SFY 2024 MCLUP Purpose

▶ The purpose of the Missouri Laboratory Upgrade Program (MCLUP) is to provide financial assistance to defray expenses of Missouri Crime Laboratories. Such funds are distributed to the crime laboratories serving the courts of the State of Missouri making analysis of a controlled substance or analysis of blood, breath, or urine in relation to court proceedings.

SFY 2024 MCLUP Eligible Applicants

- Eligible Applicants:
  - Board of Police Commissioners – Kansas City, MO $ 44,632.00
  - Missouri State Highway Patrol, Crime Lab $267,342.00
  - St. Charles County Crime Lab $ 23,850.00
  - St. Louis County, Crime Lab $ 58,798.00
  - St. Louis, Police Division – Crime Lab, City of $ 44,850.00
- Must be accredited to the standards established in ISO/IEC 17025
- Making the analysis of a controlled substance or making the analysis of blood, breath, or urine

SFY 2024 MCLUP Eligible Applicants (cont.)

▶ Applicant agency must be its respective unit of state or local government

▶ Applicants must be compliant (and remain compliant) with the following statutes:

  ▶ Section 590.650 RSMo: Vehicle Stops Report

  ▶ Section 590.700 RSMo: Written Policy on Recording of Custodial Interrogations

  ▶ Section 43.544 RSMo: Written Policy on Forwarding Intoxication-Related Traffic Offenses

  ▶ Section 590.1265 RSMo: Police Use of Force Transparency Act of 2021

  ▶ Section 43.505 RSMo: Crime   National Incident-Based Reporting System (NIBRS), formerly Uniform reporting (UCR)

  ▶ Section 590.030 RSMo: Rap Back Program Participation

  ▶ Death in Custody Reporting Act of 2013: Death in Custody Reporting Act of 2013 (DCRA: Pub.L. No. 113-242

Reference the Notice of Funding Opportunity for additional details:

▶ [FY 2024 MCLUP Notice of Funding Opportunity](#)

Login

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

Log In

User ID:* [   ]

[Log In]

Forgot User Id?

Missouri Department of
Public Safety

New to WebGrants - Missouri Department of Public Safety?

Register Here

New Users

▶ If you are applying as a "New User"

  ▶ If may take a few days for your request to be approved by DPS staff

Two-Step Verification

▶ Type in your Password

▶ Type in your One-Time Passcode

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

An email has been sent to the email address listed in your user profile with a one-time passcode. Please enter the passcode below.

Password:*

One-Time Passcode:*

Authenticate

Reset Password

Resend One Time Passcode

MCLUP Application

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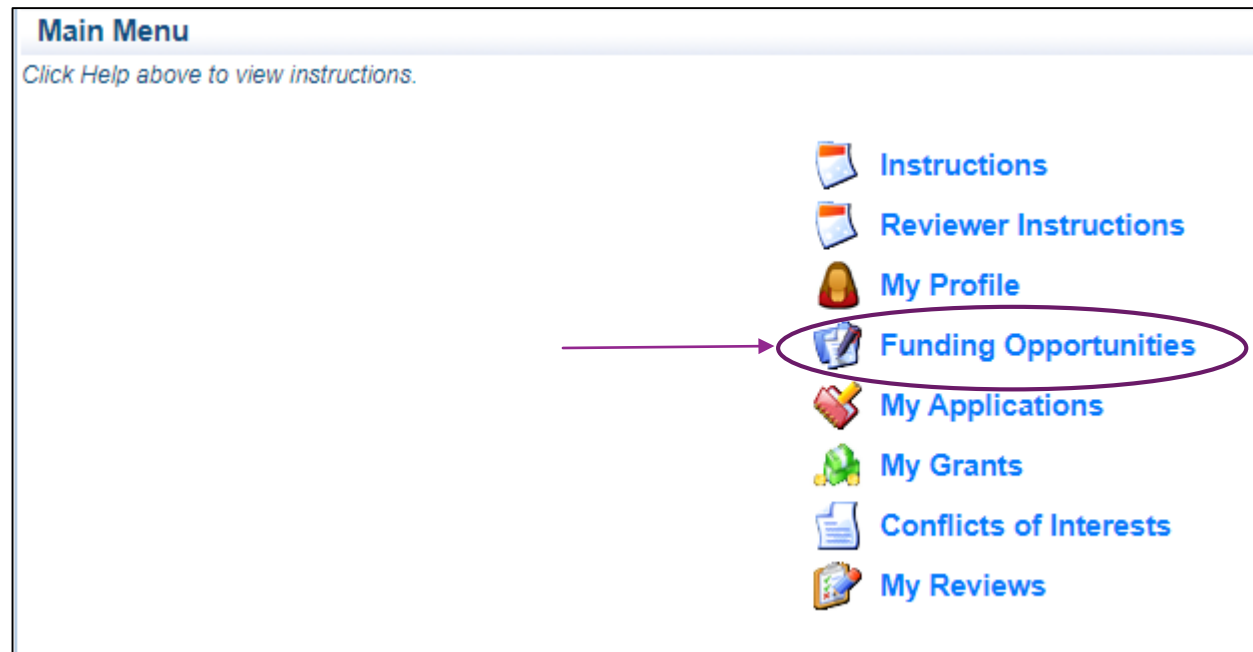
Funding Opportunities

▶ Select the "2024 MCLUP" Funding Opportunities

▶ Review the Funding Opportunity details including:

  ▶ Description

  ▶ Attachments

    ▶ 2024 MCLUP NOFO

    ▶ 2024 MCLUP Certified Assurances

  ▶ Website Links

    ▶ DPS MCLUP Website

Funding Opportunity, cont.

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

Copy Existing Application | Start a New Application

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

SFY 2024 MCLUP Application Forms

▶ The FY 2024 MCLUP Application will include 5 forms:

  ▶ General Information Form

  ▶ Contact Information Form

  ▶ Budget Form

  ▶ Named Attachments

    ▶ Lab Accreditation

  ▶ Certified Assurances

Application Forms	Application Details | Submit | Withdraw	
Form Name	Complete?	Last Edited
General Information		04/05/2023
Contact Information		04/05/2023
Budget		04/05/2023
Named Attachments, MCLUP		04/05/2023
Certified Assurances		04/05/2023

General Information

Complete the entire form as indicated:

Primary Contact: Select the desired contact from the drop-down field

Project Title: Enter SFY24 MCLUP – Crime Lab Name(i.e. SFY24 MCLUP– Coolio Crime Lab)

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

Contact Information Form

▶ Select "Contact Information"

Application Forms	Application Details | Submit | Withdraw	
Form Name	Complete?	Last Edited
General Information	✓	04/05/2023
Contact Information		04/05/2023
Budget		04/05/2023
Named Attachments, MCLUP		04/05/2023
Certified Assurances		04/05/2023

Contact Information Form

▶ This form will collect information for the applicant agency contacts:

  ▶ **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, Board Chair, etc.)

  ▶ **Project Director:** (Sheriff, Chief of Police/Colonel)

  ▶ **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty)

  ▶ **Point of Contact:** (primary contact for day-to-day questions)

Contact Information Form Continued

Contact Information

Authorized Official

The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract (e.g. Presiding Commissioner, Mayor, City Administrator, State Department Director).

Name:＊ [   ] [   ] [   ]
　　　　　　Title　　　First Name　　　Last Name

Job Title:＊ [   ]

Agency:＊ [   ]

Mailing Address:＊ [   ]
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1: [   ]
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2: [   ]

City/State/Zip:＊ [   ] [Missouri ▾] [   ]
　　　　　　　City　　　　　State　　　　　Zip

Email:＊ [   ]

Phone:＊ [   ] [   ]
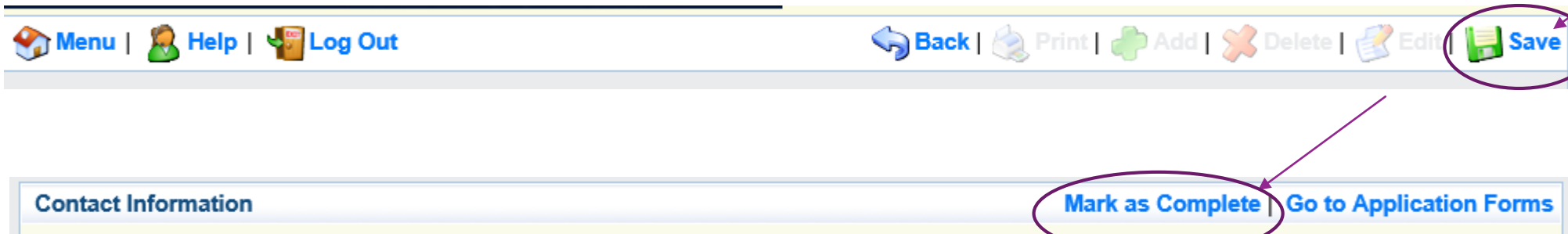　　　　　　　　　　　　Ext.

Fax:＊ [   ]

Contact Information Form Continued

▶ After entering all contact information select "Save" and then "Mark as Complete"

Budget Form

- Select "Budget"

> Select "Add" for each budget line

Budget Form Continued

▶ For each budget line select one (1) of the eight (8) budget categories from the dropdown menu

Budget

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

Budget Line Category:*

| 1. Personnel |
| 2. Personnel Benefits |
| 3. Overtime Personnel |
| 4. Overtime Benefits |
| 5. Travel/Training |
| 6. Equipment |
| 7. Supplies/Operations |
| 8. Contractual |

Line Name:*

Description:*

Amount of Grant Funds Requested:*

Budget   Create New Version | Go to Application Forms | Add

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

Budget Line Category:	Line Name:	Description:	Amount of Grant Funds Requested:
6. Equipment	Water Purification System	Supplemental Water Purification System for DNA	$6,000.00
			$6,000.00
7. Supplies/Operations	Drug Library	Updated spectral drug library for drug identification	$4,000.00
7. Supplies/Operations	EZ1 Kits	DNA extraction kits	$3,500.00
			$7,500.00
			$13,500.00

Budget Form Continued

▶ **Line name:** should be a brief description of what the budget line is requesting (i.e. Crime Lab Analyst, Personnel)

▶ **Description:** Description of the budget line (i.e. (3) Crime Lab Analysts)

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

Budget Form Continued

▶ Completed Budget Example

Budget			Go to Application Forms | Add
To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.			
Budget Line Category:	**Line Name:**	**Description:**	**Amount of Grant Funds Requested:**
6. Equipment	Water Purification System	Supplemental Water Purification System for DNA	$6,000.00
			$6,000.00
7. Supplies/Operations	Drug Library	Updated spectral drug library for drug identification	$4,000.00
7. Supplies/Operations	EZ1 Kits	DNA extraction kits	$3,500.00
			$7,500.00
			$13,500.00

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

Budget Form Continued

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

Budget Form Continued

- Justification

  - **The Justification for each line should include the following:**

    - Justify why each requested budget line is necessary for the success of the proposed project
    - Cost Basis for the budget line request

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

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

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

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

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

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

Budget Form Continued

▶ Justification Example

Budget Justification

Budget Justification*

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

The Justification for each line should include the following:

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

2. Cost Basis for the budget line request.

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

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

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

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

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

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

Personnel and Personnel Overtime:

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

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

Benefit and Overtime Benefits:

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

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

Travel/Training:

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

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

Equipment:

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

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

Suplies/Operations:

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

Contractual:

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

Provide the dates of service for any contracts or contracted services

Budget Form Continued

▶ When all budget lines and the Justification have been added select "Mark as Complete"

Budget   Mark as Complete | Go to Application Forms | Add
To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.

Application Forms

▶ Select "Named Attachments"

Named Attachments

- Required to attach:
  - Laboratory Accreditation
- Other attachments:
  - Items you may want to include but are not required

Instructions

In order to be eligible for this funding the crime laboratory must be accredited to the standards established in ISO/IEC 17025 "General requirements for the competence of testing and calibration laboratories."

Please attach the crime laboratory accreditation certificate under the Laboratory Accreditation below.

Other supporting documents: Any supporting documentation not listed above may be submitted in the attachments titled Other Supporting Documentation.

To attach any other documents, click "Add".

To delete an uploaded file, click the recycle bin in the Delete column.

If you have no additional attachments to include in your application, select "Mark as Complete".

The Missouri Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

If this document is saved on a computer or disk, search for the file location and upload it. The Description field should merely name the attachment, not provide extensive details about the attachment.

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use the free, online tool called **PDF Merge** if it is necessary to combine multiple 1-page scans into 1 saved document.

NOTE: Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

Named Attachments, MCLUP   **Mark as Complete** | **Go to Application Forms**

Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Laboratory Accreditation						🗑
Other						🗑
Other						🗑
Other						🗑
Other						🗑
Other						🗑

Last Edited By:

Attach File

To attach any other documents, click "Add".

To delete an uploaded file, click the recycle bin in the Delete column.

If you have no additional attachments to include in your application, just select "Mark as Complete".

The Missouri Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

If this document is saved on a computer or disk, search for the file location and upload it. The Description field should merely name the attachment, not provide extensive details about the attachment.

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use a PDF merger to combine multiple 1-page scans into 1 saved document.

NOTE: Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.
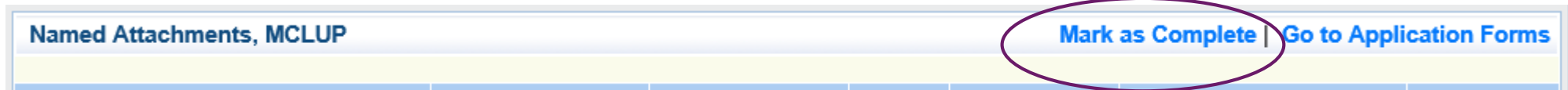
Upload File: _____ [Browse...]

Description:*

Named Attachments

▶ When all attachments have been uploaded select "Mark as Complete"

Named Attachments, MCLUP					Mark as Complete	Go to Application Forms

Certified Assurances

▶ The Certified Assurances can be accessed by selecting the blue link in the WebGrants Certified Assurances Form

Certified Assurances   **Create New Version | Go to Application Forms**

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

**2024 MCLUP Certified Assurances**

Certified Assurances Continued

▶ The document must be completed and the <u>correct Authorized Official must be listed on the form</u>

Certified Assurances   **Create New Version | Go to Application Forms**

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

2024 MCLUP Certified Assurances

I am aware that failure to comply with any of the Certified Assurances could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance.

I have read and agree to the terms and conditions of the grant.*   Yes

If you marked No to the question above, please explain:

Your typed name as the applicant authorized official, in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.

Authorized Official Name:*   Robert Pear

Job Title:*   Chief

Date:*   04/05/2023

Certified Assurances Continued

▶ When the form is complete, select "Save" and "Mark as Complete"
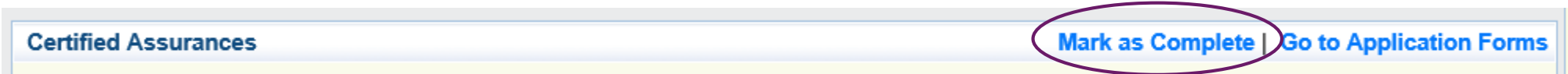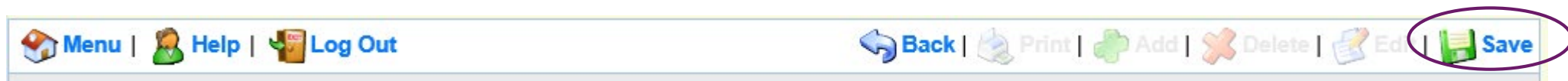
Application Submission

▶ When all forms have been completed and marked as complete, select "Submit" to submit the application

Important Dates

- Application Period:
  - Monday, April 10, 2023 – Wednesday, May 10, 2023 by 5:00 p.m. CST
- Program Start Date: Wednesday, June 1, 2023
- Program End Date: Wednesday, May 31, 2024
- Status Report Dates:

6/1/2023 – 08/31/2023	Due 09/10/2023
9/1/2023 – 11/30/2023	Due 12/10/2023
12/1/2023 – 02/28/2023	Due 03/10/2024
03/01/2023 – 05/31/2023	Due 06/10/2024

Contacts

For any questions please contact our office:

- Elizabeth Leuckel, DPS Grants Specialist
  - (573) 751-1318
  - Elizabeth.Leuckel@dps.mo.gov

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

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

Questions?