



FY 2025 Edward Byrne  
Memorial Justice  
Assistance Grant (JAG)/  
SFY 2027 State Drug Tax  
Force (DTF) Application  
Workshop

Missouri Department of Public  
Safety/Office of Homeland Security

# FY 2025 JAG/SFY 2027 StateDTF Notice of Funding Opportunity (NOFO)

- The Missouri Department of Public Safety is pleased to announce the funding opportunity for the FY 2025 JAG/SFY 2027 State DTF
- The funding opportunity is made available through the Missouri Department of Public Safety's electronic WebGrants System, accessible online at: <https://dpsgrants.dps.mo.gov>
- The Notice of Funding Opportunity (NOFO) can be accessed at the following link: <https://dps.mo.gov/dir/programs/dpsgrants/jag.php>
  - The NOFO contains information regarding the purpose/objectives of the program, eligibility, application requirements, allowable/unallowable costs, etc.



# Drug Task Force (DTF) Grant

- The DTF program is partially funded from the JAG and Missouri House Bill No. 8
- The JAG is administered by the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), and Bureau of Justice Assistance (BJA)
  - The DPS is the governor-appointed State Administering Agency (SAA) of the JAG
- The State DTF funds are appropriated through Missouri House Bill No. 8 and are subject to request and approval each fiscal year
- The DPS' 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



# Key Dates

May 13, 2026:

JAG/DTF funding opportunity opens in WebGrants:  
<https://dpsgrants.dps.mo.gov/>

June 10, 2026:

JAG/DTF applications due in WebGrants **5:00 pm CST**  
**WebGrants will not accept any applications after  
this time!**

June 2026

Application Review and Funding Determinations

July 1, 2026:

Project Start Date

June 30, 2027:

Project End Date



# Eligible Applicants

- The grant is available to multi-jurisdictional drug task forces
  - A Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) signed by all participating jurisdictions must be submitted as an attachment to the application
- The “applicant agency” must be the drug task force
- The Authorized Official of the financial pass-through agency must certify the application at the time of submission



# Ineligible Applicants

- Nonprofit organizations
- For-profit organizations
- Agencies applying for a project that does not support a multi-jurisdictional drug task force



# DPS Grants – State Requirements

- To be eligible for JAG/DTF funding, the applicant agency must be compliant with the following statutes, as applicable and must maintain compliance throughout the grant period of performance.

## Requirements below apply only to law enforcement agencies:

- **Section 590.650 RSMo – Vehicle Stops Report:** Pursuant to Section 590.650.3 RSMo, each law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.
  - *Faliure to submit the Vehicle Stops (Racial Profiling) Report will result in the automatic denial of the application.*
- **Section 590.700 RSMo – Written Policy on Recording of Custodial Interrogations:** Pursuant to Section 590.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2.



# DPS Grants – State Requirements

- To be eligible for JAG/DTF funding, the applicant agency must be compliant with the following statutes, as applicable and must maintain compliance throughout the grant period of performance.

## Requirements below apply only to law enforcement agencies:

- **Section 43.544 RSMo** – **Written Policy on Forwarding Intoxication-Related Traffic Offenses:** Pursuant to Section 43.544.1 RSMo, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository as required by Section 43.503 RSMo.
- **Section 590.1265 RSMo** – **Police Use of Force Transparency Act of 2021:** Pursuant to Section 590.1265 RSMo, each law enforcement agency shall report data submitted under subsection 3 of this section to the department of public safety.
  - *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 previous 12 months.*
  - ***Agencies not compliant at the time of application will be ineligible for funding***



# DPS Grants – State Requirements

- To be eligible for JAG/DTF funding, the applicant agency must be compliant with the following statutes, as applicable and must maintain compliance throughout the grant period of performance.

## Requirements below apply only to law enforcement agencies:

- **Section 43.505 RSMo – Uniform Crime Reporting (UCR):** Pursuant to Section 43.505.3 RSMo, each law enforcement agency in the state shall: (1) Submit crime incident reports to the department of public safety on forms or in the format prescribed by the department; and (2) Submit any other crime incident information which may be required by the department of public safety.
  - *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 previous 12 months.*
  - ***Applicants not compliant at the time of application will be ineligible for funding***
- **Section 590.030 RSMo – Rap Back Program Participation:** Pursuant to Section 590.030 RSMo, all law enforcement agencies shall enroll in the state and federal Rap Back programs on or before January 1, 2022 and continue to remain enrolled. The law enforcement agency shall take all necessary steps to maintain officer enrollment for all officers commissioned with that agency in the Rap Back programs. An officer shall submit to being fingerprinted at any law enforcement agency upon commissioning and for as long as the officer is commissioned with that agency.



# DPS Grants – State Requirements

- To be eligible for JAG/DTF funding, the applicant agency must be compliant with the following statutes, as applicable and must maintain compliance throughout the grant period of performance.

## Requirements below apply only to law enforcement agencies applying for Department of Justice (DOJ) funds:

- **Death in Custody Reporting Act of 2013:** 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). State Administrative Agencies (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, timely submission of the information on the Death in Custody Reporting Act data collection template is requested to be sent to [dpscjle@dps.mo.gov](mailto:dpscjle@dps.mo.gov) or via fax to (573) 526-9012. Examples of reportable and non-reportable death in custody scenarios can be found at <https://dps.mo.gov/dir/programs/dpsgrants/dcra.php>.



# Allowable Costs

- Applicants may request funding under the following approved budget categories to support multi-jurisdictional drug task forces:
  - Personnel/Personnel Overtime
    - Salaries and/or overtime of task force officers and/or grant management personnel
  - Personnel Benefits/Personnel Overtime Benefits
    - Fringe benefits and/or overtime fringe benefits of task fore officers and/or grant management personnel
  - Travel/Training
    - Training and travel related costs of law enforcement as well as prosecuting attorneys, and consultants hired to provide training at the project agency
  - Equipment
    - Equipment is tangible property having an acquisition cost of \$5,000 or more per unit and a useful life of more than one year
  - Supplies/Operations
    - Supplies are defined as property with an acquisition cost of less than \$5,000 per unit or a useful life of less than one year
    - Operations are defined as operational costs necessary to perform project activities, such as rent and phone expenses for example
  - Contractual
    - Costs directly associated with operating a drug task force and its activities that are secured on a contractual nature



# Allowable Costs – Additional Requirements

- Some allowable equipment items have specific requirements to be eligible for funding
  - Body Armor
    - Funds may be used to purchase body armor at any threat level designation, make, or model from any distributor, as long as the body armor has been tested and found to comply with the most current National Institute of Justice (NIJ) body armor standards and appear on the NIJ Compliant Products List found at: <https://nij.ojp.gov/topics/equipment-and-technology/body-armor/ballistic-resistant-armor> as of the date the body armor was ordered
    - Body armor or armor vests must be “uniquely fitted vests” which means protective (ballistic or stab-resistant) armor vest that conform to the individual wearer to provide the best possible fit and coverage through a combination of
      - Correctly sized panels and carrier, determined through appropriate measurement
      - Properly adjusted straps, harnesses, fasteners, flaps, or other adjustable features
    - Body armor purchased must be made in the United States
    - Agencies seeking funding for body armor are required to have a written “mandatory wear” policy in effect
      - No requirements regarding the nature of the policy other than it being a mandatory wear policy for all uniformed officers while on duty
      - Must complete the [JAG Body Armor Mandatory Wear Policy Certification](#)
      - **Must supply the DPS with a copy of such policy and the certification form at the time of application submission**



# Allowable Costs – Additional Requirements

- Some allowable equipment items have specific requirements to be eligible for funding
  - Body-Worn Cameras
    - Agencies seeking funding for body-worn cameras are must have policies and procedures in place related to equipment usage, data storage, and access, privacy considerations, and training
      - Must complete the [JAG Body-Worn Camera Policy Certification](#)
      - **Must supply the DPS with a copy of such policy(s), procedure(s) and the certification form at the time of application submission**
  - Interoperability Equipment (Portables/Handhelds, Mobiles, Repeaters, Base Stations, etc.)
    - All interoperable communications equipment must meet the Missouri Department of Public Safety, Office of the Director, DPS Grants [Radio Interoperability Guidelines](#)
      - The Missouri Interoperability Center (MIC) will review all communications equipment applications to ensure they comply with the [Radio Interoperability Guidelines](#)
      - Quotes that are compliant with the guidelines MUST be submitted in the Named Attachments component of the application
      - **Applications that do not meet these guidelines will not be eligible for funding**
    - Agencies seeking interoperable communications equipment are encourage to contact the MIC by phone at (573) 522-1714 or by email at [moswin.sysadmin@dps.mo.gov](mailto:moswin.sysadmin@dps.mo.gov) to ensure compliance with the Radio Interoperability Guidelines and the appropriate devices are purchased for the agency's needs



# Allowable Costs – Additional Requirements

- Some allowable equipment items have specific requirements to be eligible for funding
  - License Plate Readers (LPRs)
    - Agencies purchasing license plate reader (LPR) equipment and technology with grant funds administered by the DPS, must adhere to the following requirements:
      - LPR vendors chosen by an agency must have an MOU on file with the MSHP Central Vendor File as developed and prescribed by the Missouri Department of Public Safety pursuant to 11 CSR 30-17
      - Prior to purchasing LPR services, the agency should verify the vendor's MOU status with the MSHP CJIS Division by emailing [mshphelpdesk@mshp.dps.mo.gov](mailto:mshphelpdesk@mshp.dps.mo.gov)
      - Share LPR data through the MoDEX process with statewide sharing platforms (i.e., MULES)
      - Enable LPR data sharing with other Missouri Law Enforcement agencies and enforcement support entities within the selected vendor's software. Examples include, but are not limited to fusion centers, drug task forces, special investigations units, etc.
      - Connect to the Missouri State Highway Patrol's Automated License Plate Reader (ALPR) File Transfer Protocol Access Program. This program provides the information necessary to provide a NCIC and/or MULES hit when used in conjunction with a License Plate Reader (LPR) device. An MOU must be on file with the Access Integrity Unit (AIU) for the vendor and the law enforcement agency and a registration process must be completed
      - Agency shall have a license plate reader policy and operation guideline prior to the implementation of LPRs. Reimbursements will not be made on the project until the policy has been provided to the Missouri Department of Public Safety
      - If LPR will be installed on Missouri Department of Transportation right-of-way(s) agency must request installation through the Missouri Department of Public Safety. Once approved, agency must adhere to the Missouri Department of Transportation's guidelines regarding installation of LPR's on Missouri Department of Transportation right-of-way(s)



# Allowable Costs – Additional Requirements

- Some allowable equipment items have specific requirements to be eligible for funding
  - Mobile Data Terminals (MDTs)/Mobile Data Computers (MDCs)
    - Agencies seeking funding for MDTs/MDCs should research the type of computer being requested
      - The DPS is aware that non-ruggedized laptops and tablets are typically not durable enough for road patrol purposes and therefore not the best use of funds
  - Police Cruisers
    - JAG funds may be used to purchase or lease police cruisers (marked or unmarked)
      - For purposes of this grant program, a “police cruiser” is defined as a vehicle used in the ordinary course for routine police patrol
        - Depending on the jurisdiction, a police cruiser could include sedans, sport utility vehicles (SUVs), pickup trucks, motorcycles, etc.
      - As long as the Missouri Department of Revenue/Motor Vehicles does not require licensing or registration for segways, ATVs, and golf carts, JAG funds may be used for the purchase or lease of such items also
    - The purchase or lease of any other police vehicle (e.g. passenger vans, command centers, wheeled armored vehicles, tactical vehicles, etc.) will require a program office approval request be submitted to the BJA by the DPS as a result of 34 U.S.C. § 10152



# Unallowable Costs

- Unallowable costs include, but are not limited to, the following:
  - Aircraft (with the exception of a police helicopter)
  - Bonuses or Commissions
  - Certain Conference/Meeting Related Expenses outside the parameters listed in the FY 2025 JAG/ SFY 2027 DTF NOFO
  - Compensation & Travel of Federal Employees
  - Confidential Funds for Drug Task Forces
  - Construction/Renovation Projects
  - Consultant Rates exceeding \$650/day
  - Corporate Formation
  - Costs Incurred Outside the Project Period
  - Daily Subsistence within Official Domicile
  - Entertainment Expenses and Bar Charges
  - Finance Fees for Delinquent Payments
  - First Class Travel
  - Indirect Costs



# Unallowable Costs

- Unallowable costs include, but are not limited to, the following:
  - Interoperability Equipment that is not compliant with the Missouri Statewide Interoperability Network (MOSWIN)
  - Land Acquisition
  - Less-than-Lethal Weapons
  - Lobbying or Fundraising
  - Military-Type Equipment
  - Personal Incentives for Employment
  - Pre-Paid Fuel/Phone Cards
  - Prohibited and Controlled Equipment pursuant to program statute
  - State and Local Sales Taxes
  - Unmanned arial systems (UAS) and /or Unmanned Aerial Vehicles (UAV)
  - Vehicles (with the exception of police cruisers)
  - Vessels (with the exception of police boats)
  - Weapons and Ammunition



# Requirements for Pass-Through Entities

- A pass-through entity is defined by 2 CFR § 200.1 as a subrecipient that provides a subaward to a subrecipient to carry out part of a Federal program. Pass-through entities are subject to complete the following requirements as outlined 2 CFR § 200.332:
  - Verify that the subrecipient is not excluded or disqualified in the accordance with § 180.300
  - Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes required information as referenced in 2 CFR § 200.332(b)(1-6)
  - Evaluate each subrecipient's fraud risk and risk of noncompliance with a subaward to determine the appropriate subrecipient monitoring described in paragraph (f)
  - If appropriate, consider implementing specific conditions in a subaward as described in § 200.208 and notify the DPS/OHS of the specific conditions
  - Monitor the activities of a subrecipient as necessary to ensure that the subrecipient complies with Federal statutes, regulations, and the terms and conditions of the subaward. The pass-through entity is responsible for monitoring the overall performance of a subrecipient to ensure that the goals and objectives of the subaward are achieved



# Requirements for Pass-Through Entities

- A pass-through entity is defined by 2 CFR § 200.1 as a subrecipient that provides a subaward to a subrecipient to carry out part of a Federal program. Pass-through entities are subject to complete the following requirements as outlined 2 CFR § 200.332:
  - Depending on the pass-through entity's assessment of risk posed by the subrecipient, the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:
    - Providing subrecipients with training and technical assistance on program-related matters
    - Performing site visits to review the subrecipient's program operations
    - Arranging for agreed-upon-procedures engagements as described in § 200.425
  - Verify that a subrecipient is audited as required by 2 CFR 200 Subpart F
  - Consider whether the results of a subrecipient's audit, site visits, or other monitoring necessitate adjustments to the pass-through entity's records
  - Consider taking enforcement action against noncompliant subrecipients as described in § 200.339 and in program regulations



# WebGrants Application

- Login or register as a new agency at:  
<https://dpsgrants.dps.mo.gov>
  - If your agency is already registered in the system, someone with access will need to add new users
  
- Two-factor authentication: Enter the one-time passcode sent to your email by WebGrants and select, “Submit”

**Enter your user id and password**

User ID 

Password 

**SIGN IN**

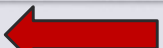
[Forgot User ID?](#) [Reset Password?](#)

**Click here to Register** 

**Verify Email Address**

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

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

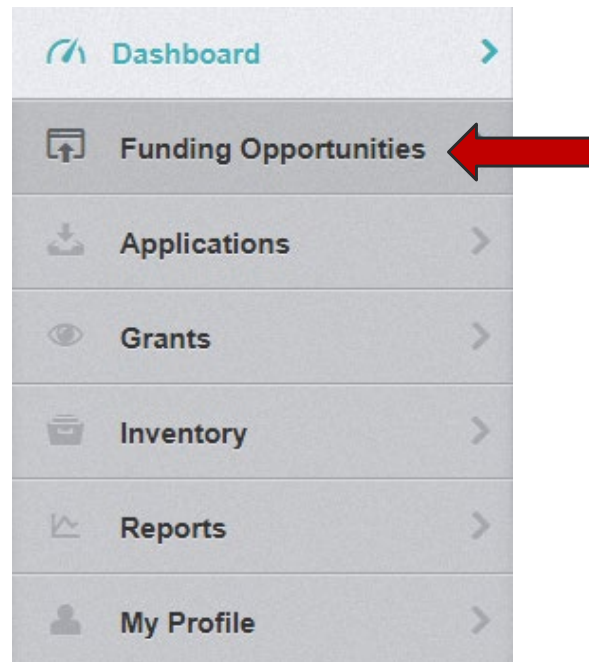
Enter your Passcode 

**Submit**



# FY 2025 JAG/ SFY 2027 State DTF Funding Opportunity

- Select “Funding Opportunities” and then select the “FY 2025 Justice Assistance Grant (JAG)/SFY 2027 State Drug Task Force (DTF) funding opportunity




ID	Status	Agency	Program Area	Title	Posted Date	Final-Application Due Date
56722	Test	DPS Grants (CJLE)	Edward Byrne Memorial Justice Assistance Grant	FY 2025 Justice Assistance Grant (JAG)/SFY 2027 State Drug Task Force (DTF) TEST		Jun 9, 2026 5:00 PM



# Funding Opportunity Details

- The Funding Opportunity Details contains the following information to assist in the application process:
  - Description
  - Attachments
    - FY 2025 JAG/SFY 2027 DTF Notice of Funding Opportunity (NOFO)
    - FY 2025 JAG/SFY 2027 DTF Certified Assurances
    - FY 2025 JAG/SFY 2027 DTF Application Workshop
  - Website Links
    - [DPS JAG/DTF Website](#)

 **Funding Opportunity Details**

 **Start New Application**



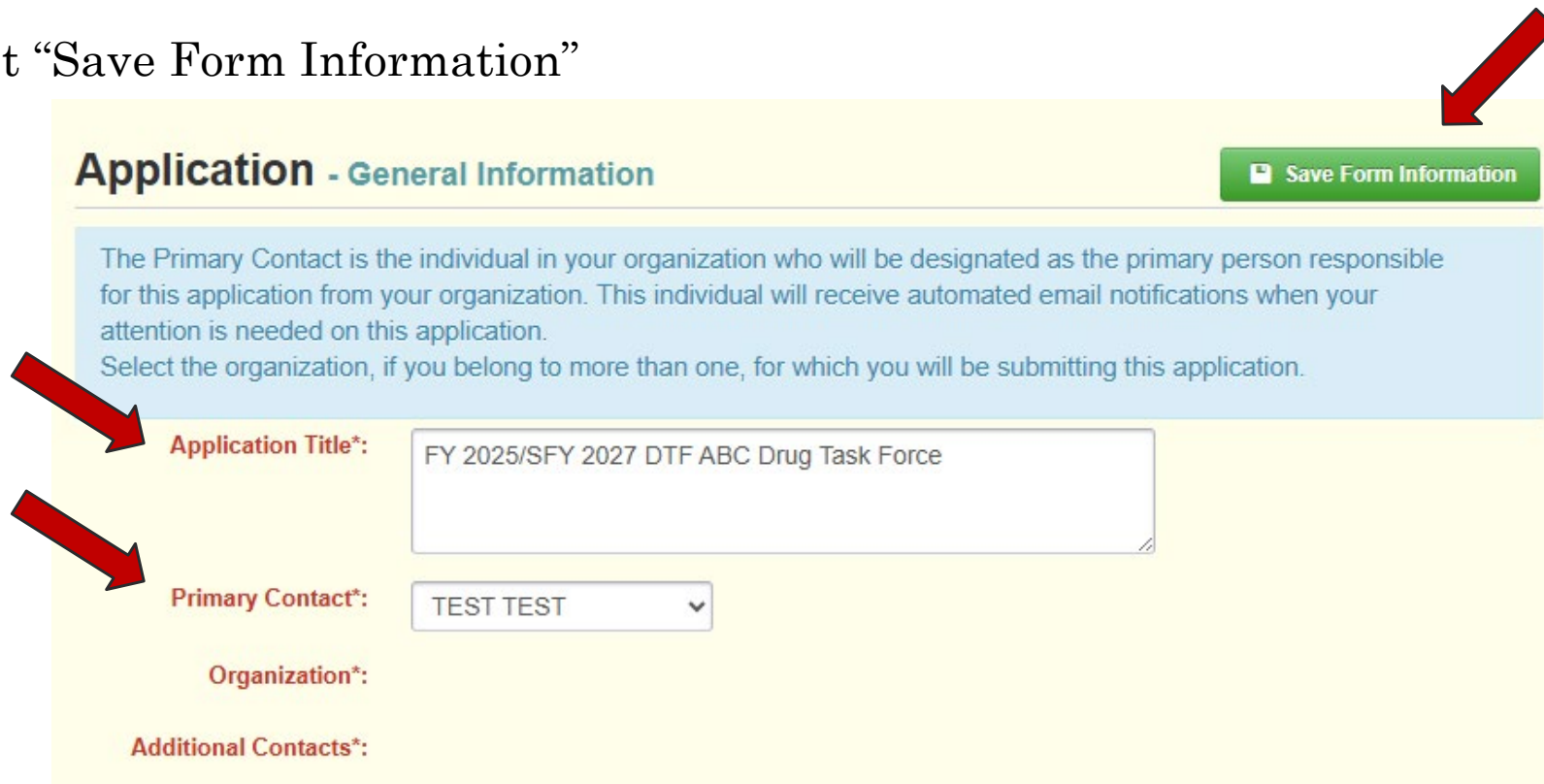
# Start New Application

- Select “Start a New Application”



# General Information

- Complete the General Information Component
  - Application Title: Enter FY 2025 JAG/SFY 2027 DTF and name of the agency
  - Primary Contact: Select the primary contact for the application
- Select “Save Form Information”



**Application - General Information** [Save Form Information](#)

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

**Application Title\*:**

**Primary Contact\*:**

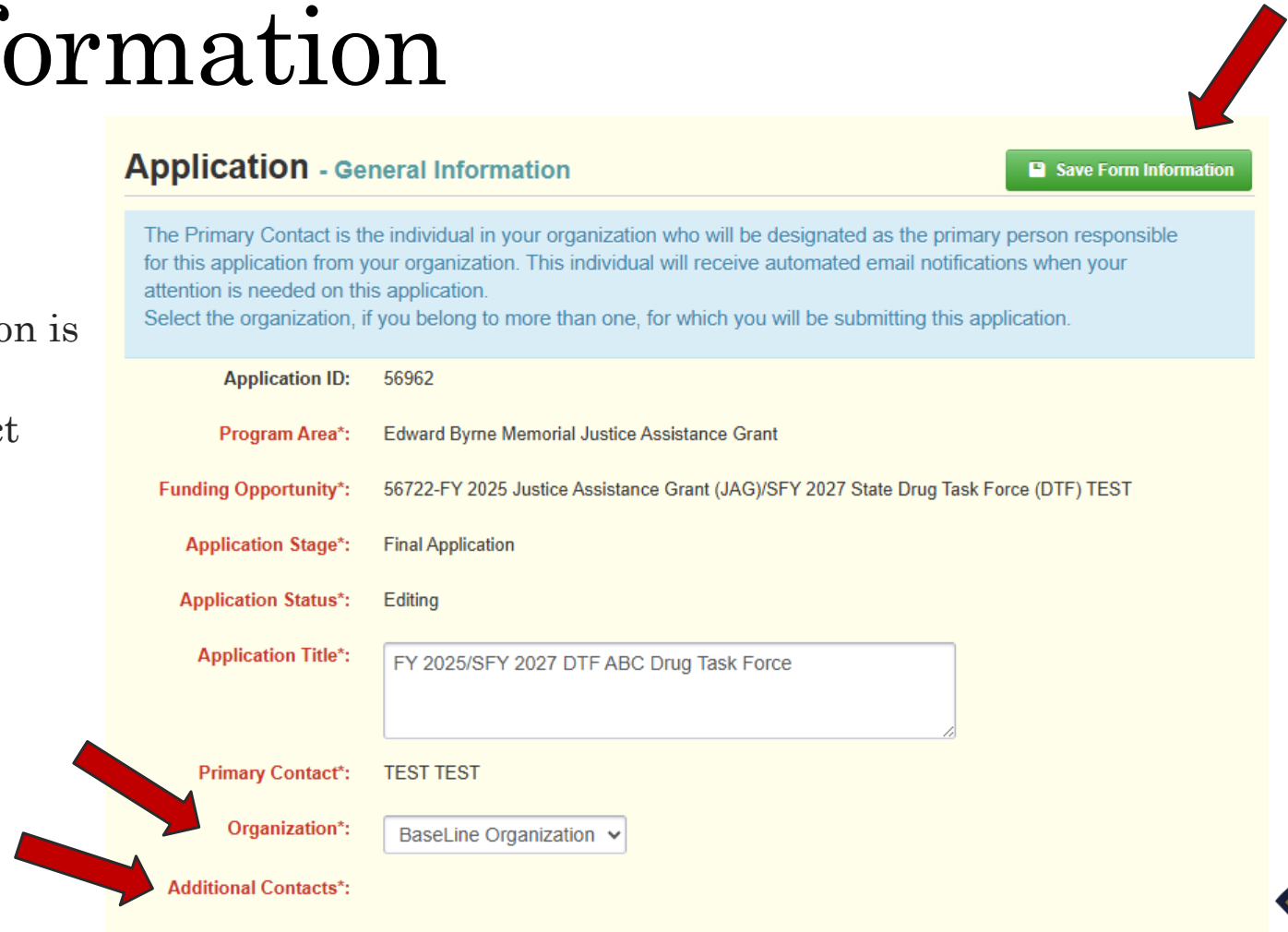
**Organization\*:**

**Additional Contacts\*:**



# General Information

- Complete the General Information Component
  - Organization: Select the organization the application is being submitted for
  - Additional Contacts: Select additional contacts on the application
- Select “Save Form Information”



**Application - General Information** Save Form Information

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

**Application ID:** 56962

**Program Area\*:** Edward Byrne Memorial Justice Assistance Grant

**Funding Opportunity\*:** 56722-FY 2025 Justice Assistance Grant (JAG)/SFY 2027 State Drug Task Force (DTF) TEST

**Application Stage\*:** Final Application

**Application Status\*:** Editing

**Application Title\*:**

**Primary Contact\*:** TEST TEST

**Organization\*:**

**Additional Contacts\*:**



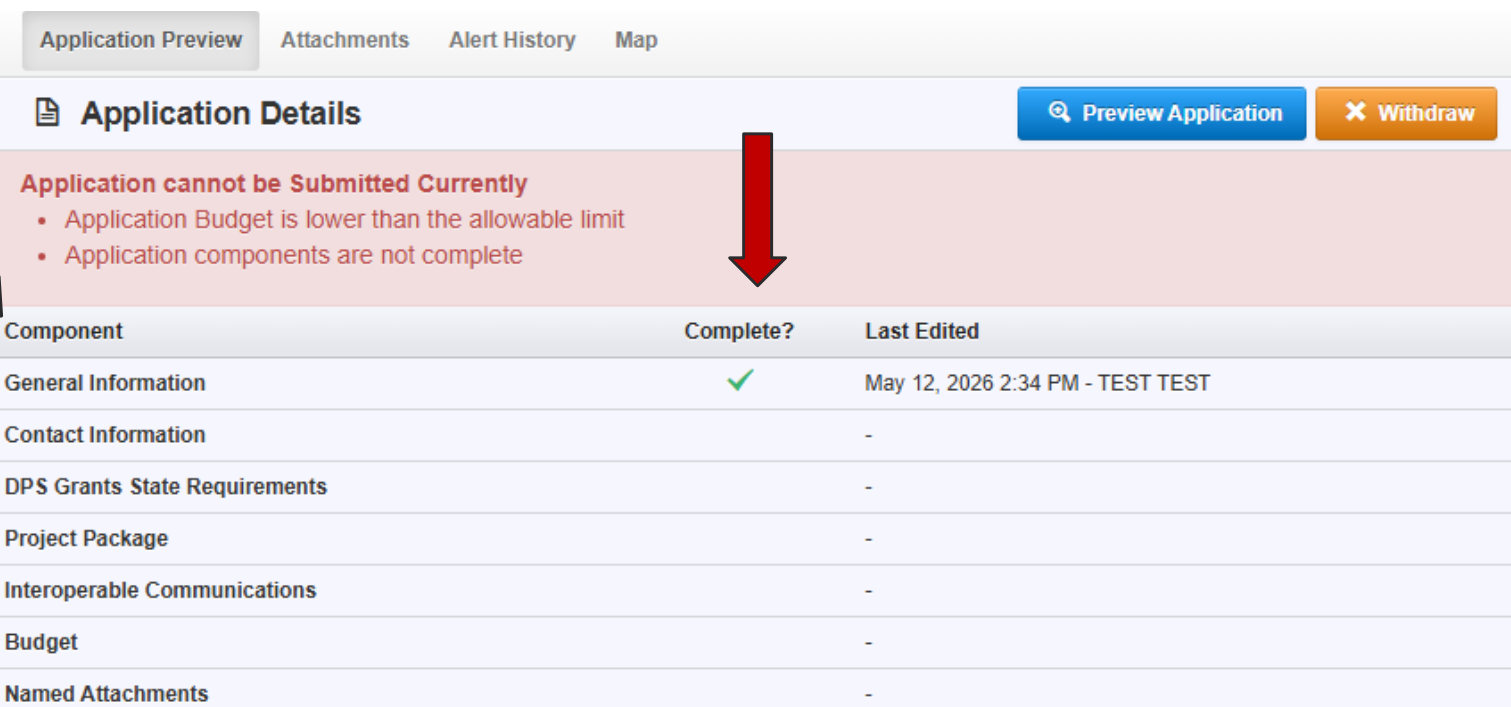
# Application Forms

- The FY 2025 JAG/ SFY 2027 DTF Application will include 7 forms:
  - General Information
  - Contact Information
  - DPS Grants State Requirements
  - Project Package
  - Interoperable Communications
  - Budget
  - Named Attachments



# Application Forms

- After the “General Information” Component has been completed, the application forms will appear
  - Complete each of the application forms and select “Save” and “Mark as Complete”
  - **All forms MUST be marked complete to in order to “Submit” your application**



The screenshot displays the 'Application Details' page. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs, there are two buttons: 'Preview Application' (blue) and 'Withdraw' (orange). A red arrow points to a red error message box that reads: 'Application cannot be Submitted Currently' with two bullet points: 'Application Budget is lower than the allowable limit' and 'Application components are not complete'. Below the error message is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. The table lists several components, with 'General Information' marked as complete with a green checkmark. A red arrow points to the 'Complete?' column header.

Component	Complete?	Last Edited
General Information	✓	May 12, 2026 2:34 PM - TEST TEST
Contact Information	-	-
DPS Grants State Requirements	-	-
Project Package	-	-
Interoperable Communications	-	-
Budget	-	-
Named Attachments	-	-



# Contact Information

- Select “Contact Information”
- Complete all contact information for:
  - Authorized Official – should be the Authorized Official for the financial pass-through agency
  - Project Director
  - Fiscal Officer Project Contact Person – if different than the Project Director
  - Project Contact Person – should be listed as the Task Force Commander

- Required fields are in **red**

Authorized Official\*:  
  
Job Title\*:  
  
Agency\*:  
  
Mailing Address\*:  
  
Street Address 1:  
  
Street Address 2:



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	✓	May 12, 2026 2:34 PM - TEST TEST
Contact Information	-	-
DPS Grants State Requirements	-	-
Project Package	-	-
Interoperable Communications	-	-
Budget	-	-
Named Attachments	-	-



# Contact Information

- 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 is a county, the Presiding County Commissioner or County Executive shall be the 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 State Department, the Director shall be the Authorized Official

**The agency's correct Authorized Official must be designated in the "Contact Information" form and the "Certified Assurances" form**

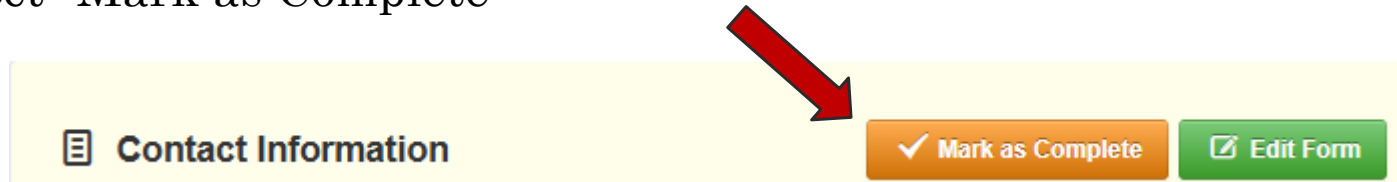


# Contact Information

- When you have completed all contact information, select “Save Form”



- Select “Mark as Complete”



# DPS Grants State Requirements

- Select “DPS Grants State Requirements”

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	✓	May 12, 2026 2:34 PM - TEST TEST
Contact Information	✓	May 12, 2026 2:41 PM - TEST TEST
DPS Grants State Requirements	-	-
Project Package	-	-
Interoperable Communications	-	-
Budget	-	-
Named Attachments	-	-



# DPS Grants State Requirements

- To be eligible for grant funding through the Missouri Department of Public Safety, agencies **must** be compliant with the requirements listed below (as applicable) at the time of application and if awarded funding, must maintain compliance throughout the grant period of performance
- Select “Yes” to Question 1 indicating your agency is a law enforcement agency
- Select “No” to Questions 2 and 3 that do not apply to your agency

1. Is the applicant a law enforcement agency?\*

Yes No

2. Is the applicant a fire agency?\*

Yes No

3. Is the applicant an EMS agency?\*

Yes No

A screenshot of a survey form with three questions. Each question has two buttons: 'Yes' and 'No'. A red arrow points to the 'Yes' button for question 1. The questions are: 1. Is the applicant a law enforcement agency?\*, 2. Is the applicant a fire agency?\*, and 3. Is the applicant an EMS agency?\*

# DPS Grants State Requirements

- Complete Questions 1a. – 1h. After selecting “Yes” to Question 1

**1. Is the applicant a law enforcement agency?\***  Yes  No

**1a. Please provide the Originating Agency Identification Number (ORI):**

**1b. Is your agency in compliance with Section 590.650 RSMo - Vehicle Stops Report?:**  Yes  No

**1c. Is your agency in compliance with Section 590.700 RSMo - Written Policy on Recording of Custodial Interrogations? :**  Yes  No

**1d. Is your agency in compliance with Section 43.544 RSMo - Written Policy on Forwarding Intoxication-Related Traffic Offenses? :**  Yes  No

**1e. Is your agency in compliance with Section 590.1265 RSMo - Police Use of Force Transparency Act of 2021? :**  Yes  No

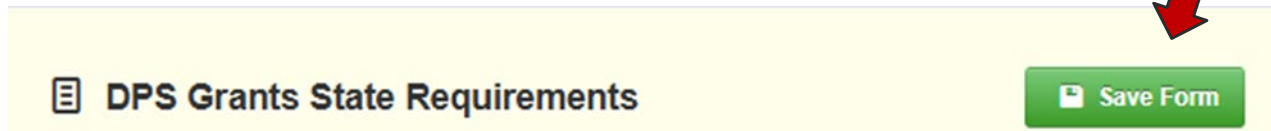
**1f. Is your agency in compliance with Section 43.505 RSMo - Uniform Crime Reporting?:**  Yes  No



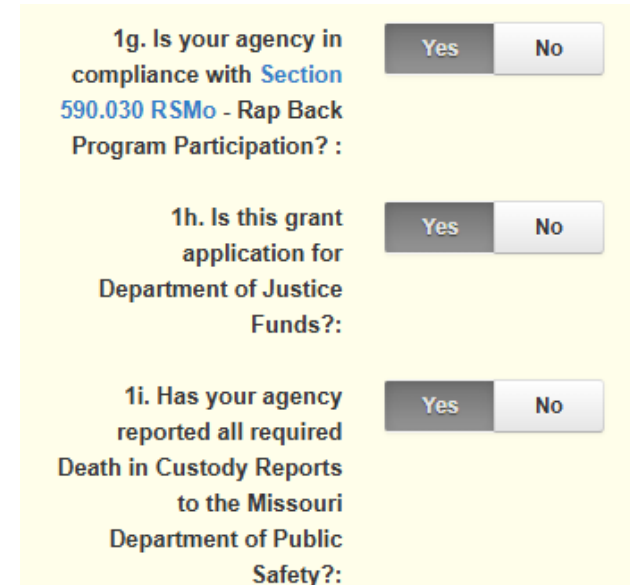
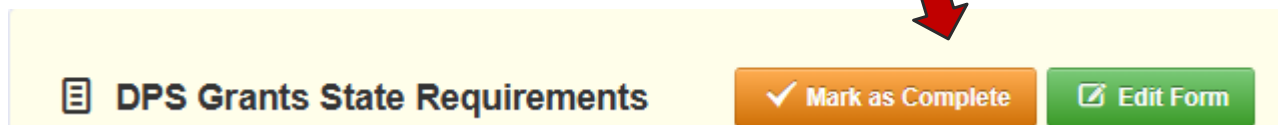
# DPS Grants State Requirements

- Complete Questions 1a. – 1h. After selecting “Yes” to Question 1
  - Select “Yes” to 1h. as the application is for Department of Justice Funds
    - Complete Question 1i. After selecting “Yes” to Question 1h.

- Select “Save Form”



- Select “Mark as Complete”

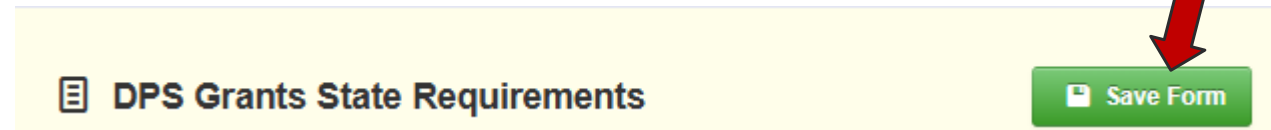


A screenshot of a survey form with three questions, each followed by "Yes" and "No" radio buttons. The questions are: 1g. Is your agency in compliance with Section 590.030 RSMo - Rap Back Program Participation?; 1h. Is this grant application for Department of Justice Funds?; and 1i. Has your agency reported all required Death in Custody Reports to the Missouri Department of Public Safety?.

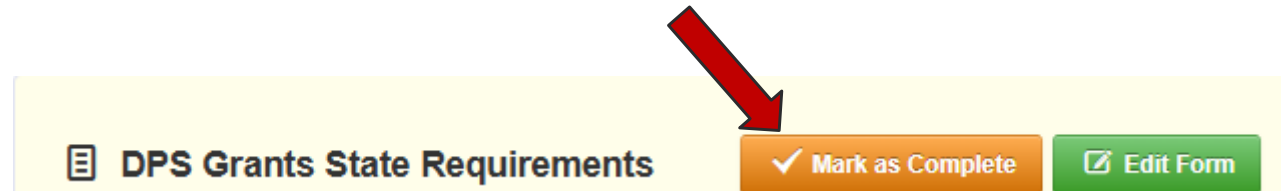


# DPS Grants State Requirements

- Select “Save Form”



- Select “Mark as Complete”



# Project Package

- Select “Project Package”

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	✓	May 12, 2026 2:34 PM - TEST TEST
Contact Information	✓	May 12, 2026 2:41 PM - TEST TEST
DPS Grants State Requirements	✓	May 12, 2026 2:47 PM - TEST TEST
<b>Project Package</b>	-	-
Interoperable Communications	-	-
Budget	-	-
Named Attachments	-	-



# Project Package

- Complete the “**Project Summary**” section of the Project Package
  1. Project Summary” Provide a summary of the proposed project. Be sure to include:
    - What the project is
    - Who will be impacted by the project
    - The geographic are that will be covered by the project
    - Why the proposed project is necessary

**Project Summary**

**1. Project Summary\*:**

Provide a brief summary of the proposed project. Please be sure to include the following:

- 1) What the project is
- 2) Who will be impacted by the project
- 3) The geographic area that will be covered by the project
- 4) Why is the proposed project necessary.

Provide a brief summary of the proposed project. Please be sure to include the following:

- 1) What the project is
- 2) Who will be impacted by the project
- 3) The geographic area that will be covered by the project
- 4) Why is the proposed project necessary.



# Project Package

- Complete the “**Project Summary**” section of the Project Package
  2. Does this project generate program income? **Yes/No**
  3. Please Provide statistics in your program area that demonstrate a need for this project

2. Does this project generate program income?\*:  Yes  No

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

Provide statistics in your program area that demonstrate a need for this project.

Examples:  
Increase in drug crime  
Decrease in funding - why  
Problem references



# Project Package

- Complete the “**Goal #1 Coverage and Collaboration**” section of the Project Summary
  - Objective #1 Collaboration with Other Agencies
  - You can view the FY 2025-SFY 2027 JAG DTF Map by selecting the hyperlink
- 1. Will the task force serve a county and/or city during the upcoming grant year that was not served by a JAG funded drug task force during the previous grant year? **Yes/No**
  - If Yes:
    - 1a. List the counties/cities that have been added to your task force
- 2. Did the task force serve a county and/or city in the prior grant year that will not be served in the upcoming grant year? **Yes/No**
  - If Yes:
    - 2a. List the counties and/or cities that will no longer be served by your task force

**Goal #1 Coverage and Collaboration**

**Objective #1 Collaboration with Other Agencies**

Please reference the [FY 2025-SFY 2027 JAG DTF Map](#)

1. Will the task force serve a county and/or city during the upcoming grant year that was not served by a JAG funded drug task force during the previous grant year? \*:  Yes  No

1a. Please list the counties and/or cities that have been added to your drug task force.:

2. Did the task force serve a county and/or city in the prior grant year that will not be served in the upcoming grant year?\*:  Yes  No

2a. Please list the counties and/or cities that will not be served by the drug task force for the upcoming grant year.:



# Project Package

- Complete the “**Goal #1 Coverage and Collaboration**” section of the Project Summary

- Objective #1 Collaboration with Other Agencies

3. Does the task force actively engage with a prosecutor(s) or attorney() for the representation or legal advice on task force policies, procedures and operations?

Yes/No

If No:

- 3a. Explain the plan to become more actively involved with a prosecutor or other attorney for representation on task force policies, procedures and operations

3. 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

3a. 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 or legal advice on task force policies, procedures and operations.



# Project Package

- Complete the “**Goal #1 Coverage and Collaboration**” section of the Project Summary
  - Objective #2 Investment
    4. Add each MOU/MOA signer separately and list what, if any resources are provided by that agency
      - Select “Save Multi-List”
      - Select “Add Row” to add each MOU/MOA signer



 **Objective #2 Investment** Save Multi-List

[- Edit](#)

4. Please add each MOU signer separately, and list what resources are provided by that agency.

Agency	Currency	Personnel	Equipment	Fuel	Office Space	Other
No Data for Table						



# Project Package

- Complete the “**Goal #1 Coverage and Collaboration**” section of the Project Summary
  - Objective #2 Investment
    4. Add each MOU/MOA signer separately and list what, if any resources are provided by that agency
      - After selecting “Add Row” complete the following information for each MOU/MOA signer:
        - Agency: List the name of the MOU/MOA agency
        - Currency: Provide actual currency provided by the MOU/MOA signer
        - Personnel: List all personnel and associated value provided by the MOU/MOA signer
        - Equipment: List all equipment and associated value provided by the MOU/MOA signer
        - Fuel: Indicate any fuel and associated value provided by the MOU/MOA signer
        - Office Space: Indicate the office space and associated value provided by the MOU/MOA signer
        - Other: List any additional resources and associated value provided by the MOU/MOA signer
    - Select “Save Row”
    - Add additional MOU/MOA signers by selecting “Add Row” until all have been added



# Project Package

**Agency\*:**

List name of MOU signer.

List the name of the MOU agency.

**Currency:**

\$5,000

Provide actual currency provided by the MOU signer.

**Personnel:**

List all personnel and associated value provided by the MOU signer.

List all personnel and associated value provided by the MOU signer.

**Equipment:**

List all equipment and associated value provided by the MOU signer.

List all equipment and associated value provided by the MOU signer.

**Fuel:**

Indicate any fuel and associated value provided by the MOU signer.

Indicate any fuel and associated value provided by the MOU signer.

**Office Space:**

Indicate the office space and associated value provided by the MOU signer.

Indicate the office space and associated value provided by the MOU signer.

**Other:**

List any additional resources and associated value provided by the MOU signer.

List any additional resources and associated value provided by the MOU signer.



# Project Package

- Complete the “**Goal #1 Coverage and Collaboration**” section of the Project Summary
  - Objective #2.1 Subaward
    5. List each agency separately that will receive a JAG subaward
      - Select “Save Multi-List”
      - Select “Add Row” to add each subaward agency



☰ Objective #2.1 Subaward - Multi-List ✓ Mark as Complete + Add Row

5. Please list each agency separately that will receive a JAG subaward.

Agency	UEI #	Address
No Data for Table		



# Project Package

- Complete the “**Goal #1 Coverage and Collaboration**” section of the Project Summary
  - Objective #2.1 Subaward
    5. Add each agency that your agency subawards grant funds to
      - After selecting “Add Row” complete the following information for each agency:
        - Agency: List the name of the agency
        - UEI #: Provide the UEI of the agency
        - Address: Provide the address of the agency
      - Select “Save Row”
      - Add additional agencies by selecting “Add Row” until all have been added

**Objective #2.1 Subaward**

5. Please list each agency separately that will receive a JAG subaward.

**Agency\*:**   
List the name of the agency that will receive a subaward.

**UEI #\*:**   
List the UEI # for the agency that will receive a subaward.

**Address\*:**   
Please provide the address of the agency that will receive a subaward.



# Project Package

- Complete the “**Goal #1 Coverage and Collaboration**” section the Project Package
  - Objective #3 Deconfliction
  - Has the task force adopted a written policy for deconfliction that addresses all of the following?
    6. When to deconflict? **Yes/No**
      - If **No**:
        - 6a. Explain the plan to implement such a written policy
    7. How or through which means to deconflict? **Yes/No**
      - If **No**:
        - 7a. Explain the plan to implement such a written policy

**Objective #3 Deconfliction** Save Form

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

6. When to deconflict? **Yes** **No**

6a. Explain the plan to implement such a written policy.:  
Explain the plan to implement such a written policy.

7. How or through which means to deconflict? **Yes** **No**

7a. Explain the plan to implement such a written policy.:  
Explain the plan to implement such a written policy.



# Project Package

- Complete the “**Goal #2 Minimum Standards**” section the Project Package
  - Objective #1 Standard Operating Procedures
    - Complete questions #1-18 by selecting **Yes/No**
    - If you select “No” to any of questions #1-18, you will need to complete question #19 to explain the why the policies have not yet been implemented and the plan to implement written policies

 **Goal #2 Minimum Standards** 

---

Objective # 1 Standard Operating Procedures

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:

**1. The type(s) of information to be shared.\*:**

**2. Through which means information will be shared.\*:**



# Project Package

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

3. Whether the task force commander and/or board is included in the selection process for new officers. \*:

Yes	No
-----	----

4. A requirement of drug/alcohol testing as a condition of begin offered employment.\*:

Yes	No
-----	----



# Project Package

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

5. The types of information/records that shall be contained in an informant's file.\*:
6. A designation to the task force commander (or similar person of approval) to review/approve informant files.\*:
7. A requirement for a log to be maintained for all activity conducted as it pertains to each informant.\*:
8. A process for the security/custody of informant files.\*:
9. A requirement to maintain professional/ethical relationships with informants.\*:

10. A requirement for the presence of two officers (at least one of the same sex) when meeting with an informant.\*:

11. The terms and conditions for the use of juveniles as informants.\*:

12. How and by whom informant payments are authorized.\*:

13. A requirement of officers to prepare a receipt for all payments made to informants and to identify the signatory parties for such receipts.\*:

14. The measures to be taken in the event an informant fails to abide by the task force/informant agreement.\*:

15. A requirement to periodically review informant files and deactivate informants that are not considered active.\*:



# Project Package

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

16. A requirement to document the chain of custody of evidence.\*:

Yes

No

17. The safekeeping, processing, and storage of evidence.\*:

Yes

No

18. A process for the disposal/return of evidence.\*:

Yes

No



# Project Package

If you answered "No" to any of questions #1-18 above:

**19. Please explain the plan to implement such written policies, and why they have not yet been implemented.\*:**

Please explain the plan to implement such written policies, and why they have not yet been implemented.



# Project Package

- Complete the “**Goal #2 Minimum Standards**” section the Project Package

- Objective #2 Minimum Training

20. Have all task force officers received a minimum 30-hour, accredited course in basic narcotic training? **Yes/No**

If **No**:

20a. Identify the officers that have not received the training, the respective reason on why it has not been completed, and the estimated date it will be completed

21. Have all task force officer received a minimum 24-hour accredited course in advanced narcotic training? **Yes/No**

If **No**:

21a. Identify the officers that have not received the training, the respective reason on why it has not been completed, and the estimated date it will be completed

## Objective #2 Minimum Training

20. Have all task force officers received a minimum 30-hour, accredited course in basic narcotic training?\*

Yes No

20a. Identify the officers that have not received the training, the respective reason on why it has not yet been completed, and the estimated date when it will be completed.:

Identify the officers that have not received the training

Why it has not yet been completed

When the estimated date when it will be completed

21. Have all task force officers received a minimum 24-hour, accredited course in advanced narcotic training?\*

Yes No

21a. Identify the officers that have not received the training, the respective reason on why it has not yet been completed, and the estimated date when it will be completed.:

Identify the officers that have not received the training

Why it has not yet been completed

When the estimated date when it will be completed



# Project Package

- Complete the “**Goal #2 Minimum Standards**” section the Project Package

- Objective #2 Minimum Training

22. Have all task force officers Clandestine Meth Lab Certification (and as applicable Re-Certification)? **Yes/No**

If **No**:

22a. Identify the officers that have not received the training and the respective reason on why it has not been completed

**22. Have all task force officers received Clandestine Meth Lab Certification (and as applicable, Re-Certification)?\*:**

Yes  No

**22a. 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

Why it has not yet been completed

When the estimated date when it will be completed



# Project Package

- Complete the “**Goal #3, Prevention, Education, and Rehabilitation Activities**” section the Project Package
  - Objective #1 Prevention and Education
    1. List each of the prevention and education activities the drug task force participated in during the prior grant year
      - Prevention programs are designed to “prevent” the use and/or existence of narcotics
      - Education programs are designed to “educate” the public about the use, recognition, and/or existence of narcotics
      - After selecting “Add Row” complete the following information for each Prevention/Education program that occurred during the FY 2024 JAG/SFY 2026 DTF grant cycle:
        - Type of Training: Business; General Public/Civil Organization; Law Enforcement Agency; School; Other
        - Purpose of Training: Prevention; Education
        - Location: List the location of the training (i.e. city or county)
        - Number of Attendees: Provide the number of attendees for the training the task force participated in
    - Select “Save Row”
    - Add additional Prevention and Education training by selecting “Add Row” until all have been added
    - You can delete any line that was entered by selecting the hyperlink and then “Delete Row”



# Project Package

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

✓ Mark as Complete + Add Row

Objective #1 Prevention and Education

**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.**

Type of Training	Purpose of Training	Location	Number of Attendees
No Data for Table			



# Project Package



☰ Goal #3, Prevention, Education, and Rehabilitation Activities

Save Row

## Objective #1 Prevention and Education

**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.**

1. Please list each of the prevention and education activities the drug task force participated in during the prior grant year:

Type of Training\*:

Select the type of training the task force participated in.

Purpose of Training:

Select the purpose of the training the task force participated in.

Location:

List the location of the training (i.e. city or county).

Number of Attendees:

Provide the number of attendees for the training the task force participated in.



# Project Package

- Complete the “**Goal #3, Prevention, Education, and Rehabilitation Activities**” section the Project Package
  - Objective #1 Prevention and Education
    - 1a. If your agency did not participate in any prevention or education programs during the FY 2024 JAG/SFY 2026 DTF grant cycle, please explain why

☰

**1a. If your agency did not participate in any prevention or education programs during the prior grant year, please explain why.:**

If your agency DID NOT participate in ANY prevention or education programs during the prior grant year, please explain why.



# Project Package

- Complete the “**Goal #3, Prevention, Education, and Rehabilitation Activities**” section the Project Package
  - Objective #2 Rehabilitation
    2. List each of the rehabilitation activities that the drug task force participated in during the prior grant year
      - Select “Add Row”
      - After selecting “Add Row” complete the following information for each rehabilitation program activity that occurred during the FY 2024 JAG/SFY 2026 DTF grant cycle :
        - Type of Program: Drug Court; Treatment Program; Other
        - Location: List the location of the rehabilitation activity
        - Number of Programs: Enter the number of rehabilitation activities the drug task force participated in
        - Number of Attendees: Provide the number of attendees for the rehabilitation activities the task force participated in
    - Select “Save Row”
    - Add additional Prevention and Education training by selecting “Add Row” until all have been added



# Project Package

Objective #2 Rehabilitation - Multi-List				✓ Mark as Complete	+ Add Row
Type of Program	Location	Number of Programs	Number of Attendees		
No Data for Table					

**Objective #2 Rehabilitation** Save Row

2. Please list each of the rehabilitation activities that the drug task force participated in during the prior grant year:

**Type of Program\*:**

Select the type of rehabilitation program the task force participated in.

**Location:**

Enter the location of the rehabilitation activities the task force participated in.

**Number of Programs:**

Enter the number of rehabilitation activities the drug task force participated in.

**Number of Attendees:**

Provide the number of attendees for the rehabilitation activities the task force participated in.



# Project Package

- Complete the “**Goal #3, Prevention, Education, and Rehabilitation Activities**” section the Project Package

- Objective #2 Rehabilitation

2a. If your agency did not participate in any prevention or education programs during the FY 2024 JAG/SFY 2026 DTF grant cycle, please explain why



**2a. If your agency did not participate in any rehabilitation programs during the prior grant year, please explain why.:**

If your agency DID NOT participate in ANY rehabilitation programs during the prior grant year, please explain why.



# Project Package

- Complete the “**Goal #4, Prevention, Education, and Rehabilitation Activities**” section the Project Package
  - Objective #1 Funding
    1. Does the drug task force have a plan to sustain the task force if Federal funds are no longer available? **Yes/No**
      - If **Yes**:
        - 1a. Provide a summary of the plan to sustain the drug task force without Federal funds
      - If **No**:
        - 1a. Describe what actions will be taken to investigate methods to secure other funding for the drug task force

☰ Goal #4 Task Force Sustainment

---

Objective #1 Funding

1. Does the drug task force have a plan to sustain the task force if Federal funds are no longer available?\*:  Yes  No

1a. Please provide a summary of the plan to sustain the drug task force without Federal funds.:

Please provide a summary of the plan to sustain the drug task force without Federal funds.

☰ Goal #4 Task Force Sustainment

---

Objective #1 Funding

1. Does the drug task force have a plan to sustain the task force if Federal funds are no longer available?\*:  Yes  No

1a. Please describe what actions will be taken to investigate methods to secure other funding for the drug task force.:

Please describe what actions will be taken to investigate methods to secure other funding for the drug task force.



# Project Package

- Complete the “**Audit, Risk Assessment, Certified Assurances**” section the Project Package
  - Audit
    1. Has the Applicant Agency exceeded the federal expenditure threshold of \$1,000,000 in federal funds during the 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 DPS/OHS within nine (9) months after the end of the audited fiscal year

## Audit

**1. Has the Applicant Agency exceeded the federal expenditure threshold of \$1,000,000 in federal funds during the 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 DPS/OHS within nine (9) months after the end of the audited fiscal year.




# Project Package

- Complete the “**Audit, Risk Assessment, Certified Assurances**” section the Project Package
  - Audit
    2. Date last audit completed
      - Enter the date that the last audit was completed
      - If the agency has never had an audit, please enter the date of their last annual financial statement
    3. Check the box to certify that the applicant agency understands they are required to upload a copy of the agency’s most recent completed audit (or annual financial statement) in the Named Attachments section of the application

2. Date last audit completed.\*:  

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

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





# Project Package

- Complete the “**Audit, Risk Assessment, Certified Assurances**” section the Project Package
    - Risk Assessment
      1. Does the applicant agency have new personnel that will be managing this grant award? **Yes/No**
        - New personnel is defined as working with the award type less than 12 months
- If **Yes**:
- 1a. List the name(s) of the new personnel and their title(s)

**Risk Assessment**

**1. 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.

**1a. Please list the name(s) of new personnel and their title(s):**

Please list the name(s) of new personnel and their title(s)



# Project Package

- Complete the “**Audit, Risk Assessment, Certified Assurances**” section the Project Package
    - Risk Assessment
      2. 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
- If **Yes**:
- 2a. Describe the new fiscal or time accounting system that will be used on this award

<b>2. Does the applicant agency have a new fiscal or time accounting system that will be used on this award?*</b>	<input type="radio"/> Yes <input type="radio"/> No
	New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.
<b>2a. Please describe the new fiscal or time accounting system that will be used on this award. :</b>	<input type="text" value="Please describe the new fiscal or time accounting system that will be used on this award."/>



# Project Package

- Complete the “**Audit, Risk Assessment, Certified Assurances**” section the Project Package
  - Risk Assessment
- 3. 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 DPS/OHS
  - If **Yes**:
    - 3a. List the direct Federal awards the agency receives
    - 3b. Did the applicant agency receive any Federal monitoring on a direct award in their last fiscal year? **Yes/No**
      - If **Yes**:
        - 3b.1. Please list the direct awards that were monitored and indicate if there were any findings or recommendations



# Project Package

**3. 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 DPS/OHS.

**3a. Please list the direct Federal awards the agency receives.:**

Please list the direct Federal awards the agency receives.

**3b. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:**

Yes

No

**3b.1. Please list the direct awards that were monitored and indicate if there were any findings or recommendations. :**

Please list the direct awards that were monitored and indicate if there were any findings or recommendations.



# Project Package

- Complete the “**Audit, Risk Assessment, Certified Assurances**” section the Project Package
  - Certified Assurances
- The Certified Assurances section certifies:
  - Data in the application is true and correct
  - Document has been duly authorized by the governing body
  - Applicant attests to and/or will comply with the Certified Assurances if assistance is awarded
- Must be certified by the Authorized Official
  - 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 county, the Presiding County Commissioner or County Executive shall be the 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 State Department, the Director shall be the Authorized Official

**The agency’s correct Authorized Official must be designated in the “Contact Information” form and the “Certified Assurances” section of the application**



# Project Package

- Select the “blue link” to review the Certified Assurances for FY 2025 JAG/SFY 2027 State DTF
- Check the box to certify the Authorized Official has read and agrees to the terms and conditions of the grant

## Certified Assurances

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 that it and/or will comply with the following Certified Assurances if the assistance is awarded:

### [FY 2025 JAG/SFY 2027 State DTF Certified Assurances](#)

**1. By checking this box, I have read and agree to the terms and conditions of this grant.\*:**

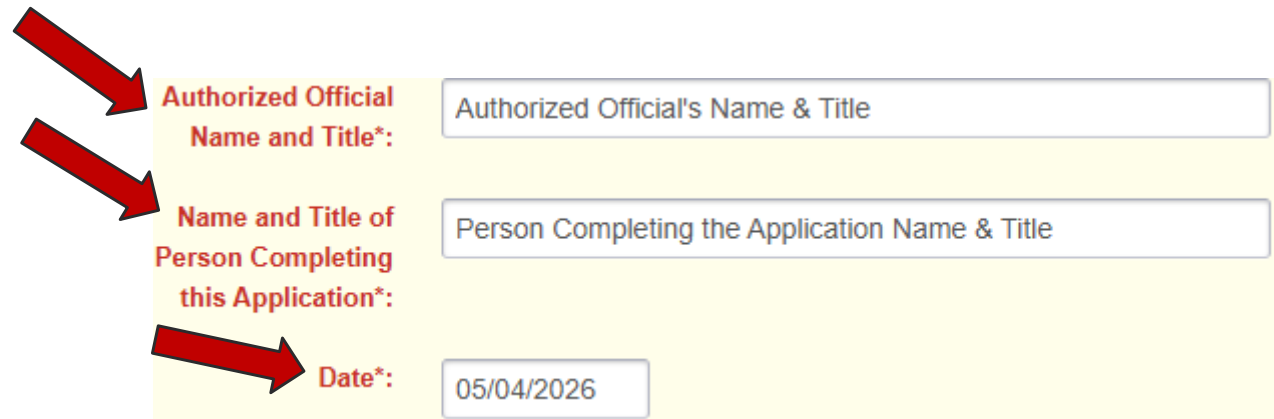


In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity.



# Certified Assurances

- Complete the certification with the Authorized Official's name and title
- Complete with the name and title of the person completing the application
- Enter the date the application is being complete and submitted



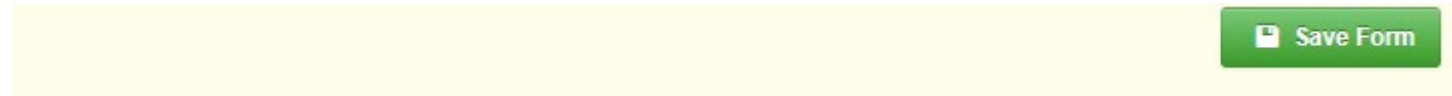
The screenshot shows a form with three input fields. The first field is labeled "Authorized Official Name and Title\*" and contains the text "Authorized Official's Name & Title". The second field is labeled "Name and Title of Person Completing this Application\*" and contains the text "Person Completing the Application Name & Title". The third field is labeled "Date\*" and contains the text "05/04/2026". Three red arrows point from the left towards each of these three fields.

Authorized Official Name and Title*:	Authorized Official's Name & Title
Name and Title of Person Completing this Application*:	Person Completing the Application Name & Title
Date*:	05/04/2026

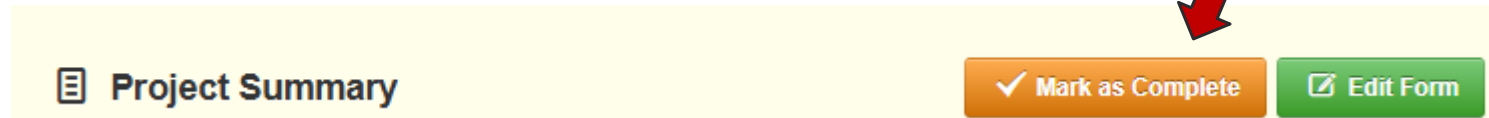


# Certified Assurances

- Select “Save Form”



- Select “Mark as Complete”



# Interoperable Communications

- Select “Project Package”

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	✓	May 12, 2026 2:34 PM - TEST TEST
Contact Information	✓	May 12, 2026 2:41 PM - TEST TEST
DPS Grants State Requirements	✓	May 12, 2026 2:47 PM - TEST TEST
Project Package	✓	May 12, 2026 3:57 PM - TEST TEST
Interoperable Communications	-	-
Budget	-	-
Named Attachments	-	-



# Interoperable Communications

- Review the [Radio Interoperability Guidelines](#) to complete this form
- **NOTE: Vendor Quotes are required to be submitted in the Named Attachments form for ALL interoperability equipment**

1. Are you applying for interoperable communications equipment? **Yes/No**

If **NO**: Select “Save Form” and select “Mark as Complete”

If **YES**:

2. Does your agency currently utilize the Missouri Statewide Interoperability Network (MOSWIN) for interoperability ONLY (i.e., mutual aid/statewide communications only, not day-to-day operations)? **Yes/No**

If **NO**:

## Radio Interoperability Save Form

Refer to the [Radio Interoperability Guidelines](#) for Interoperable Communications Equipment Requirements that MUST be met in order to be eligible for funding. It is highly recommended that your agency reach out to the Missouri Interoperability Center (MIC) to review your project for compliance with the Radio Interoperable Guidelines prior to submission of the application. The MIC can be reached via phone at (573) 522-1714 or email at [moswin.sysadmin@dps.mo.gov](mailto:moswin.sysadmin@dps.mo.gov).

1. Are you applying for interoperable communications equipment?\*:  Yes  No

2. Does your agency currently utilize the Missouri Statewide Interoperability Network (MOSWIN) for interoperability ONLY (i.e., mutual aid/statewide communications only, not day-to-day operations)?\*:  Yes  No

2.a If no, describe your agency's internal use of the MOSWIN.:

201 character(s) left



# Interoperable Communications

3. Does your agency have long term plans to fully integrate communications to the MOSWIN?

3. Does your agency have long term plans to fully integrate communications to the MOSWIN? :

Does your agency have long term plans to fully integrate communications to the MOSWIN?

164 character(s) left



# Interoperable Communications

4. Are you applying for a mobile radio(s) (vehicle dash mounted remote mount or base station)? **Yes/No**

If **YES**:

4a. Will the mobile radio be installed in a vehicle? Yes/No

If **YES**:

4.a.1 Is the vehicle the mobile radio will be installed in agency owned? **Yes/No**

4b. Provide the agency's current ratio of MOSWIN mobile radios to response vehicles

4c. Select the mobile radio model you are applying for from the drop-down

4. Are you applying for a mobile radio(s) (vehicle dash mounted, remote mount or base station)?:  Yes  No

4.a Will the mobile radio be installed in a vehicle?:  Yes  No

4.a.1 Is the vehicle the mobile radio will be installed in agency owned?:  Yes  No  
Mobile radios purchased with grant funds CANNOT be installed in personal vehicles.

4.b Please provide the agency's current ratio of MOSWIN mobile radios to response vehicles.:  
  
163 character(s) left  
For Example: Agency has 10 response vehicles and 6 mobile radios for the vehicles.

4.c Eligible mobile radios are listed in the dropdown menu. Please select the model you are applying for:



# Interoperable Communications

5. Are you applying for a portable radio(s) (handheld) **Yes/No**

If **YES:**

5a. Provide the agency's current ratio of MOSWIN portable radios to personnel?

5b. Select the portable radio model you are applying for from the drop-down

5c. Do you currently have a MOSWIN mobile radio to pair with the portable radio(s) being requested? **Yes/No**

If **YES:**

5.c.1 Provide the model and manufacturer of the mobile radio

If **NO:**

5.c.1 Is this application also requesting a MOSWIN mobile radio to pair with the portable radio(s) being requested? **Yes/NO**

5. Are you applying for a portable radio(s) (handheld)?  Yes  No

5.a Please provide the agency's current ratio of MOSWIN portable radios to personnel.:

169 character(s) left  
For Example: Agency has 10 first responders and 6 portable radios.

5.b Eligible portable radios are listed in the dropdown menu. Please select the model you are applying for:

5.c As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a MOSWIN mobile radio to pair with portable radio(s) being requested?  Yes  No

5.c.1 Is this application also requesting a MOSWIN mobile radio to pair with the portable radio(s) being requested?  Yes  No



# Interoperable Communications

5. Are you applying for a portable radio(s) (handheld) **Yes/No**

If **YES:**

5d. Do you currently have a public safety grade in-car repeater to pair with the portable radio(s) being requested? **Yes/No**

If **YES:**

5.d.1 Provide the model and manufacturer of the in-car repeater

If **NO:**

5.d.1 Are you applying for a public safety grade in-car repeater or in the process of acquiring one through other funding sources? **Yes/NO**

5.d As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a public safety grade in-car repeater? :

Yes  No

5.d.1 If yes, please provide the model and manufacturer of the in-car repeater.:

Please provide the model and manufacturer of the in-car repeater.

435 character(s) left



# Interoperable Communications

6. Does the vendor quote for the requested radios include the encryption requirements as listed on the Radio Interoperability Guidelines? **Yes/No**
7. Check the box to certify understanding you are required to upload a quote for the requested interoperable communications equipment in the Named Attachments Component of the application

6. Does the vendor quote for the requested radios include the encryption requirements as listed on the Radio Interoperability Guidelines?:

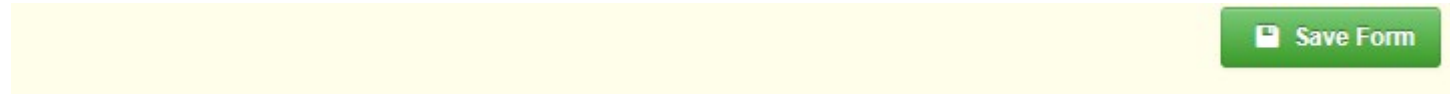
Yes  No

7. By checking this box, the applicant agency understands they are required to upload a quote for the requested interoperable communications equipment in the Named Attachments Component of the application.:

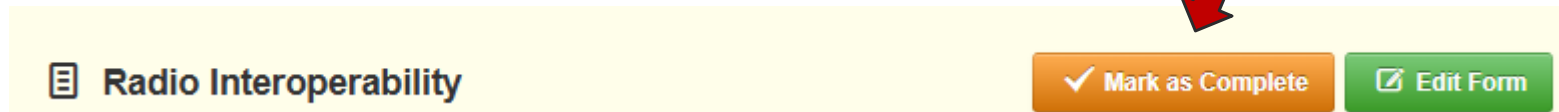


# Interoperable Communications

- Select “Save Form”



- Select “Mark as Complete”



# Budget

- Select “Budget”

Application Preview Attachments Alert History Map

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

**Application cannot be Submitted Currently**

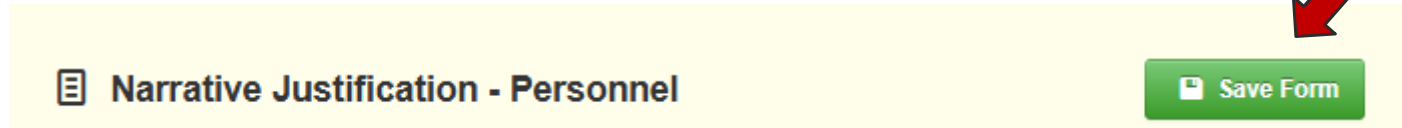
- Application Budget is lower than the allowable limit
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	May 12, 2026 2:34 PM - TEST TEST
Contact Information	✓	May 12, 2026 2:41 PM - TEST TEST
DPS Grants State Requirements	✓	May 12, 2026 2:47 PM - TEST TEST
Project Package	✓	May 12, 2026 3:57 PM - TEST TEST
Interoperable Communications	✓	May 12, 2026 4:27 PM - TEST TEST
<b>Budget</b>	-	-
Named Attachments	-	-



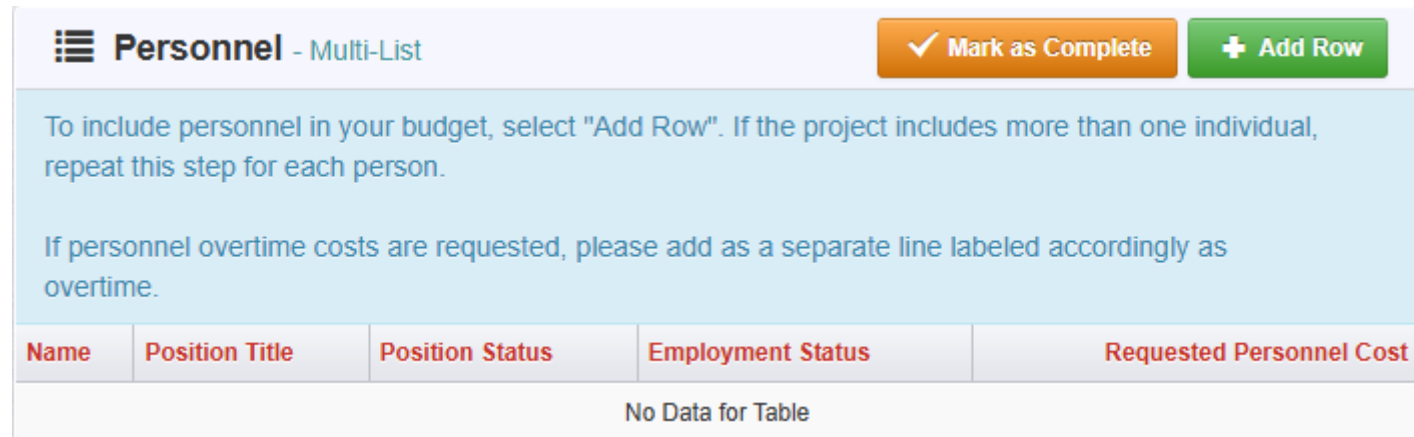
# Budget

- Select “Save Form”



- Select “Add Row” under the budget section(s) you wish to add a budget line(s) for

- Personnel
  - Personnel Overtime
- Personnel Benefits
  - Benefits Overtime
- Travel/Training
- Equipment
- Supplies/Operations
- Contractual



# Budget

- **Personnel Budget Lines**

- To include personnel in your budget, select “Add Row” in the “Personnel” budget section
  - If the project includes more than one individual, repeat this step for each person
  - **If personnel overtime costs are requested, please add as a separate line labeled accordingly as overtime**
- Name: Provide the name of the individual grant funding is requested for. If unknown, put TBD
- Position Title: Provide the title of the individual
- Position Status: Select “New” or “Existing”
- Employment Status: Select “Full” or “Part-Time”
- Requested Personnel Cost: Enter the amount of salary costs requested

- Select “Save Row”

**Personnel** Save Row

To include personnel in your budget, select "Add Row". If the project includes more than one individual, repeat this step for each person.

If personnel overtime costs are requested, please add as a separate line labeled accordingly as overtime.

**Name\*:**   
Provide the name of the individual for which grant funding is requested. If the name is unknown, put TBD.

**Position Title\*:**   
Provide the title of the individual.

**Position Status\*:** Existing ▾

**Employment Status\*:** Full Time ▾  
Select the employment status based on the individual's status with the organization (not on this project).

**Requested Personnel Cost\*:**   
Enter the actual salary to be claimed against this project.



# Budget

- **Personnel Benefits Budget Lines**
  - To include fringe benefits in your budget, select “Add Row” in the “Personnel Benefits” budget section
    - If the project includes more than one individual, repeat this step for each person
    - **If personnel overtime costs are requested, please add as a separate line labeled accordingly as overtime**
  - Name: The name should match the individual listed in the personnel budget section
  - Benefits % of Salary: Indicate the percentage of total benefits funding is requested for
    - Example: If benefits are 42% of the employee’s salary, enter 42
  - Requested Benefit Cost: Enter the amount of benefit costs requested
- Select “Save Row”

**Personnel Benefits** Save Row

To include a fringe benefit in your budget, select "Add Row". If an individual is eligible for multiple benefits, include all benefits together, as a percentage of salary. If benefits are requested for more than one person, repeat this step for each person.

If personnel benefit overtime costs are requested, please add as a separate line labeled accordingly as overtime.

**Name\*:**   
The name should match individual listed in the personnel section.

**Benefits % of Salary\*:**   
Indicate the percentage of total benefits for which funding is being requested. For example, if an individual benefits are at 42% of their salary, enter 42.

**Requested Benefit Cost\*:**   
Enter the actual benefit amount to be claimed against this project.



# Budget

## • Travel/Training Budget Lines

- To include travel/training in your budget, select “Add Row” in the Travel/Training budget section
    - Enter the total cost for each item
      - Cost includes all categories for the expense item (i.e. Conferences may include registration, lodging, mileage, per diem, etc.)
    - Per diem is only allowed when in 12 hour travel status
    - Travel must be by the most direct, practical route
    - Mileage should not exceed state rates approved by Missouri Office of Administration (OA) found at: [Mileage Rates](#)
    - Lodging and meal expenses shall adhere to the state per diem rates which can be found at: [Per Diem Rates](#)
    - Incidentals are not allowed
    - Agency travel policy will apply if such is more restrictive than those mentioned herein
  - Item Name: Identify name of travel/training
  - Category: Select applicable travel-related costs
    - Ensure you select all that apply
  - Other: If you select “Other” in the “Category” field, provide a brief explanation of the “Other” Costs
  - Total Cost: Enter the amount requested for the travel/training
- Select “Save Row”

### Travel/Training

Save Row

1. To include travel/training related costs in the budget, select "Add Row". Repeat this step to include each expense.
2. Enter total cost for each item. Cost includes all categories for the expense item. (ie. Conferences may include registration, hotel, mileage, per diem, etc.)
3. Per diem is only allowed when persons are on 12 hour travel status.
4. Travel must be by the most direct, practical route. The amount of mileage allowance shall not exceed the state rates approved by the Missouri Office of Administration found at [Mileage Rates](#).
5. Lodging and meal expenses shall adhere to the state per diem rates, which can be found at [Per Diem Rates](#). Incidentals will not be allowed.
6. Agency travel policy will apply if such is more restrictive than those mentioned herein.

**Item Name\*:**

Identify the type of expense. For training/conferences, list the name and dates.

**Category\*:**

Lodging  Mileage

Per Diem/Meals  Vehicle Rental

Other (Parking, taxi, airfare, etc.)

Select the applicable travel-related cost(s) to include in the budget. **NOTE:** You may select more than one category.

**Explanation of Other Travel:**

If you select "Other" in the Category field, provide a brief explanation of the "Other" costs.

**Total Cost\*:**

Enter the amount requested for this travel/training budget line.



# Budget

- **Equipment Budget Lines**

- To include equipment in your budget, select “Add Row” in the “Equipment” budget section
  - Repeat this step for each equipment item requested
  - **Equipment items are defined as tangible property having an acquisition cost of \$5,000 or more and a useful life of more than one year**
- Item Name: List the name of the equipment that is requested
- Quantity: Indicate the quantity of the equipment requested
- Unit Cost: No entry is required as WebGrants will calculate
- Total Cost: Enter the total amount requested for the equipment item

- Select “Save Row”

**Equipment** Save Row

To include equipment in your budget, select "Add Row". If the project includes more than one equipment item, repeat this step for each item.  
Equipment items are defined as tangible property having an acquisition cost of \$5,000 or more, and a useful life of more than one year.

**Item Name\*:**   
List the name of the equipment that is requested.

**Quantity\*:**

**Unit Cost:**

**Total Cost\*:**   
Enter the amount requested for the equipment budget line.

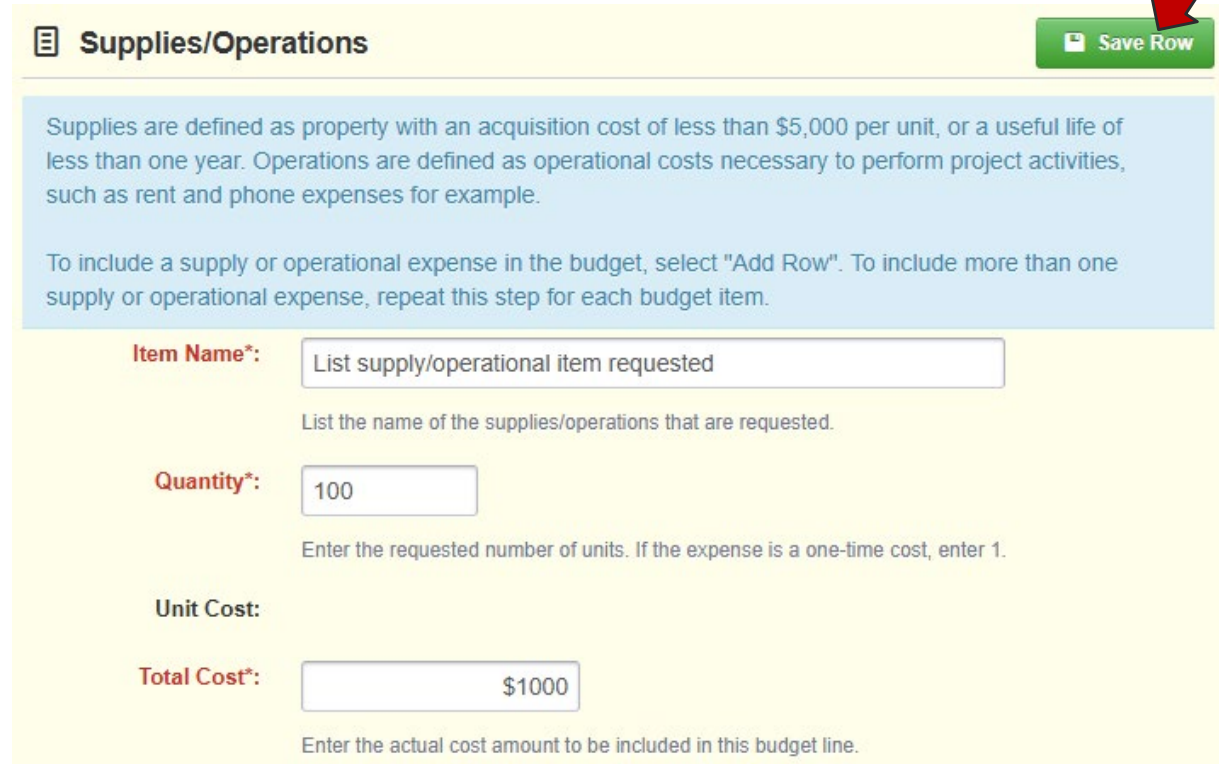


# Budget

- **Supplies/Operations Budget Lines**

- To include supplies/operations in your budget, select “Add Row” in the “Supplies/Operations” budget section
  - Repeat this step for each supply/operation item that is requested
  - **Supplies and operations are defined as property with an acquisition cost of less than \$5,000 or a useful life of less than one year**
- **Item Name:** List the name of the equipment that is requested
- **Quantity:** Indicate the quantity of the equipment requested
- **Unit Cost:** No entry is required as WebGrants will calculate
- **Total Cost:** Enter the total amount requested for the supply/operation item

- Select “Save Row”



**Supplies/Operations** Save Row

Supplies are defined as property with an acquisition cost of less than \$5,000 per unit, or a useful life of less than one year. Operations are defined as operational costs necessary to perform project activities, such as rent and phone expenses for example.

To include a supply or operational expense in the budget, select "Add Row". To include more than one supply or operational expense, repeat this step for each budget item.

**Item Name\*:**   
List the name of the supplies/operations that are requested.

**Quantity\*:**   
Enter the requested number of units. If the expense is a one-time cost, enter 1.

**Unit Cost:**

**Total Cost\*:**   
Enter the actual cost amount to be included in this budget line.

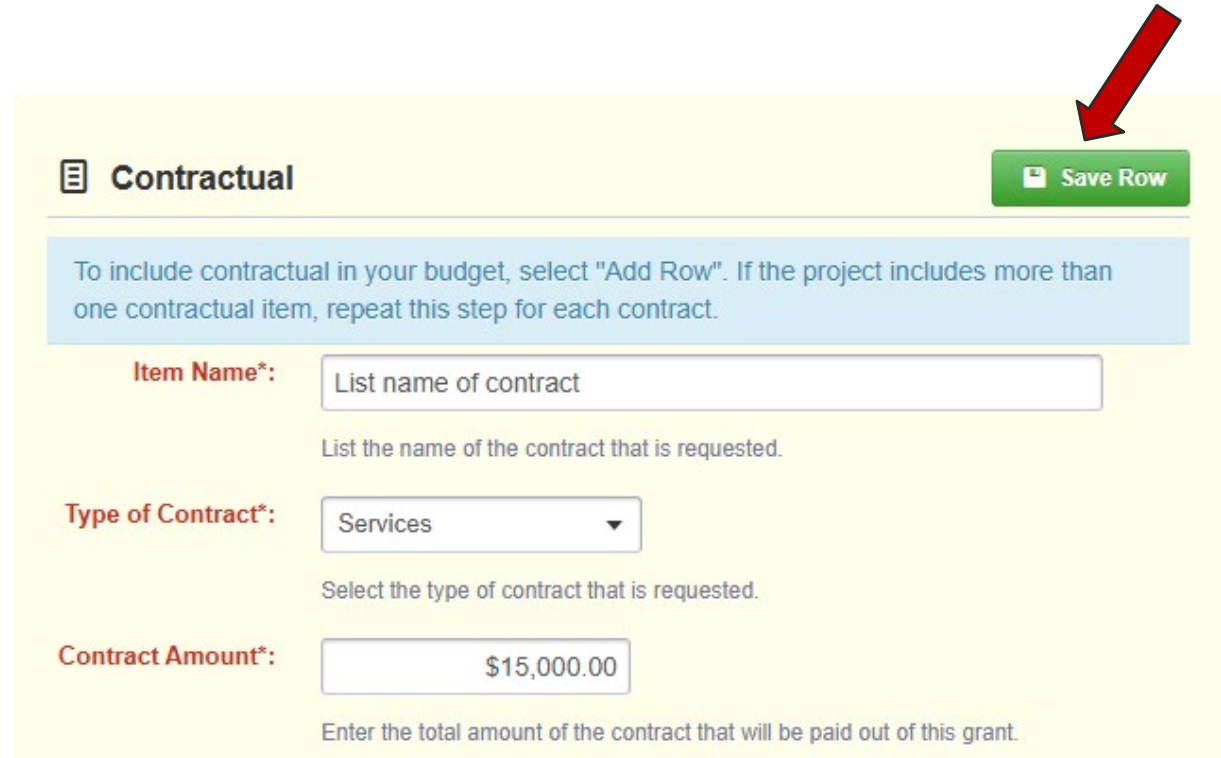


# Budget

- **Contractual Budget Lines**

- To include contractual costs in your budget, select “Add Row” in the “Contractual” budget section
  - Repeat this step for each contract that is requested
- **Item Name:** List the name of the contract that is requested
- **Type of Contract:** Select the type of contract that is requested
  - Services
  - Maintenance
  - Item Acquisition
  - Contracted Personnel
  - Subscriber Fees
- **Contract Amount:** Enter the total amount requested for the contract

- Select “Save Row”



**Contractual** Save Row

To include contractual in your budget, select "Add Row". If the project includes more than one contractual item, repeat this step for each contract.

**Item Name\*:**   
List the name of the contract that is requested.

**Type of Contract\*:**   
Select the type of contract that is requested.

**Contract Amount\*:**   
Enter the total amount of the contract that will be paid out of this grant.



# Budget

- After you have added budget lines, complete the narrative justification for each section costs are being requested in
- Select “Edit Form” in the “Narrative Justification” section for the budget category you wish to provide justification for
  - The “Narrative Justification” is located below each corresponding budget category

**Personnel - Multi-List** ✓ Mark as Complete + Add Row

To include personnel in your budget, select "Add Row". If the project includes more than one individual, repeat this step for each person.

If personnel overtime costs are requested, please add as a separate line labeled accordingly as overtime.

Name	Position Title	Position Status	Employment Status	Requested Personnel Cost
Name of Individual	Position Title	Existing	Full Time	\$20,000.00
				\$20,000.00

Last Edited By: TEST TEST - Apr 2, 2026 9:06 AM + Add Row

**Narrative Justification - Personnel** ✓ Mark as Complete ✎ Edit Form

Detailed narrative justification is required for all budget line(s). This justification should fully explain the need for acquisition. To provide the required justification for a budget line item(s), select "Edit Form".

If you request a new position or an increase for a current position, please explain why it is being requested.

Include a separate justification for each position requested as well as the name of the staff member filling the position, job duties and annual salary.





# Budget

- **Personnel Narrative Justification**
  - Provide justification for each position requested to include the need of the position
  - Provide name of the employee filling the position, if unknown list TBD
  - Provide job duties
  - Provide annual salary
- **Personnel Benefits Narrative Justification**
  - Provide justification for each position requested
  - List all benefits that will be covered
  - Provide the cost of each benefit as a percentage of the employee's annual salary



# Budget

- **Travel/Training Narrative Justification**
  - Provide justification for each travel/training requested
  - Address why the travel/training is necessary
  - Provide a schedule of travel, duration, location, frequency, and cost basis
    - Example: Mileage to travel to X meetings, estimated 3 trips from Jefferson City to St. Louis, estimated 780 miles @ state rate per mile established by the MO Office of Administration
  - For conferences or trainings, provide the name of the conference/training, anticipated date and location, number of staff requested to attend, include why it is necessary, and provide a cost basis for the amount that is requested
- **Equipment Narrative Justification**
  - Provide justification for each equipment item requested
  - Address why the equipment item is necessary
  - Indicate who will use the item, how it will be used, and where it will be housed
  - Provide a cost basis for the amount that is requested



# Budget

- **Travel/Training Narrative Justification**
  - Provide justification for each travel/training requested
  - Address why the travel/training is necessary
  - Provide a schedule of travel, duration, location, frequency, and cost basis
    - Example: Mileage to travel to X meetings, estimated 3 trips from Jefferson City to St. Louis, estimated 780 miles @ state rate per mile established by the MO Office of Administration
  - For conferences or trainings, provide the name of the conference/training, anticipated date and location, number of staff requested to attend, include why it is necessary, and provide a cost basis for the amount that is requested
- **Equipment Narrative Justification**
  - Provide justification for each equipment item requested
  - Address why the equipment item is necessary
  - Indicate who will use the item, how it will be used, and where it will be housed
  - Provide a cost basis for the amount that is requested



# Budget

- Supplies/Operations Narrative Justification
  - Provide justification for each supply/operation requested
  - Address why the supply/operation is necessary
  - Provide a cost basis for the amount that is requested
- Contractual Narrative Justification
  - Provide justification for each contract requested
  - Address the need for the contract
  - Provide the dates covered by the contract
  - Provide a cost basis for the amount that is requested



# Budget

- The screenshot demonstrates an example of a completed budget section for “Equipment”

**Equipment - Multi-List** ✓ Mark as Complete + Add Row

To include equipment in your budget, select "Add Row". If the project includes more than one equipment item, repeat this step for each item.  
Equipment items are defined as tangible property having an acquisition cost of \$5,000 or more, and a useful life of more than one year.

Item Name	Quantity	Unit Cost	Total Cost
List equipment requested	2.00	\$6,000.00	\$12,000.00
			\$12,000.00

Last Edited By: TEST TEST - Apr 2, 2026 9:26 AM + Add Row

**Narrative Justification - Equipment** ✓ Mark as Complete Edit Form

Detailed narrative justification is required for all budget line(s). This justification should fully explain the need for acquisition. To provide the required justification for a budget line item(s), select "Edit Form".

Provide separate justifications for each line item being requested. Address why the requested item is necessary for the success of the proposed project. Indicate who will use the item, how the item will be used and where the item will be housed. Also provide a cost basis for the amount requested.

- Provide justification for each equipment item requested
- Address why the equipment item is necessary
- Indicate who will use the item, how it will be used, and where it will be housed
- Provide a cost basis for the amount that is requested

5000 Character Limit



# Budget

- The “Total Budget” will reflect all costs requested in each budget category

☰ Total Budget		✓ Mark as Complete
Total Personnel:	\$20,000.00	
Total Benefits:	\$8,400.00	
Total Travel/Training:	\$10,000.00	
Total Equipment:	\$12,000.00	
Total Supplies/Operation:	\$1,000.00	
Total Contractual:	\$15,000.00	
Total Budget:	\$66,400.00	



# Budget

- After you have entered all budget lines and narrative justifications, select “Mark as Complete”
  - All “Mark as Complete” options on form will work



The screenshot displays two sections of a budget form. The top section, titled "Personnel - Multi-List", is highlighted in light blue and contains a red arrow pointing to an orange "Mark as Complete" button. To its right is a green "Add Row" button. The bottom section, titled "Total Budget", is highlighted in light yellow and contains a red arrow pointing to an orange "Mark as Complete" button.



# Named Attachments

- Select “Named Attachments”

Application Preview Attachments Alert History Map

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

**Application cannot be Submitted Currently**

- Application components are not complete



Component	Complete?	Last Edited
General Information	✓	May 12, 2026 2:34 PM - TEST TEST
Contact Information	✓	May 12, 2026 2:41 PM - TEST TEST
DPS Grants State Requirements	✓	May 12, 2026 2:47 PM - TEST TEST
Project Package	✓	May 12, 2026 3:57 PM - TEST TEST
Interoperable Communications	✓	May 12, 2026 4:27 PM - TEST TEST
Internet	✓	May 13, 2026 8:24 AM - TEST TEST
Named Attachments	-	



# Named Attachments

- Attachments
  - Audit/Financial Statement – Applicant agency’s most recent completed audit
  - Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) (Required) – An MOU or MOA signed by all participating jurisdictions must be submitted
  - Quote/Cost Basis – A quote or cost basis is recommended for all costs requested
  - Other Supporting Information – up to 5 attachments

• To add the attachment, select the name of the attachment

 - Named Attachments <span style="float: right; background-color: #f4a460; padding: 2px 5px; border-radius: 3px;">✓ Mark as Complete</span>								
Named Attachment	Required	Description	File Name	Type	Size	Upload Date	Delete?	
Audit/Financial Statement *	✓							
Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA)*	✓							
Quote/Cost Basis								
Other Supporting Information								
Other Supporting Information								
Other Supporting Information								
Other Supporting Information								
Other Supporting Information								



# Named Attachments

- Browse your computer to select a document by selecting “Select file”
- Provide a brief description and select “Save File”

**Attach File**

Upload File\*:  Select file

Description\*: MOU  
497 character(s) left

Save File Cancel

- Select “Mark as Complete”

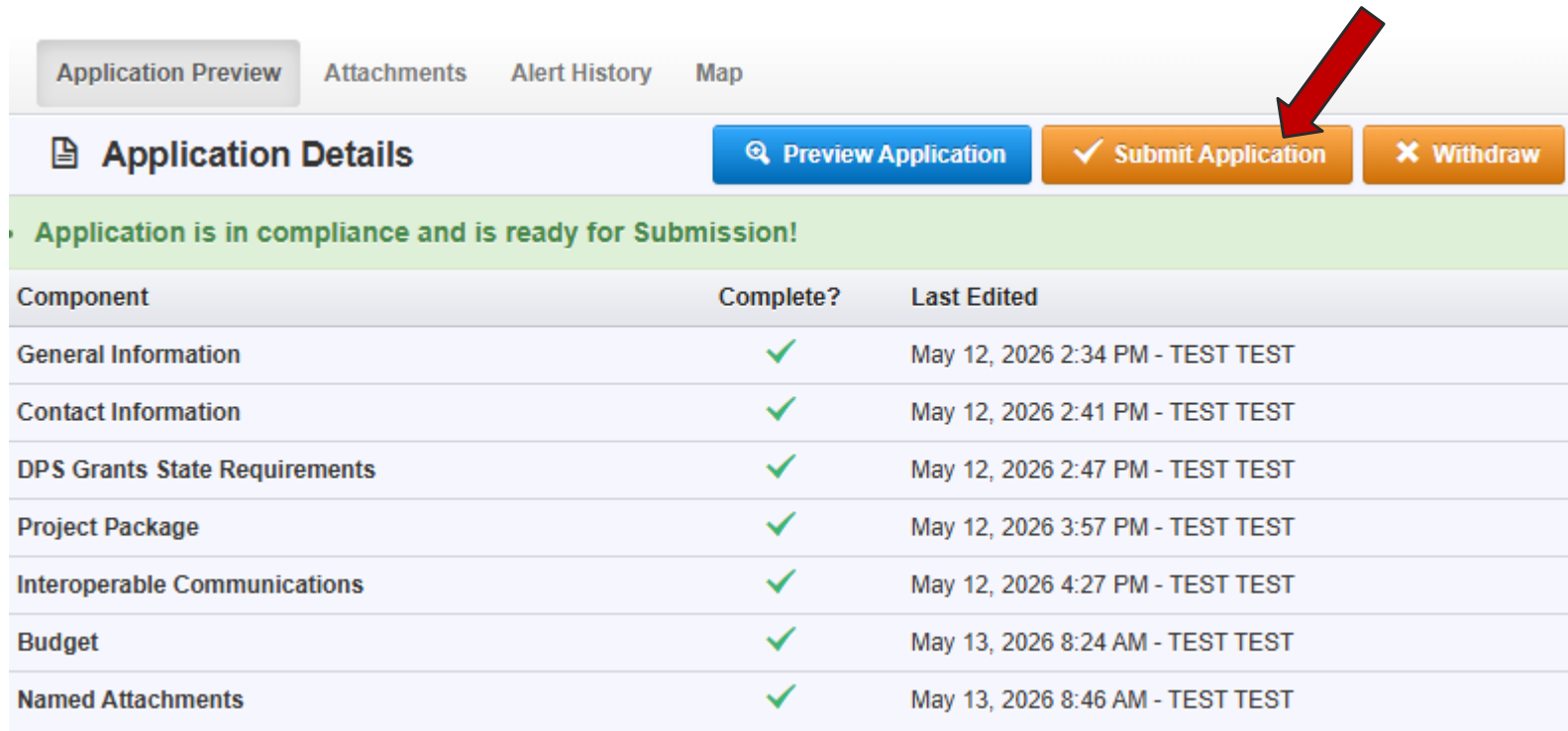
**- Named Attachments** Mark as Complete

Named Attachment	Required	Description	File Name	Type	Size	Upload Date	Delete?
Audit/Financial Statement *	✓						
Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA)*	✓						



# Application Submission

- All forms **must be marked complete** in order to submit the application
- When all forms are complete, select “Submit Application”



Application Preview Attachments Alert History Map

Application Details Preview Application Submit Application Withdraw

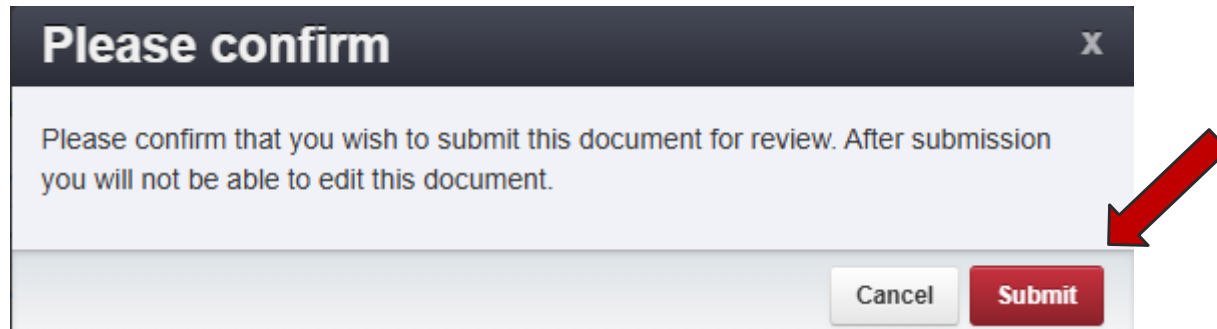
Application is in compliance and is ready for Submission!

Component	Complete?	Last Edited
General Information	✓	May 12, 2026 2:34 PM - TEST TEST
Contact Information	✓	May 12, 2026 2:41 PM - TEST TEST
DPS Grants State Requirements	✓	May 12, 2026 2:47 PM - TEST TEST
Project Package	✓	May 12, 2026 3:57 PM - TEST TEST
Interoperable Communications	✓	May 12, 2026 4:27 PM - TEST TEST
Budget	✓	May 13, 2026 8:24 AM - TEST TEST
Named Attachments	✓	May 13, 2026 8:46 AM - TEST TEST



# Application Submission

- Select “Submit” to confirm the submission of your application



# Application Submission

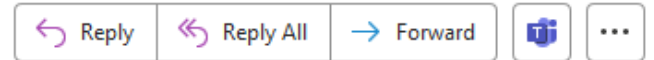
- The “Primary Contact” on the application will receive an email from WebGrants confirming the application submission

WebGrants - Missouri Department of Public Safety - Application - #56892 - Submitted



dpswebgrants@dps.mo.gov

To  dpswebgrants



Tue 5/12/2026 11:47 AM

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

The following Application has been submitted:

Application Number: 56892

Project Title: 2025 JAG/2027 DTF Your Agency Drug 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/>



# Contact Information

Amelia Jaegers

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

Chelsey Call

- Grants Supervisor
- (573) 526-9203
- [Chelsey.Call@dps.mo.gov](mailto:Chelsey.Call@dps.mo.gov)

Joni McCarter

- Program Manager
- (573) 526-9203
- [Joni.McCarter@dps.mo.gov](mailto:Joni.McCarter@dps.mo.gov)

Kelsey  
Saunders

- Grant Support Specialist
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- [Kelsey.Saunders@dps.mo.gov](mailto:Kelsey.Saunders@dps.mo.gov)

