

SFY 2026 Missouri Crime Laboratory Upgrade Program (MCLUP) Application Workshop

Missouri Department of Public Safety (DPS)
DPS Grants



SFY 2026 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 2026 MCLUP Eligible Applicants

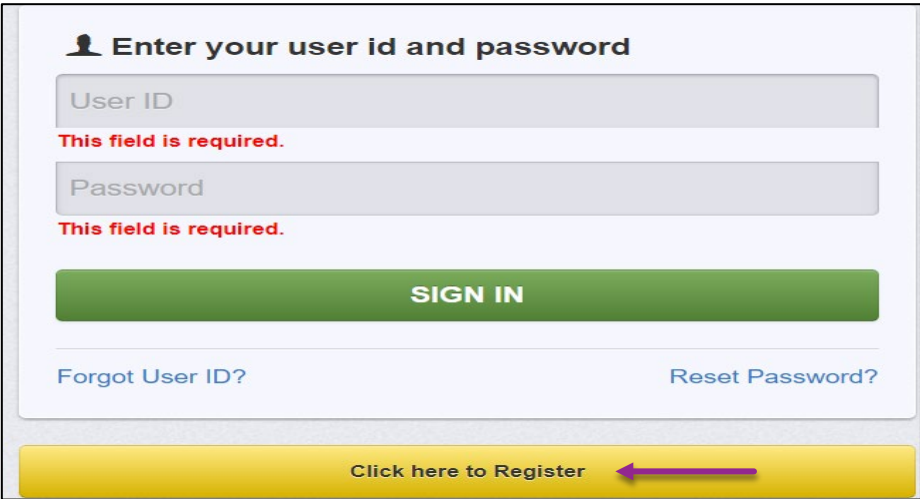
- ▶ Eligible Applicants:
 - ▶ Board of Police Commissioners – Kansas City, MO \$ 46,173.00
 - ▶ Missouri State Highway Patrol, Crime Lab \$269,375.00
 - ▶ St. Charles County Crime Lab \$ 36,735.00
 - ▶ St. Louis County, Crime Lab \$ 51,364.00
 - ▶ St. Louis, Police Division – Crime Lab, City of \$ 42,306.00
- ▶ 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 2026 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 2026 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".

Annotations include two purple arrows pointing to the "User ID" and "Password" fields, and a purple arrow pointing to the "Click here to Register" button.

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: ▼ First Name Middle Last Name

Salutation First Name Last Name

Job Title*:

Email*:

Mailing Address*:

Missouri Zip

City State/Province Postal Code/Zip

Phone*: Phone Ext

Phone Ext.
####

Fax: Fax

####

Copy Personnel Information to Organization?: Yes No

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*: Yes No

Applicant Agency*:

Organization Type*: ▼

Two Step Verification

- ▶ Type in your One-Time Passcode
 - ▶ A one-time passcode will be sent to the email address that is registered with the User ID
- ▶ Select “Submit”



2-Factor Authentication

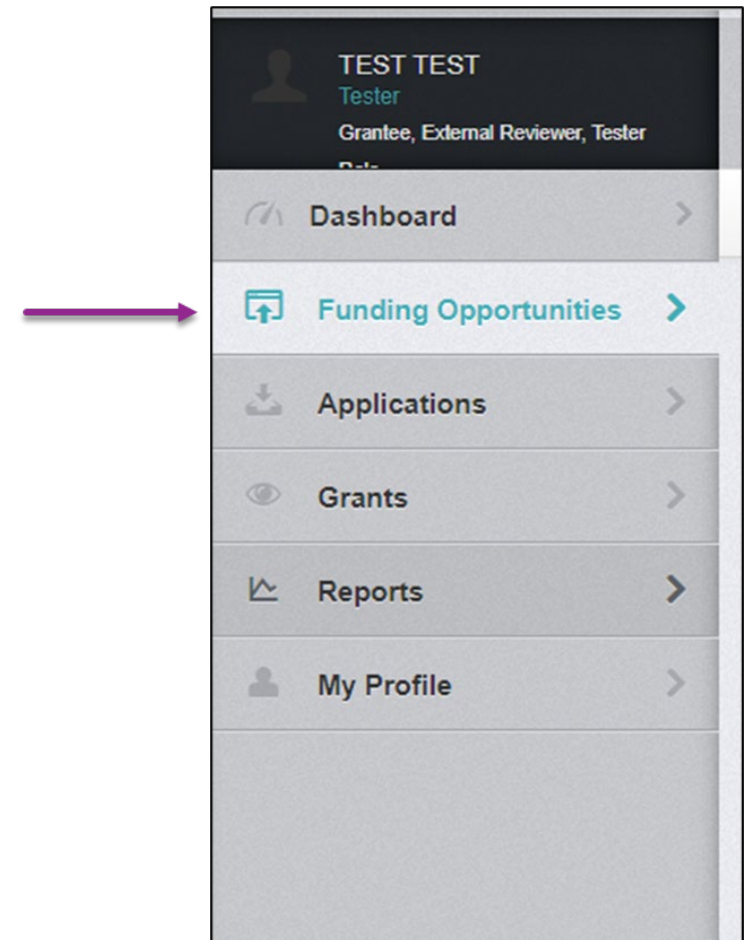
Verify Email Address

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

MCLUP Application

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



Funding Opportunity

- ▶ Select the “2026 MCLUP” Funding Opportunities

41774	Editing	2026 MCLUP	←	MCLUP-Missouri Crime Laboratory Upgrade Program	May 5, 2025 4:00 PM
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- ▶ Review the Funding Opportunity details including:
 - ▶ Description
 - ▶ Attachments
 - ▶ 2026 MCLUP NOFO
 - ▶ 2026 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 2026 MCLUP Crime Lab name (i.e., 2026 MCLUP – ABC Police Department 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: 41273

Program Area: Missouri Crime Laboratory Upgrade Program

Funding Opportunity: 41267-Test 2026 MCLUP

Application Stage: Final Application

Application Status: Editing

Application Title:

Primary Contact:

Organization:

Select any additional contacts within your organization that will also manage this grant. Include all contacts that will need access to claims and status reports if this project is awarded.

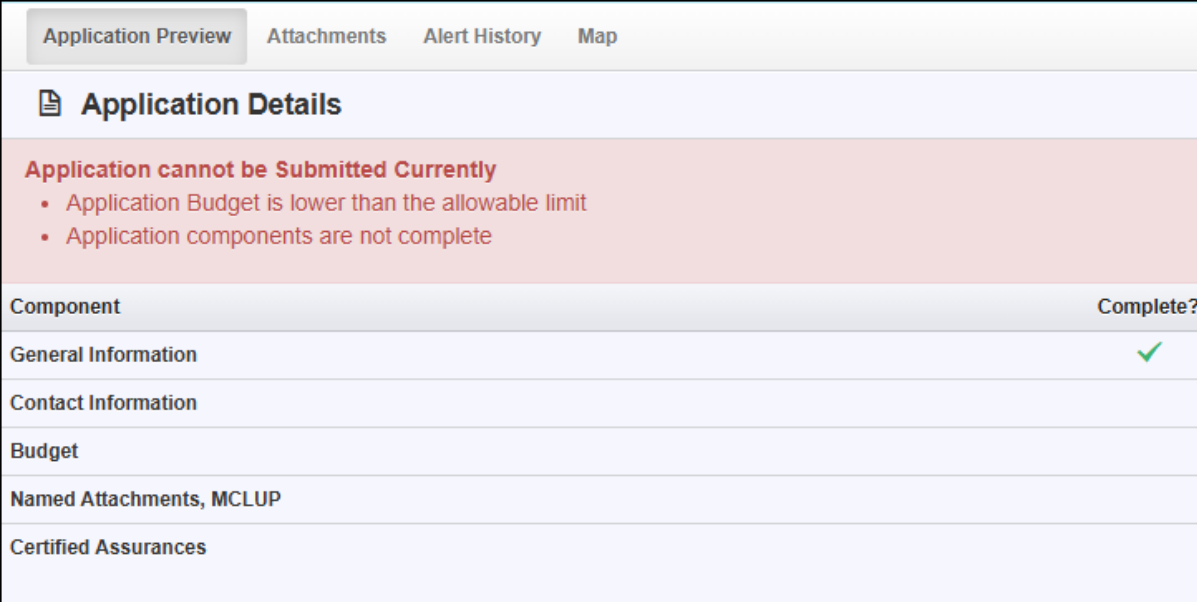
Additional Contacts:

SFY 2026 MCLUP Application Forms

- ▶ The FY 2026 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 an application. At the top, there are tabs: "Application Preview" (selected), "Attachments", "Alert History", and "Map". Below the tabs is a section titled "Application Details" with a document icon. A red warning box 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 this is a table with two columns: "Component" and "Complete?".

Component	Complete?
General Information	✓
Contact Information	
Budget	
Named Attachments, MCLUP	
Certified Assurances	

A purple arrow points to the "Contact Information" row in the table.

Contact Information

- ▶ Select “Contact Information”
- ▶ Complete each section of the Contact Information form
 - ▶ Authorized Official
 - ▶ Project Director
 - ▶ Fiscal Officer
 - ▶ Officer in Charge

The screenshot displays the 'Application Details' page of a web application. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs, the title 'Application Details' is shown, along with 'Preview Application' and 'Withdraw' buttons. 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 this is a table with columns 'Component', 'Complete?', and 'Last Edited'. The 'Contact Information' row is highlighted with a purple arrow pointing to the left.

Component	Complete?	Last Edited
General Information	✓	Mar 28, 2025 3:01 PM - TEST TEST
Contact Information		Mar 28, 2025 3:01 PM - TEST TEST
Budget		Mar 28, 2025 11:14 AM - TEST TEST
Named Attachments, MCLUP		-
Certified Assurances		-

****NOTE** The Authorized Official, Project Director, and Fiscal Officer CANNOT be the same person**

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)

In order for an application to be considered eligible for funding, the agency's correct Authorized Official **MUST** be designated in the "Contact Information" form and **MUST** sign the Certified Assurance Form

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.

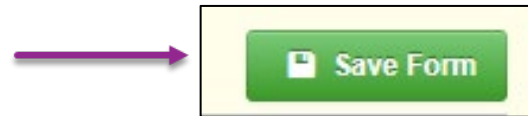
Street Address 1:

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

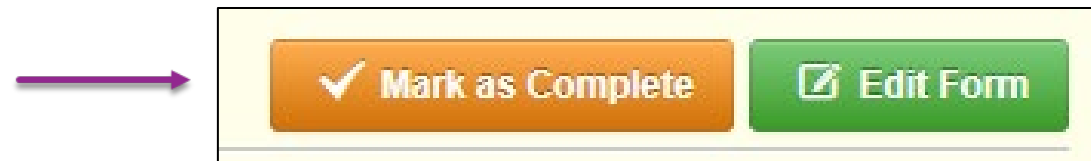
Street Address 2:

Contact Information, cont.

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



- ▶ Select “Mark as Complete”



- ▶ You can edit any form by selecting the “Edit Form” button at anytime



Application Forms

- ▶ Select “Budget”

Application Preview Attachments Alert History Map

Application Details Preview Application Withdraw

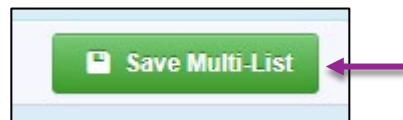
Application cannot be Submitted Currently

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

Component	Complete?	Last Edited
General Information	✓	Mar 28, 2025 3:01 PM - TEST TEST
Contact Information	✓	Mar 28, 2025 3:16 PM - TEST TEST
Budget		Mar 28, 2025 11:14 AM - TEST TEST
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

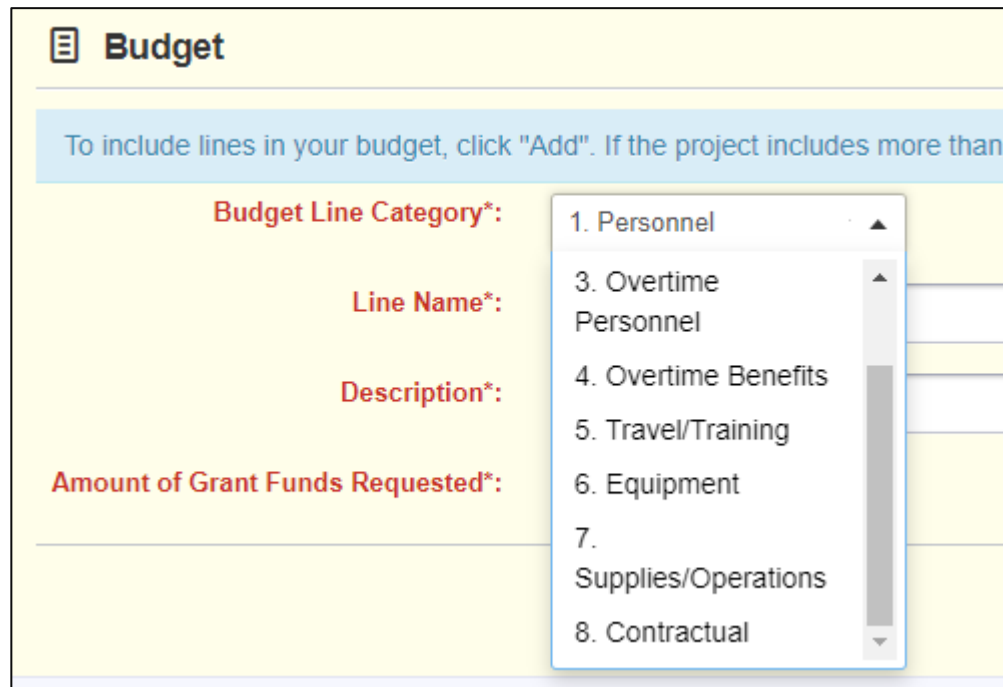


Budget, cont.

- ▶ **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



Budget

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

Budget Line Category*:

Line Name*:

Description*:

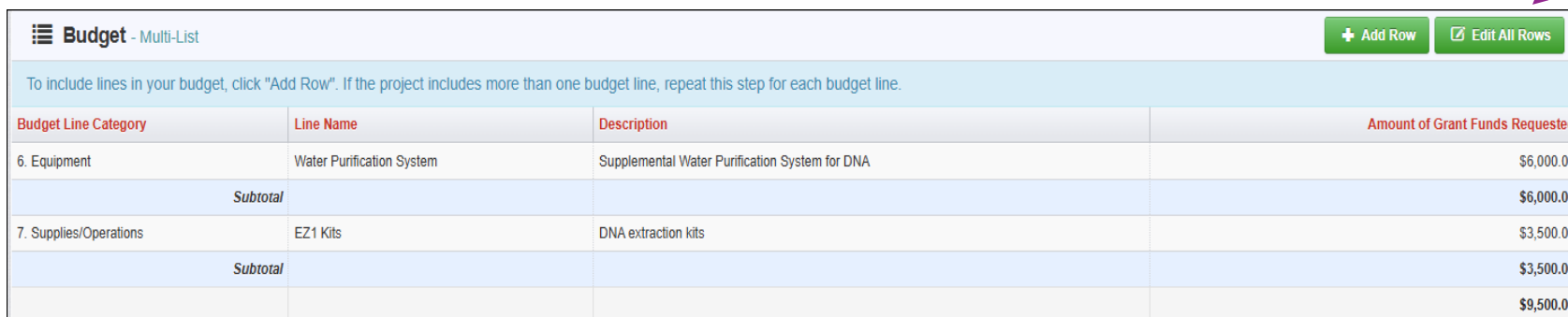
Amount of Grant Funds Requested*:

The dropdown menu for Budget Line Category* is open, showing the following options:

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

Budget, cont.

▶ Completed budget example



Budget - Multi-List [+ Add Row](#) [Edit All Rows](#)

To include lines in your budget, click "Add Row". 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
<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

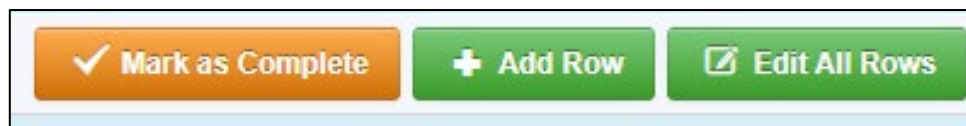
- ▶ To Edit a budget line, select the hyperlink of the line you wish to edit, or select “Edit All Rows” for a mass edit of all lines as well as the budget justification

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

► Equipment

► 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*:

Equipment – The one (1) Water Purification System will be used as a Supplemental Water Purification System needed for the lab. Cost is from vendor quote.

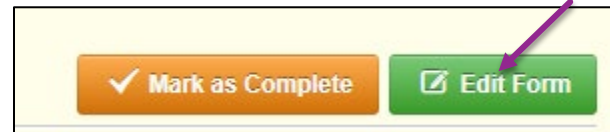
Supplies: The eight (8) EZ1 Kits will be used in the laboratory's DNA section for the extraction of DNA from forensic DNA samples prior to quantitation. These extraction kits are used on a variety of casework samples and supplement additional DNA supplies used in the DNA section. Cost is from vendor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

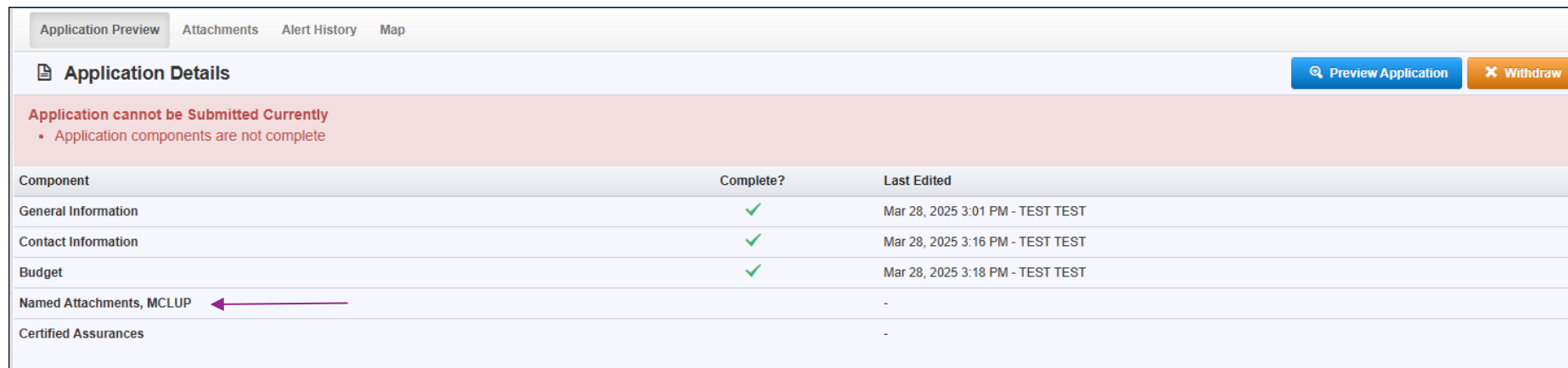


- ▶ Once the form is completed, select “Mark as Complete”



Application Forms

- ▶ Select “Named Attachments”

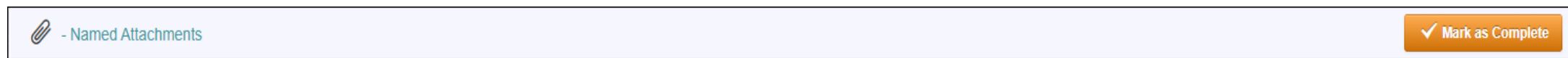


The screenshot shows a web interface for application details. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs is the title 'Application Details' and two buttons: 'Preview Application' and 'Withdraw'. A red banner indicates that the application cannot be submitted currently because some components are not complete. Below this is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. The table lists five components: General Information, Contact Information, Budget, Named Attachments, MCLUP, and Certified Assurances. The 'Named Attachments, MCLUP' row is highlighted with a purple arrow pointing to it.

Component	Complete?	Last Edited
General Information	✓	Mar 28, 2025 3:01 PM - TEST TEST
Contact Information	✓	Mar 28, 2025 3:16 PM - TEST TEST
Budget	✓	Mar 28, 2025 3:18 PM - TEST TEST
Named Attachments, MCLUP		-
Certified Assurances		-

Named Attachments, cont.

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



Application Forms

- ▶ Select “Certified Assurances”

Component	Complete?	Last Edited
General Information	✓	Mar 28, 2025 10:27 AM - TEST TEST
Contact Information	✓	Mar 28, 2025 10:26 AM - TEST TEST
Budget	✓	Mar 28, 2025 12:52 PM - TEST TEST
Named Attachments, MCLUP	✓	Mar 28, 2025 12:59 PM - TEST TEST
Certified Assurances ←		-

Application cannot be Submitted Currently

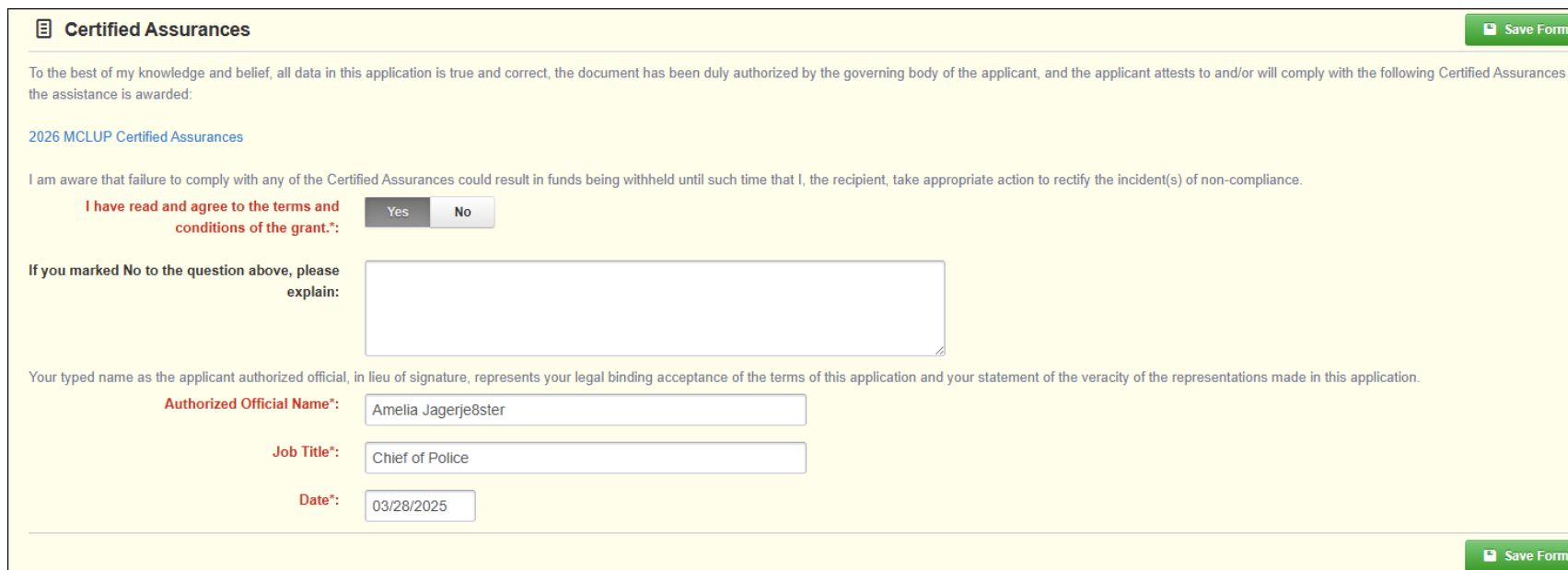
- Application components are not complete

Application Preview Attachments Alert History Map

Application Details

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:

[2026 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*:

Save Form

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:

[2026 MCLUP Certified Assurances](#)

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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*:

Save Form

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:

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→

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Authorized Official Name*:

Job Title*:

Date*:

Save Form

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

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:

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Authorized Official Name*:

Job Title*:

Date*:

Certified Assurances, cont.

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



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

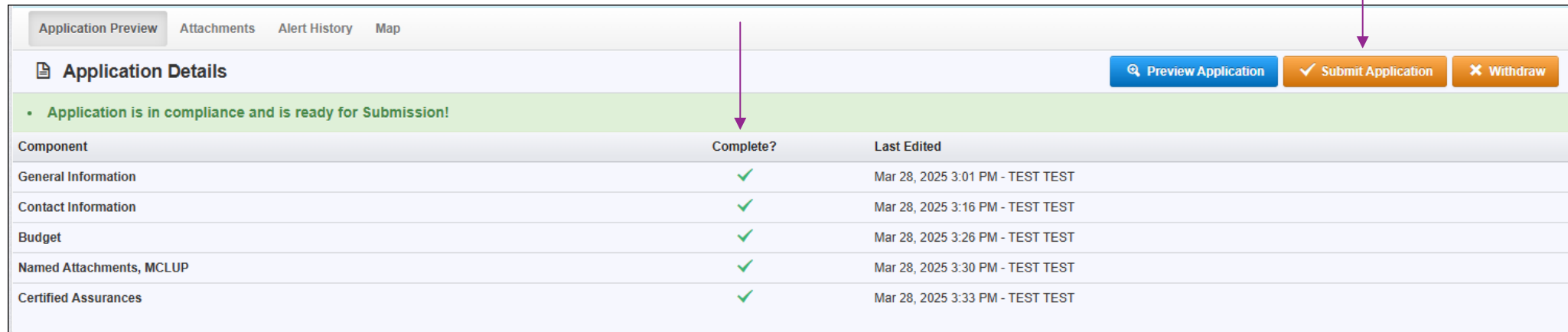


- ▶ Select, “Mark as Complete” when the form is completed



Application Submission

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



The screenshot displays the 'Application Details' page. At the top, there are navigation tabs: 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below these, the title 'Application Details' is shown. To the right of the title are three buttons: 'Preview Application' (blue), 'Submit Application' (orange), and 'Withdraw' (orange). A green banner below the title contains the message: 'Application is in compliance and is ready for Submission!'. Below this banner is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. The table lists five components, all of which are marked as 'Complete?' with a green checkmark. A purple arrow points from the 'Submit Application' button to the 'Complete?' column header, and another purple arrow points from the 'Submit Application' button to the 'Submit Application' button itself.

Component	Complete?	Last Edited
General Information	✓	Mar 28, 2025 3:01 PM - TEST TEST
Contact Information	✓	Mar 28, 2025 3:16 PM - TEST TEST
Budget	✓	Mar 28, 2025 3:26 PM - TEST TEST
Named Attachments, MCLUP	✓	Mar 28, 2025 3:30 PM - TEST TEST
Certified Assurances	✓	Mar 28, 2025 3:33 PM - TEST TEST

Important Dates

- ▶ Application Period:
 - ▶ Monday April 7, 2025 – Monday May 5, 2025 by 4:00 p.m. CST
- ▶ Program Start Date: June 1, 2025
- ▶ Program End Date: May 31, 2026
- ▶ Status Report Dates:

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

Contacts

For any questions, please contact our office:

- ▶ Elizabeth Leuckel, DPS Grants Specialist
 - ▶ (573) 751-1318
 - ▶ Elizabeth.Leuckel@dps.mo.gov
- ▶ Sara Parker, DPS Grants Program Supervisor
 - ▶ (573) 526-9014
 - ▶ Sara.Parker@dps.mo.gov
- ▶ Joni McCarter, DPS Grants Program Manager
 - ▶ (573) 526-9020
 - ▶ Joni.McCarter@dps.mo.gov