

SFY 2025 Missouri Crime Laboratory Upgrade Program (MCLUP) Application Workshop

Missouri Department of Public Safety (DPS)
DPS Grants



SFY 2025 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 2025 MCLUP Eligible Applicants

- ▶ Eligible Applicants:

▶ Board of Police Commissioners – Kansas City, MO	\$ 45,966.00
▶ Missouri State Highway Patrol, Crime Lab	\$281,504.00
▶ St. Charles County Crime Lab	\$ 32,460.00
▶ St. Louis County, Crime Lab	\$ 58,348.00
▶ St. Louis, Police Division – Crime Lab, City of	\$ 46,211.00

- ▶ Must be accredited to the standards established in ISO/IEC 17025

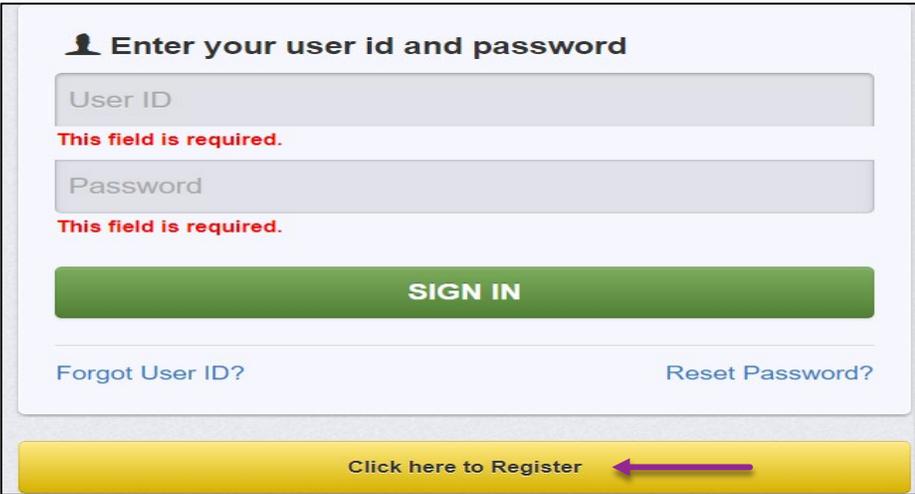
- ▶ Making the analysis of a controlled substance or making the analysis of blood, breath, or urine

SFY 2025 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](#): National Incident-Based Reporting System (NIBRS), formerly Uniform Crime 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 2025 MCLUP Notice of Funding Opportunity](#)

Login

- ▶ To begin an application login to the WebGrants System
 - ▶ Returning users or Organizations
 - ▶ Enter User ID & Password
 - ▶ New Users select “Click here to Register”



The screenshot shows a login form titled "Enter your user id and password" with a person icon. It contains two input fields: "User ID" and "Password", both with red error messages below them stating "This field is required." Below the fields is a green "SIGN IN" button. At the bottom of the form are two links: "Forgot User ID?" and "Reset Password?". Below the form is a yellow button labeled "Click here to Register" with a purple arrow pointing to it from the right. Two purple arrows on the left point to the "User ID" and "Password" fields.

Enter your user id and password

User ID
This field is required.

Password
This field is required.

SIGN IN

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

[Click here to Register](#)

New User

- ▶ If you are applying as a “New User”
 - ▶ Complete the Registration
 - ▶ It may take a few days for your request to be approved by DPS staff

Registration

Save Registration Information

Personnel Contact Information

Please note that fields in red font with an asterisk indicates a required field. Any non-required, black font, fields can be skipped.

Name:
Salutation First Name Middle Last Name

Job Title*:

Email*:

Mailing Address*:

City State/Province Postal Code/Zip

Phone*:
Phone Ext.
####

Fax:
####

Copy Personnel Information to Organization?:

Organization Information

IMPORTANT: Check YES that you are affiliated with an Organization and enter the details for the Organization you represent which intends to apply for grant funds. Your profile will be linked to that Organization so you can conduct business on its behalf within this grant system.

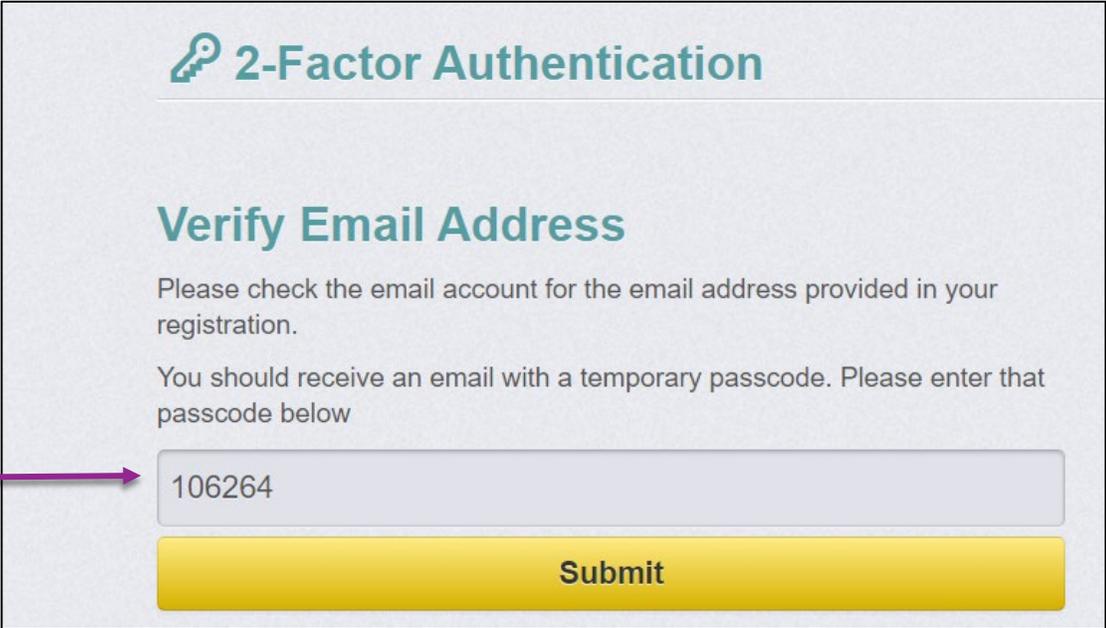
Are you Affiliated with an Organization*:

Applicant Agency*:

Organization Type*:

Two Step Verification

- ▶ Type in the One-Time Passcode that was sent to the email address that is associated to the User



The screenshot shows a web interface for 2-Factor Authentication. At the top, there is a teal key icon followed by the text "2-Factor Authentication". Below this is a section titled "Verify Email Address" in teal. The text below the title reads: "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". There is a text input field containing the number "106264". A purple arrow points from the left towards the input field. Below the input field is a yellow "Submit" button.

2-Factor Authentication

Verify Email Address

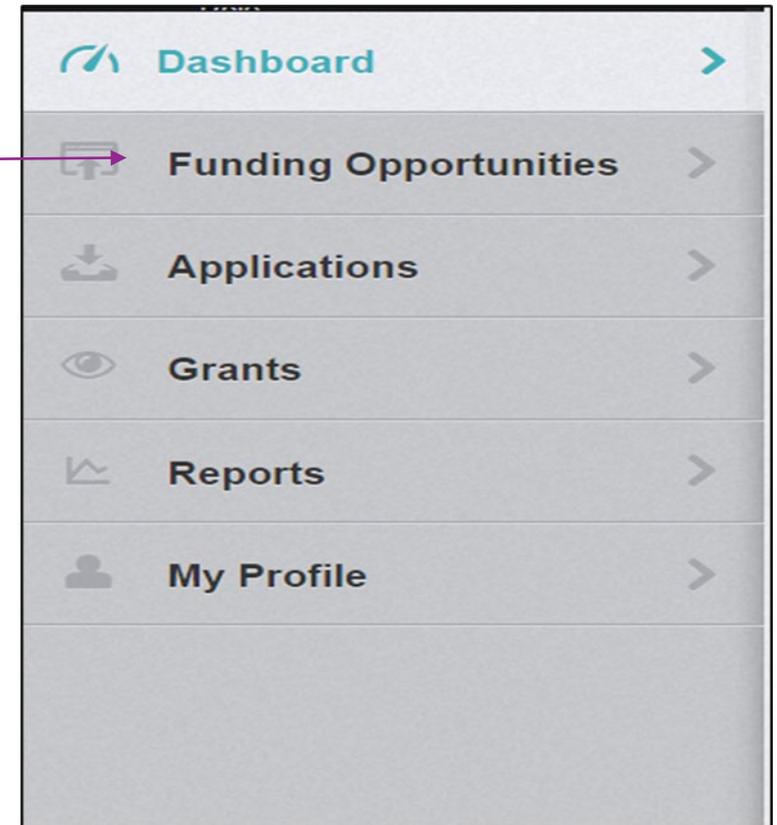
Please check the email account for the email address provided in your registration.

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

Submit

MCLUP Application

- ▶ Select “Funding Opportunities” from the “Main Menu”



Funding Opportunity

- ▶ Select the “2025 MCLUP” Funding Opportunities

27632	Editing	2025 MCLUP	MCLUP-Missouri Crime Laboratory Upgrade Program	May 15, 2024 4:00 PM	0
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- ▶ Review the Funding Opportunity details including:
 - ▶ Description
 - ▶ Attachments
 - ▶ 2025 MCLUP NOFO
 - ▶ 2025 MCLUP Certified Assurances
 - ▶ Website Links
 - ▶ DPS MCLUP Website

Funding Opportunity, cont.

- ▶ After reviewing all the information select, “Start a New Application”



- ▶ The forms for this grant have changed, so selecting “Copy Application” will not save time, as forms will be blank

General Information

- ▶ Complete the entire form as indicated:
 - ▶ **Application Title:** Enter 2025 MCLUP Crime Lab name (i.e., 2025 MCLUP – St. Nick County Crime Lab)
 - ▶ **Primary Contact:** Select from the drop down, who will be the Primary Contact for the application
- ▶ When complete, select “Save Form Instructions”

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*: 2025 MCLUP

Primary Contact*: TEST TEST

Organization*: Audit OVC

Additional Contacts*: Cassie Tester
Chelse Dowell
System Administrator
Tena Malone
TEST TEST
Tester2 Tester2

General Information, cont.

- ▶ Complete the General Information:
 - ▶ **Organization:** Select from the drop down, the Organization for the application
 - ▶ When complete, select “Save Form Instructions”

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: 27627

Program Area*: Missouri Crime Laboratory Upgrade Program

Funding Opportunity*: 27596-Test 2025 MCLUP

Application Stage*: Final Application

Application Status*: Editing

Application Title*: 2025 MCLUP

Primary Contact*: TEST TEST

Organization*: BaseLine Organization

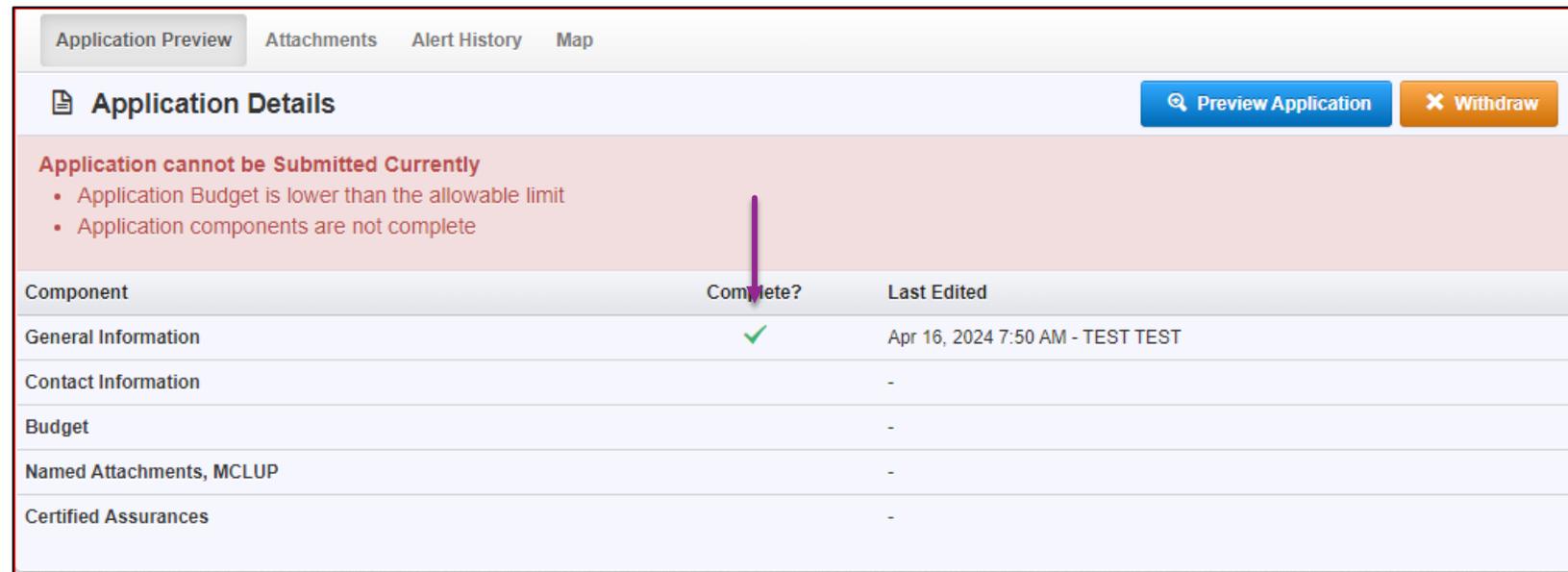
Additional Contacts*:

SFY 2025 MCLUP Application Forms

- ▶ The FY 2025 MCLUP Application will include 5 forms:
 - ▶ General Information Form
 - ▶ Contact Information Form
 - ▶ Budget Form
 - ▶ Named Attachments, MCLUP
 - ▶ Lab Accreditation
 - ▶ Certified Assurances

Application Forms

- ▶ Once the General Information component has been completed, the Application Forms will appear
 - ▶ Each form must be completed and “checked marked” complete before the application can be submitted



The screenshot shows a web interface for application management. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs is a section titled 'Application Details' with a document icon and two buttons: 'Preview Application' (blue) and 'Withdraw' (orange). A red banner below the title contains the message 'Application cannot be Submitted Currently' and two bullet points: 'Application Budget is lower than the allowable limit' and 'Application components are not complete'. Below the banner is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. A purple arrow points to the 'Complete?' column header.

Component	Complete?	Last Edited
General Information	✓	Apr 16, 2024 7:50 AM - TEST TEST
Contact Information	-	-
Budget	-	-
Named Attachments, MCLUP	-	-
Certified Assurances	-	-

Contact Information

- ▶ Select “Contact Information”
- ▶ Complete each section of the Contact Information form

- ▶ Authorized Official
- ▶ Project Director
- ▶ Fiscal Officer
- ▶ Officer in Charge

The screenshot shows a web interface for application details. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs is the title 'Application Details' and two buttons: 'Preview Application' and 'Withdraw'. A red error message states: '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 has five rows: 'General Information' (Complete? ✓, Last Edited: Apr 16, 2024 7:50 AM - TEST TEST), 'Contact Information' (Complete? -, Last Edited: -), 'Budget' (Complete? -, Last Edited: -), 'Named Attachments, MCLUP' (Complete? -, Last Edited: -), and 'Certified Assurances' (Complete? -, Last Edited: -). A purple arrow points to the 'Contact Information' row.

Component	Complete?	Last Edited
General Information	✓	Apr 16, 2024 7:50 AM - TEST TEST
Contact Information	-	-
Budget	-	-
Named Attachments, MCLUP	-	-
Certified Assurances	-	-

Contact Information Form, cont.

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

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. 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.

- ▶ **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, City Administrator)
- ▶ **Project Director:** (Sheriff, or Chief of Police/Colonel)
- ▶ **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty)
- ▶ **Officer In Charge:** (the individual that will act as the supervisor or commander of the proposed project)

Contact Information, cont.

Contact Information

Save Form

Authorized Official

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:

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

****THIS IS NOT AN ALL-INCLUSIVE LIST. IF YOUR AGENCY DOES NOT FALL INTO ONE OF THE CATEGORIES LISTED ABOVE OR YOU ARE UNSURE OF WHO THE AUTHORIZED OFFICIAL SHOULD BE FOR YOUR AGENCY, PLEASE CONTACT THE MISSOURI OFFICE OF HOMELAND SECURITY DPS GRANTS AT (573) 522-3455****

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.

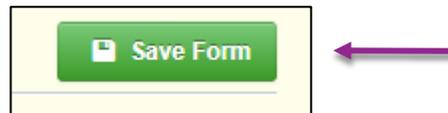
Street Address 1:

If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

Contact Information, cont.

- ▶ Select “Save Form”, when the form has been completed



- ▶ Select “Mark as Complete”



- ▶ If edits are needed, select “Edit”



Application Forms

- ▶ Select “Budget”

Application Preview Attachments Alert History Map

Application Details

Preview Application Withdraw

Application cannot be Submitted Currently

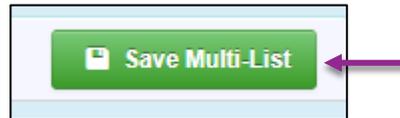
- Application Budget is lower than the allowable limit
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 16, 2024 7:50 AM - TEST TEST
Contact Information	✓	Apr 16, 2024 8:17 AM - TEST TEST
Budget ←	-	-
Named Attachments, MCLUP	-	-
Certified Assurances	-	-

Budget

- ▶ Budget

- ▶ Select “Save Multi-List” before you add budget lines, as the budget form opens in “Edit” status



- ▶ Select “Add Row” to add budget lines

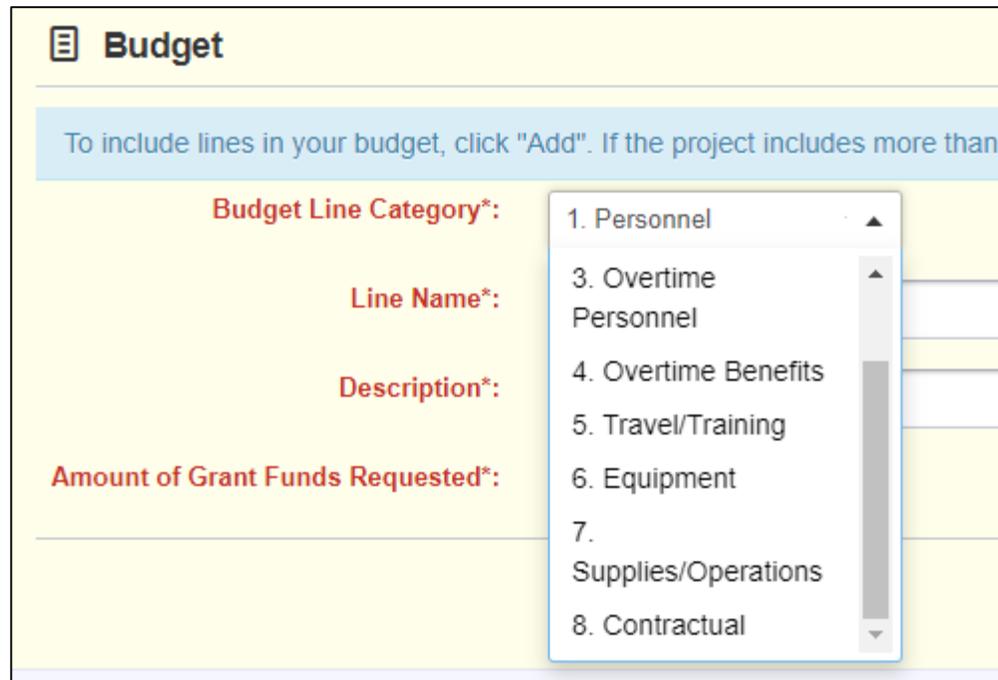


Budget, cont.

- ▶ **Budget Line Category:** Select from the drop-down box, which budget category the requested item is
 - ▶ **Line name:** Should be a brief description of what the budget line is requesting (i.e. Personnel, Personnel Benefits, Equipment, Supplies/Operations, and Contractual
 - ▶ **Each equipment budget line must be entered separately**
 - ▶ **Description:** Description of the budget line (i.e. (3) Personnel, FICA/Medicare, Medical Insurance & Dental Insurance), Workers Comp (3) Write Blocker, Forensic Disc Reader (1), Network Attached Storage Device (1)
 - ▶ **Amount of Grant Funds Requested:** Should be the total amount of the funds requested for the listed budget line

Budget, cont.

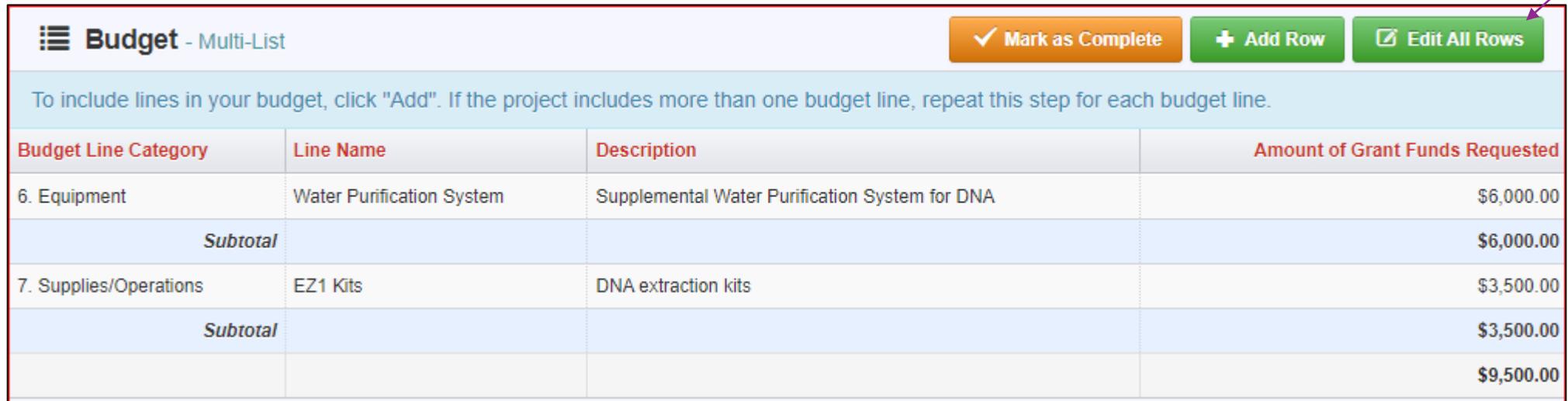
- ▶ For each budget line select one of the eight budget categories from the drop-down menu



The screenshot shows a web form titled "Budget" with a list icon on the left. Below the title is a light blue instruction bar: "To include lines in your budget, click 'Add'. If the project includes more than c". The form contains four input fields, each with a red asterisk indicating a required field: "Budget Line Category*", "Line Name*", "Description*", and "Amount of Grant Funds Requested*". A dropdown menu is open over the "Budget Line Category*" field, displaying a list of eight categories: "1. Personnel", "3. Overtime Personnel", "4. Overtime Benefits", "5. Travel/Training", "6. Equipment", "7. Supplies/Operations", and "8. Contractual".

Budget, cont.

- ▶ Completed budget example



The screenshot shows a web interface for budget management. At the top, there is a header "Budget - Multi-List" with a menu icon. To the right of the header are three buttons: "Mark as Complete" (orange), "Add Row" (green), and "Edit All Rows" (green). Below the header is a light blue instruction box: "To include lines in your budget, click 'Add'. If the project includes more than one budget line, repeat this step for each budget line." Below this is a table with four columns: "Budget Line Category", "Line Name", "Description", and "Amount of Grant Funds Requested". The table contains two main categories: "6. Equipment" and "7. Supplies/Operations". Each category has a main row and a "Subtotal" row. A purple arrow points to the "Edit All Rows" button, and another purple arrow points to the "6. Equipment" row.

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
	<i>Subtotal</i>		\$6,000.00
7. Supplies/Operations	EZ1 Kits	DNA extraction kits	\$3,500.00
	<i>Subtotal</i>		\$3,500.00
			\$9,500.00

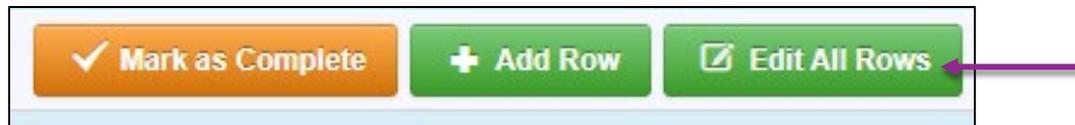
- ▶ To Edit a budget line, select the hyperlink of the line you wish to edit, or select "Edit All Rows" for a mass edit of all lines as well as the budget justification

Budget, cont.

- ▶ Justification - ***(For each budget line requested please provide a separate 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, cont.

- ▶ Budget Justification, cont.
 - ▶ To add the Justification(s), select “Edit All Rows”



Budget, cont.

- ▶ Justification Example
 - ▶ Supplies

Budget Justification

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

The Justification for each line should include the following:

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

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

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

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

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

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

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

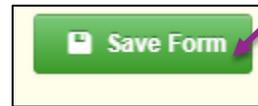
Budget Justification*:

A screenshot of a rich text editor toolbar. It includes various icons for text formatting (bold, italic, underline, strikethrough, subscript, superscript, text color, background color), alignment (left, center, right, justified), bulleted and numbered lists, indentation, link and unlink, undo, redo, and other editing functions. The font is set to 'Normal' and the size is visible.

Supplies: [The eight (8) EZ1 Kits will be used in the laboratory's DNA section for the extraction of DNA from forensic DNA samples prior to quantitation. These extraction kits are used on a variety of casework samples and supplement additional DNA supplies used in the DNA section. Cost is from vendor quote.

Budget, cont.

- ▶ After completing the entire form select “Save Form”



- ▶ To make any changes to the form, select “Edit Form”, then resave the form



- ▶ Once the form is completed, select “Mark as Complete”



Application Forms

- ▶ 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	✓	Apr 16, 2024 7:50 AM - TEST TEST
Contact Information	✓	Apr 16, 2024 8:17 AM - TEST TEST
Budget	✓	Apr 16, 2024 8:46 AM - TEST TEST
Named Attachments, MCLUP ←	-	-
Certified Assurances	-	-

Named Attachments

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

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, *.ppbx), 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

Named Attachment	Required	Description	File Name 	Type	Size	Upload Date	Delete?
Laboratory Accreditation	✓						
Other							
Other							
Other							
Other							
Other							



Named Attachments, cont.

- ▶ When all attachments have been uploaded select “Mark as Complete”

 - Named Attachments

Application Forms

- ▶ Select “Certified Assurances”

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	✓	Apr 16, 2024 7:50 AM - TEST TEST
Contact Information	✓	Apr 16, 2024 8:17 AM - TEST TEST
Budget	✓	Apr 16, 2024 8:46 AM - TEST TEST
Named Attachments, MCLUP	-	-
Certified Assurances ←	-	-

Certified Assurances

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

Certified Assurances Save Form

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:

[2025 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 No

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*:

Job Title*:

Date*:

Certified Assurances, cont.

- ▶ After the Certified Assurances have been reviewed and terms and conditions agreed to, select “Yes” or “No”

☰ Certified Assurances Save Form

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:

[2025 MCLUP Certified Assurances](#)

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I have read and agree to the terms and conditions of the grant.*: Yes No

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*:

Job Title*:

Date*:

Certified Assurances, cont.

- ▶ If you selected, “No” to the terms and conditions
 - ▶ Explain the reason why

📄 Certified Assurances Save Form

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:

[2025 MCLUP Certified Assurances](#)

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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*:

Job Title*:

Date*:

Certified Assurances, cont.

- ▶ The document must be completed, and the correct Authorized Official listed, along with their job title and the date the form is signed

☰ Certified Assurances Save Form

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:

[2025 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 No

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*:**

→ **Job Title*:**

→ **Date*:**

Certified Assurances, cont.

- ▶ When the form is complete, select “Save Form”



- ▶ Select, “Mark as Complete” when the form is completed

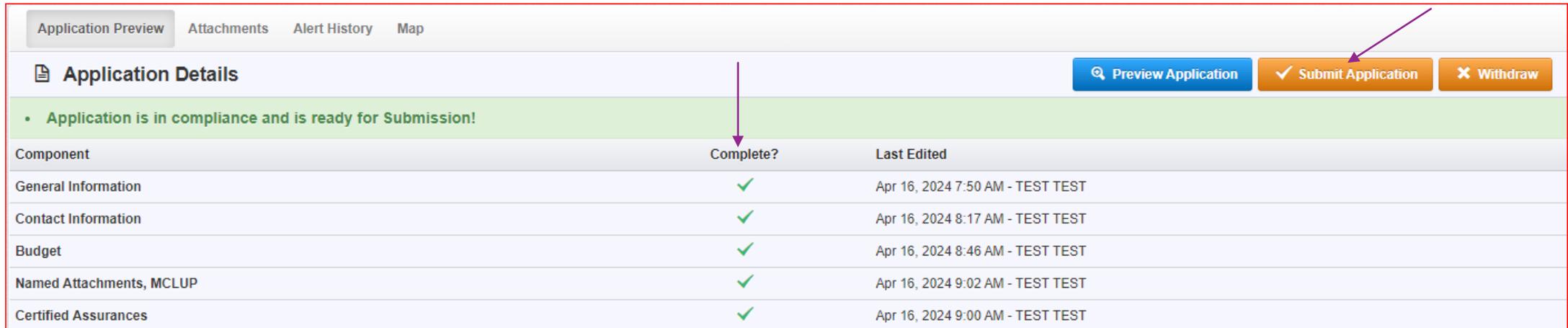


- ▶ To make any edits, select “Edit Form”



Application Submission

- ▶ When all forms have been completed and marked as complete, select “Submit Application” to submit the application



The screenshot displays a web interface for application submission. At the top, there are navigation tabs: "Application Preview" (selected), "Attachments", "Alert History", and "Map". Below the tabs, the page title is "Application Details". On the right side, there are three buttons: "Preview Application" (blue), "Submit Application" (orange, highlighted with a purple arrow), and "Withdraw" (orange). A green banner message states: "Application is in compliance and is ready for Submission!". Below this, a table lists the application components and their completion status.

Component	Complete?	Last Edited
General Information	✓	Apr 16, 2024 7:50 AM - TEST TEST
Contact Information	✓	Apr 16, 2024 8:17 AM - TEST TEST
Budget	✓	Apr 16, 2024 8:46 AM - TEST TEST
Named Attachments, MCLUP	✓	Apr 16, 2024 9:02 AM - TEST TEST
Certified Assurances	✓	Apr 16, 2024 9:00 AM - TEST TEST

Important Dates

- ▶ Application Period:
 - ▶ Monday, April 16, 2024 – Wednesday, May 15, 2024 by 4:00 p.m. CST
- ▶ Program Start Date: Saturday June 1, 2024
- ▶ Program End Date: Saturday May 31, 2025
- ▶ Status Report Dates:

06/01/2024 – 08/31/2024	Due 09/10/2024
09/01/2024 – 11/30/2024	Due 12/10/2024
12/01/2024 – 02/28/2025	Due 03/10/2025
03/01/2025 – 05/31/2025	Due 06/10/2025

Contacts

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