies/Operations	Field Supplies	Field Supplies	$1,000.00
Subtotal			$2,000.00
8. Contractual	Vehicle Leases	5 TFO vehicle leases	$60,000.00
Subtotal			$60,000.00
			$271,026.45

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 2023 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 Form" in the top of the Justification

Budget cont.

- 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*:

[toolbar: Source | B I U S X₂ X² | Styles | Normal | Font | Size]

(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:

body p span span span span   Paragraphs: 10, Words: 148, Characters (with HTML): 3141

Budget cont.

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

- Select "Mark as Complete"

Application Forms

▶ Select "Named Attachments"

Component	Complete?	Last Edited
General Information	✓	Apr 17, 2025 10:23 AM - TEST TEST
Contact Information 2023	✓	Apr 17, 2025 10:41 AM - TEST TEST
Law Enforcement Eligibility Requirements	✓	Apr 17, 2025 10:56 AM - TEST TEST
Project Form	✓	Apr 17, 2025 2:05 PM - TEST TEST
Budget	✓	Apr 17, 2025 2:12 PM - TEST TEST
Named Attachments		-

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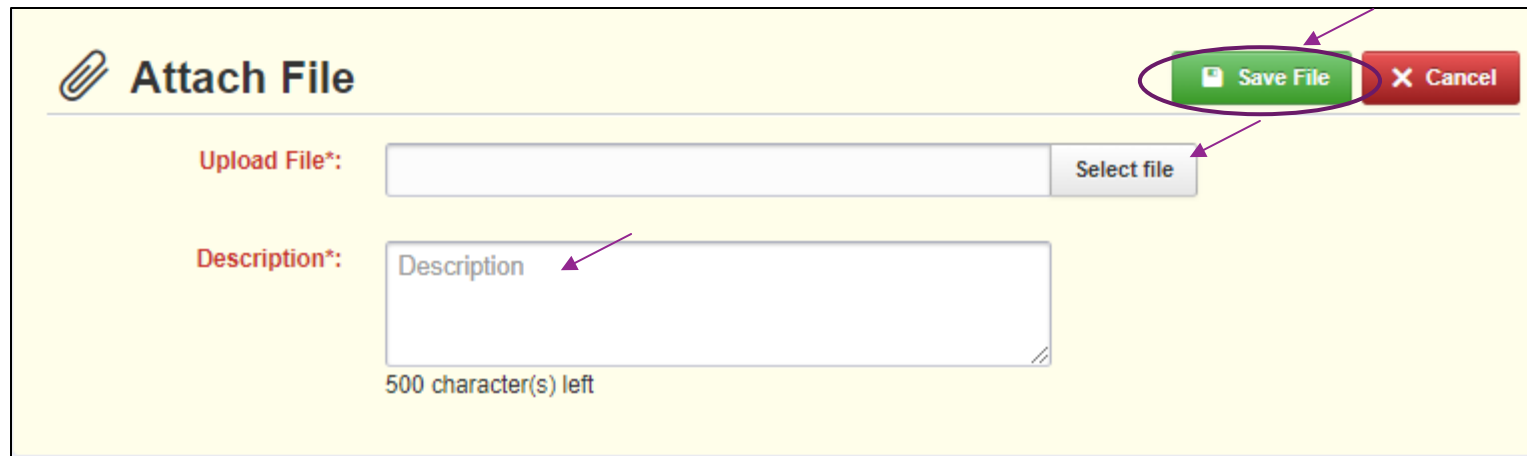
- *Required to attach most recent audit or financial statement
- *Required to attach MOU/MOA
  - Should have **current** signatures
- Other attachments could include
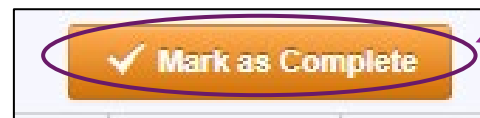 - Vendor Quotes
  - Supporting documents

Named Attachments cont.

▶ To attach , select the hyperlink for that attachment

Named Attachments cont.

▶ Browse your computer to attach the document

▶ Give a brief description of the file

▶ Select "Save File"

▶ Select "Mark as Complete"

Submit Application

- Verify that all forms have been "Mark As Complete"
  - It is recommended that you have another person review the application for clarity and completion.

Submit Application cont.

▶ Select "Submit Application"

Application Details	Complete?	Last Edited
Application is in compliance and is ready for Submission!		
Component	**Complete?**	**Last Edited**
General Information	✓	Apr 17, 2025 10:23 AM - TEST TEST
Contact Information 2023	✓	Apr 17, 2025 10:41 AM - TEST TEST
Law Enforcement Eligibility Requirements	✓	Apr 17, 2025 10:56 AM - TEST TEST
Project Form	✓	Apr 17, 2025 2:05 PM - TEST TEST
Budget	✓	Apr 17, 2025 2:12 PM - TEST TEST
Named Attachments	✓	Apr 17, 2025 2:14 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"
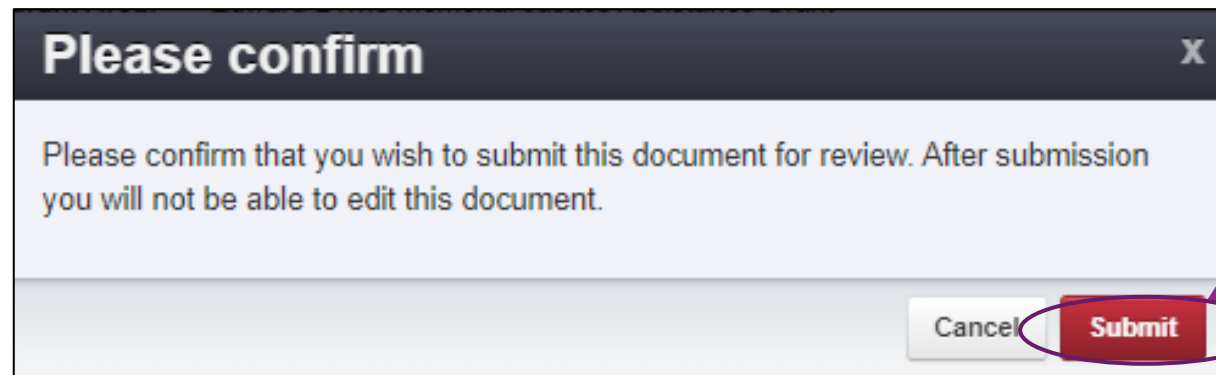
Submit Application cont.

▶ 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 <dpswebgrants@dps.mo.gov>
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 https://dpsgrants.dps.mo.gov. You can view or print a copy of the submitted application under the "My Applications" module.

You may now log into the WebGrants system at the following location:
https://dpsgrants.dps.mo.gov/

Important Dates

- Application Period:
    - Tuesday, April 22, 2025 – Tuesday, May 20, 2025, **4:00 p.m.** CST
- Application Instructions PowerPoint Workshop, and Notice of Funding Opportunity available online: April 18, 2025
- Application review and funding determinations:
    - May – June 2025
- Program Start Date: July 1, 2025
- Program End Date: June 30, 2026

Questions

For any questions, please contact our office:

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

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