



SFY 2027  
Missouri Crime  
Laboratory  
Upgrade Program  
(MCLUP)  
Application  
Workshop

Missouri Department of Public  
Safety/Office of Homeland Security

# SFY 2027 MCLUP Notice of Funding Opportunity (NOFO)

- The Missouri Department of Public Safety is pleased to announce the funding opportunity for the SFY 2027 Missouri Crime Laboratory Upgrade Program (MCLUP)
- 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/mclup.php>
  - The NOFO contains information regarding the purpose/objectives of the program, eligibility, application requirements, allowable/unallowable costs, etc.



# MCLUP

- The state administered funds are appropriated and collected pursuant to Section 488.029 RSMo, which requires a surcharge of \$150 be assessed and collected in all criminal cases for any violation of drug offenses in which a crime lab makes analysis of a controlled substance
  - Fees are deposited in the State Forensic Laboratory Account
- Additionally, Section 595.045 RSMo created the “Crime Victims’ Compensation Fund” in which a surcharge of \$7.50 shall be assessed as costs in each court proceeding filed in any court in the State of Missouri in all criminal cases, including violations of any county ordinance or any violation of criminal or traffic laws of the State, including an infraction and violation of a municipal ordinance
  - Annual deposit is made to the State Forensic Laboratory Account from these fees
- Sum of all drug conviction fees and the Crime Victim Compensation Fund annual deposit is the total amount available to the eligible applicants



# MCLUP Goal

- The goal of MCLUP is to provide financial assistance to defray expenses of Missouri crime laboratories
- 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



# Key Dates

April 2, 2026:

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

May 18, 2026:

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

June 1, 2026:

Project Start Date

May 31, 2027:

Project End Date



# Eligible Applicants

- Crime laboratories that serve the courts of the State of Missouri, making analysis of a controlled substance or analysis of blood, breath, or urine in relation to a court proceeding
- The crime laboratory must be accredited to the standards established in ISO/IEC 17025 “General requirements for the competence of testing and calibration of laboratories’

Board of Police Commissioners – Kansas City, MO	St. Louis Metropolitan Police Department	Missouri State Highway Patrol, Crime Lab	St. Charles County, Crime Lab	St. Louis County, Crime Lab
\$44,925.00	\$41,821.00	\$267,989.00	\$39,133.00	\$47,943.00



# DPS Grants – State Requirements

- To be eligible for MCLUP 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 MCLUP 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 MCLUP 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.



# Allowable Costs

- Applicants may request funding under the following approved budget categories to support crime laboratory activities:
  - Personnel
    - Personnel Overtime
  - Personnel Benefits
    - Personnel Overtime Benefits
  - Travel/Training
  - Equipment
  - Supplies/Operations
  - Contractual



# Unallowable Costs

- Items not listed on the approved budget in the Missouri Department of Public Safety (DPS) WebGrants System



# 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**

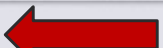
[Forgot User ID?](#) [Reset Password?](#)

**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

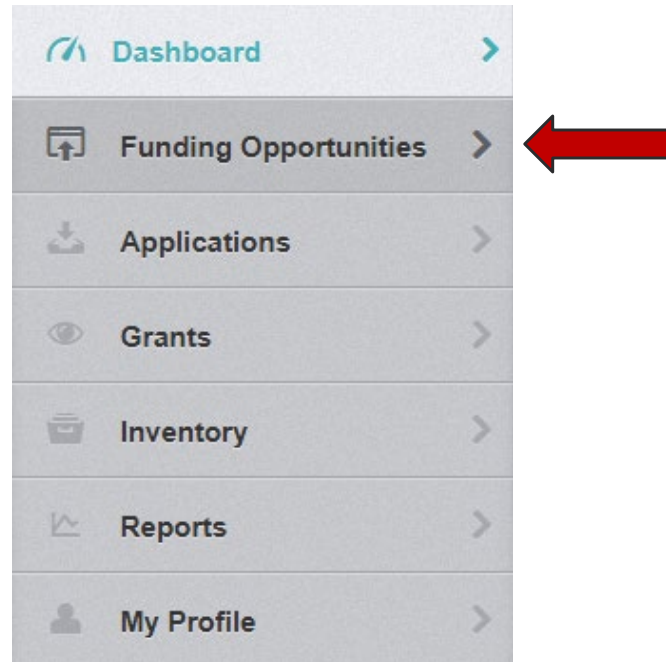
Enter your Passcode 

**Submit**



# SFY 2027 MCLUP Funding Opportunity

- Select “Funding Opportunities” and then select the “SFY 2027 Missouri Crime Laboratory Upgrade Program (MCLUP) funding opportunity




ID	Status	Agency	Program Area	Title	Posted Date	Final-Application Due Date
55093	Test	DPS Grants (CJLE)	Missouri Crime Laboratory Upgrade Program	SFY 2027 Missouri Crime Laboratory Upgrade Program (MCLUP) TEST		May 18, 2026 5:00 PM



# Funding Opportunity Details

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

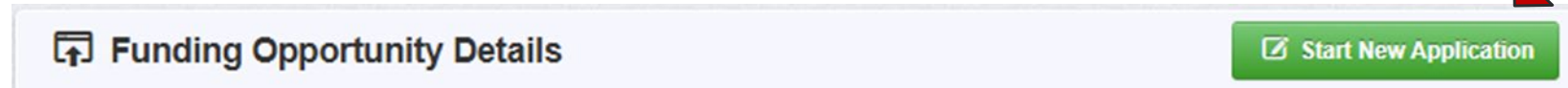
 **Funding Opportunity Details**

 **Start New Application**



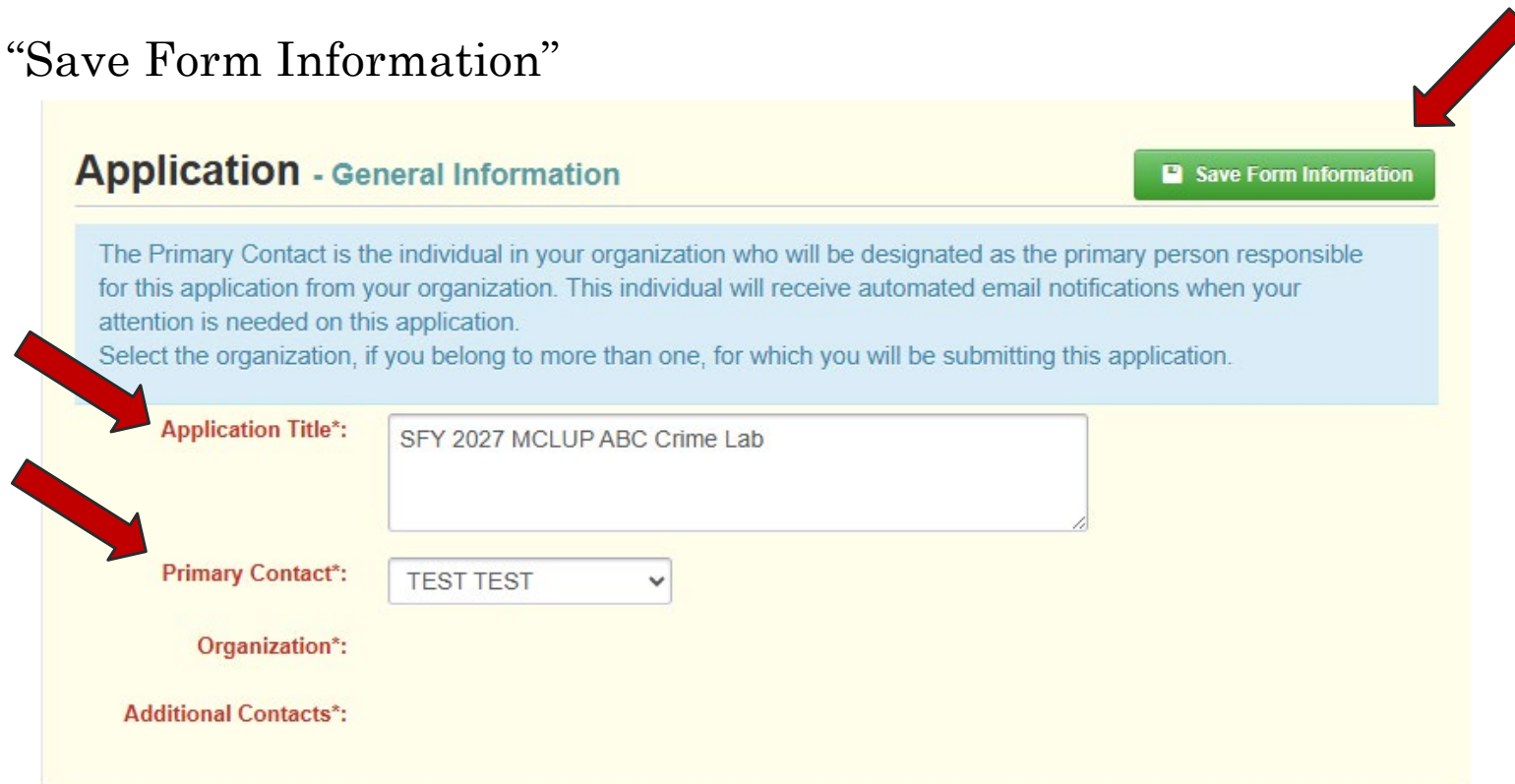
# Start New Application

- Select “Start a New Application”



# General Information

- Complete the General Information Component
  - Application Title: Enter SFY 2027 MCLUP 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\*:**

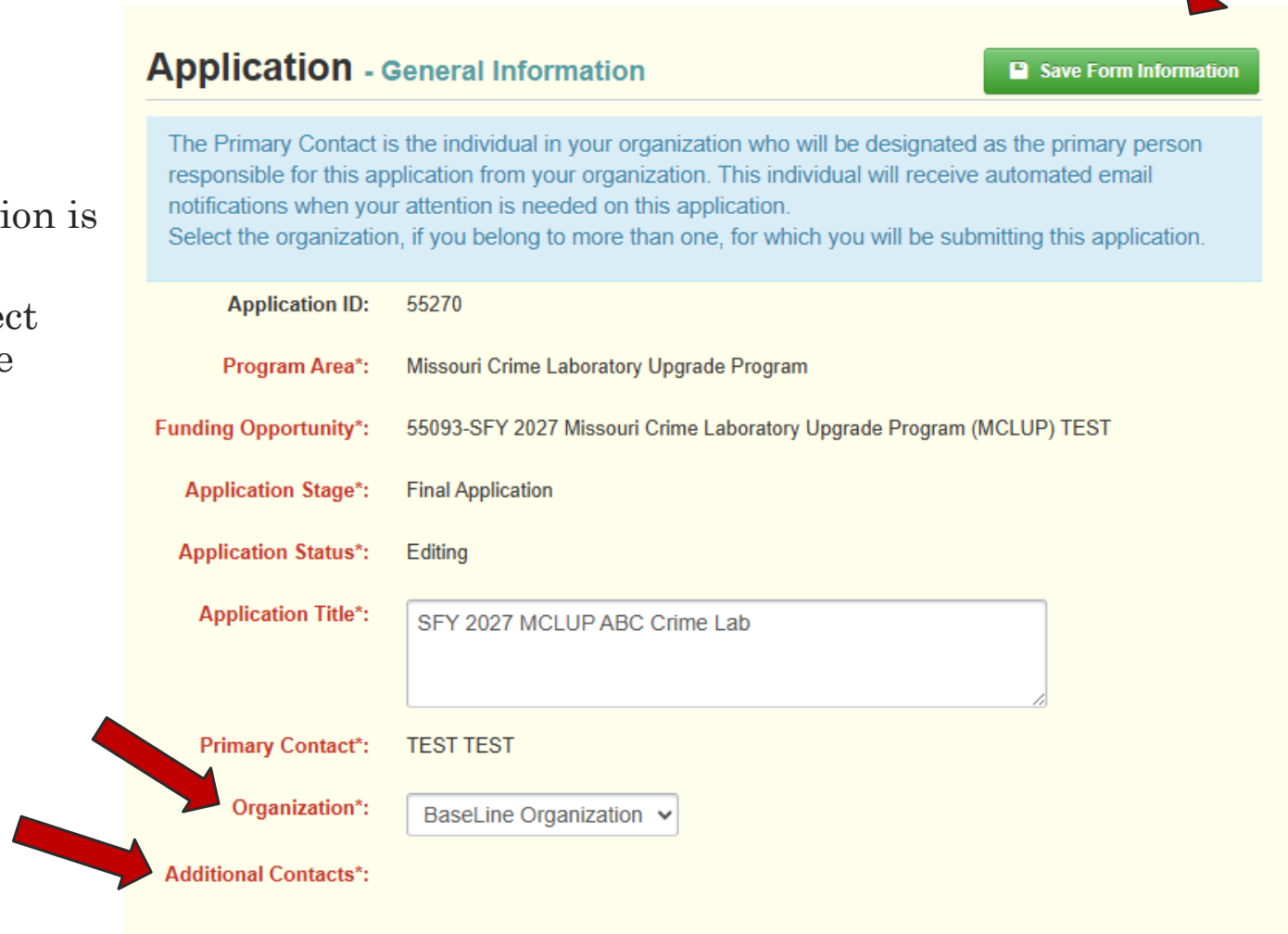
**Organization\*:**

**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:** 55270

**Program Area\*:** Missouri Crime Laboratory Upgrade Program

**Funding Opportunity\*:** 55093-SFY 2027 Missouri Crime Laboratory Upgrade Program (MCLUP) TEST

**Application Stage\*:** Final Application

**Application Status\*:** Editing

**Application Title\*:** SFY 2027 MCLUP ABC Crime Lab

**Primary Contact\*:** TEST TEST

**Organization\*:** BaseLine Organization

**Additional Contacts\*:**



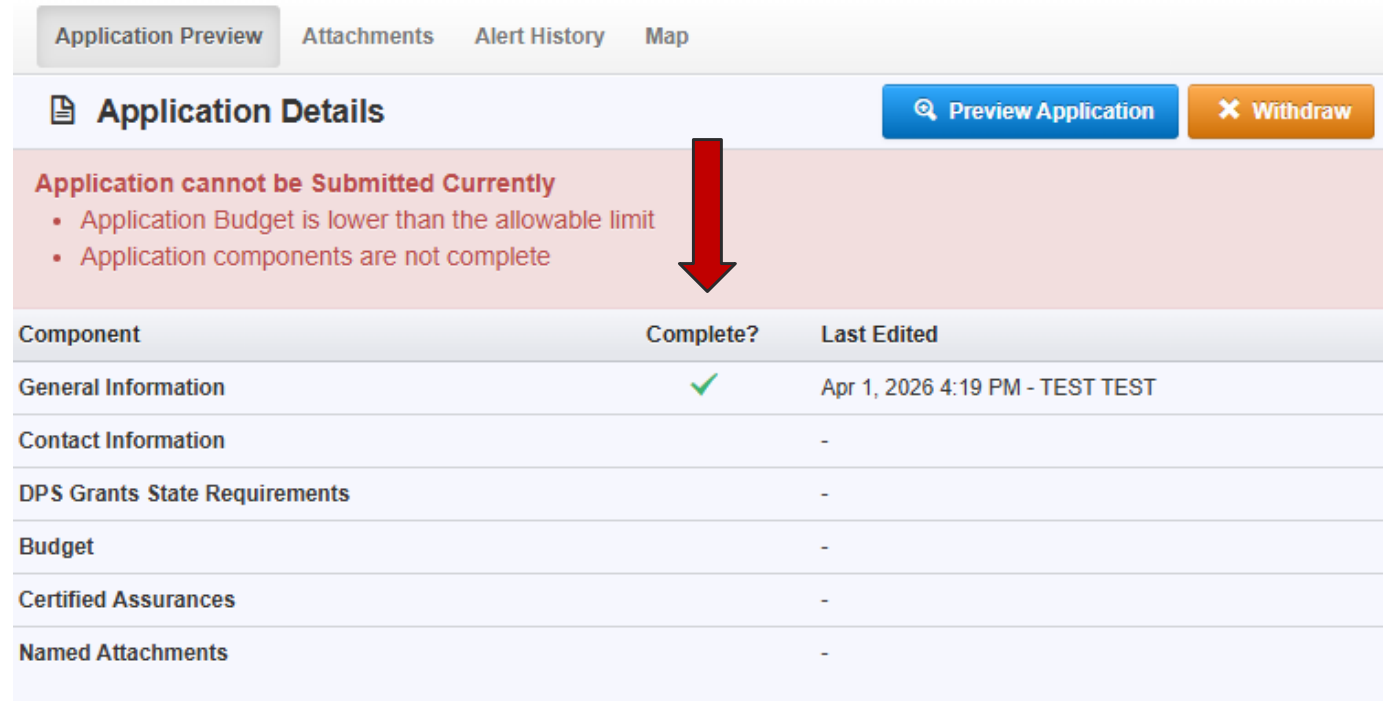
# Application Forms

- The SFY 2027 MCLUP Application will include 6 forms:
  - General Information
  - DPS Grants State Requirements
  - Contact Information
  - Budget
  - Certified Assurances
  - 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 a web interface for managing an application. At the top, there are tabs for "Application Preview", "Attachments", "Alert History", and "Map". Below these is a section titled "Application Details" with a "Preview Application" button and a "Withdraw" button. A red error message is displayed, stating "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".

Component	Complete?	Last Edited
General Information	✓	Apr 1, 2026 4:19 PM - TEST TEST
Contact Information	-	-
DPS Grants State Requirements	-	-
Budget	-	-
Certified Assurances	-	-
Named Attachments	-	-



# Contact Information

- Select “Contact Information”
- Complete all contact information for:
  - Authorized Official
  - Project Director
  - Fiscal Officer Project Contact Person – if different than the Project Director
- 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	✓	Apr 1, 2026 4:19 PM - TEST TEST
Contact Information	-	-
DPS Grants State Requirements	-	-
Budget	-	-
Certified Assurances	-	-
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**

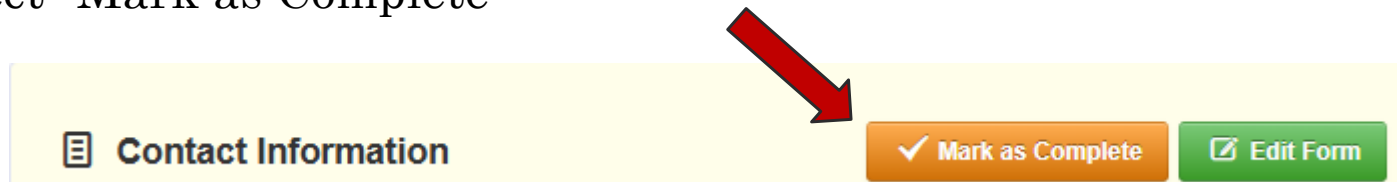


# Contact Information

- 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	✓	Apr 1, 2026 4:19 PM - TEST TEST
Contact Information	✓	Apr 1, 2026 4:22 PM - TEST TEST
DPS Grants State Requirements	-	-
Budget	-	-
Certified Assurances	-	-
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



# 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 “No” to 1h. as the application is not for Department of Justice Funds

1g. Is your agency in compliance with [Section 590.030 RSMo - Rap Back Program](#) Participation? :

Yes No

1h. Is this grant application for Department of Justice Funds?:

Yes No

- Select “Save Form”

☰ DPS Grants State Requirements

- Select “Mark as Complete”

☰ DPS Grants State Requirements



# Budget

- Select “Budget”

Application Preview Attachments Alert History Map

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

**Application cannot be Submitted Currently**

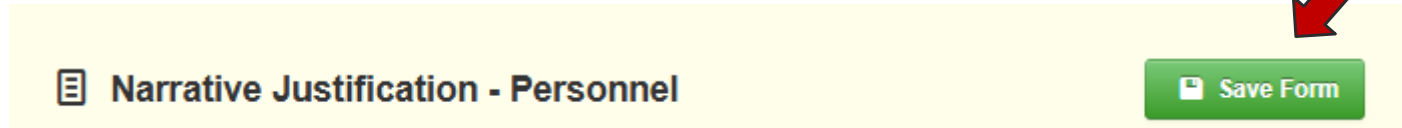
- Application Budget is lower than the allowable limit
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 1, 2026 4:19 PM - TEST TEST
Contact Information	✓	Apr 1, 2026 4:22 PM - TEST TEST
DPS Grants State Requirements	✓	Apr 1, 2026 4:23 PM - TEST TEST
Budget	-	-
Certified Assurances	-	-
Named Attachments	-	-



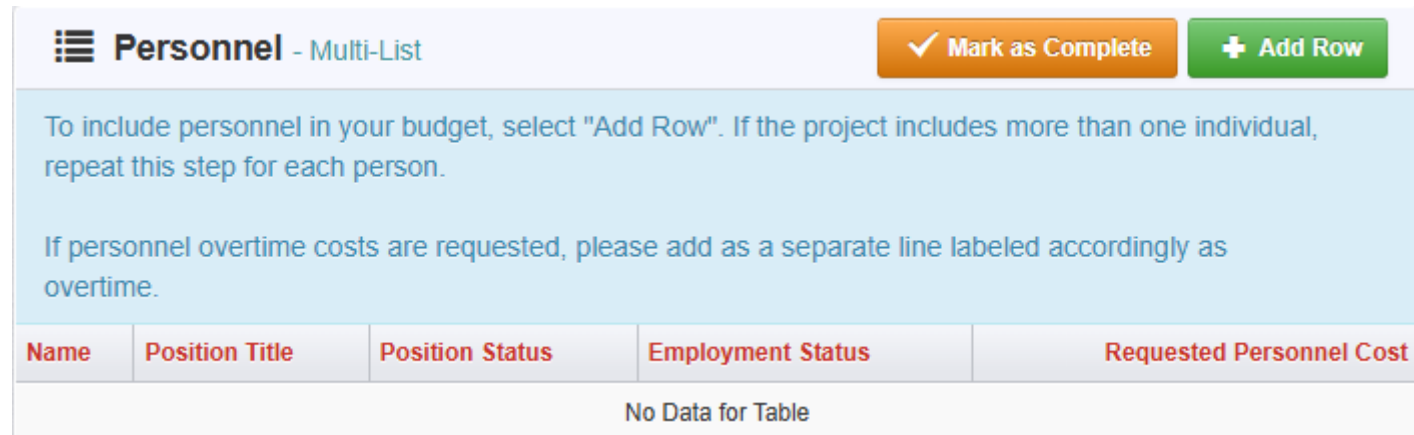
# Budget

- 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

A screenshot of a web application section titled 'Personnel - Multi-List'. It features an orange 'Mark as Complete' button and a green 'Add Row' button. Below the buttons is a light blue instruction box. At the bottom is a table with five columns: Name, Position Title, Position Status, Employment Status, and Requested Personnel Cost. The table currently contains no data.

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
No Data for Table				



# 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\*:**

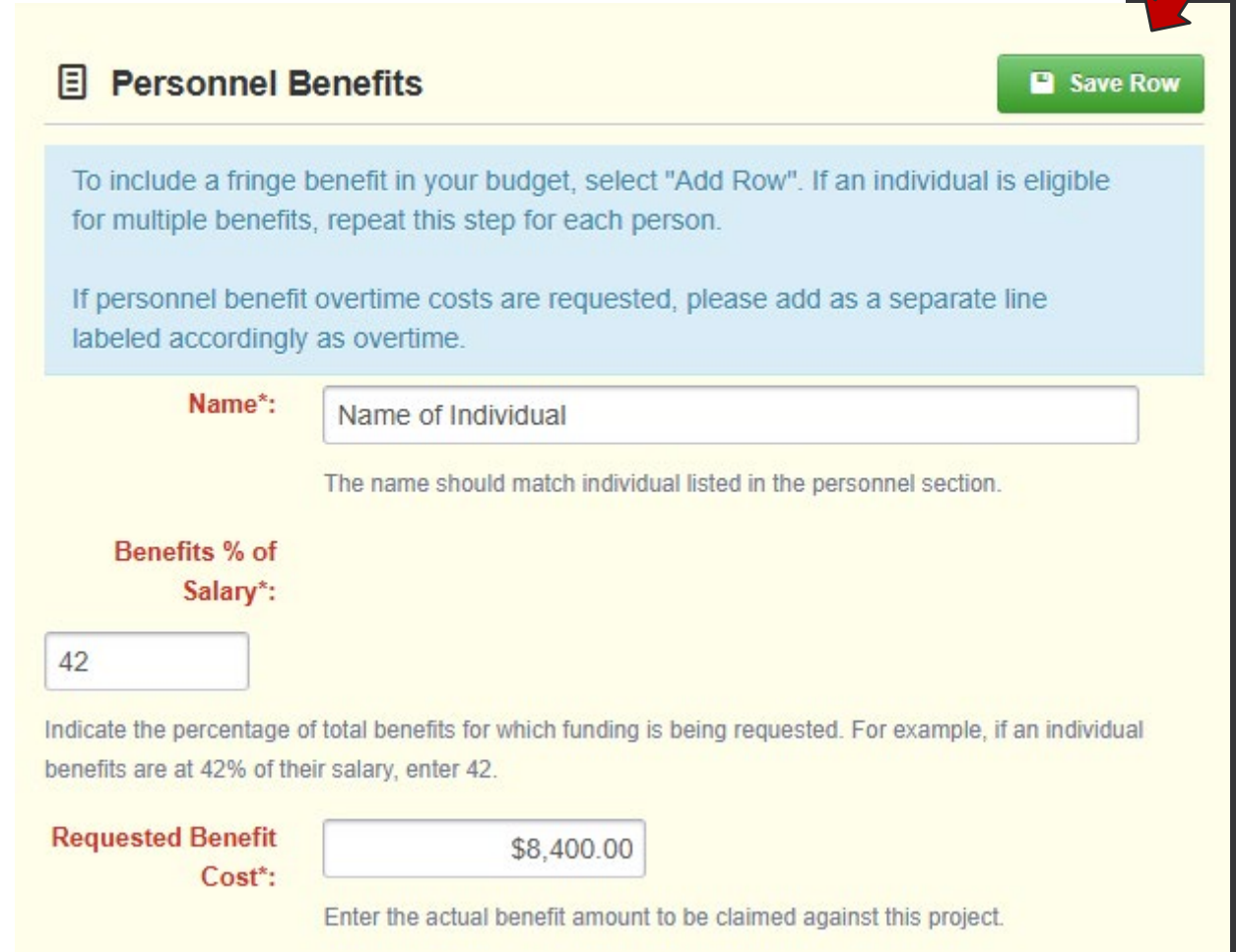
**Employment Status\*:**   
Select the employment status based on the individual's status with the organization (not on this project).

**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, 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 or 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.

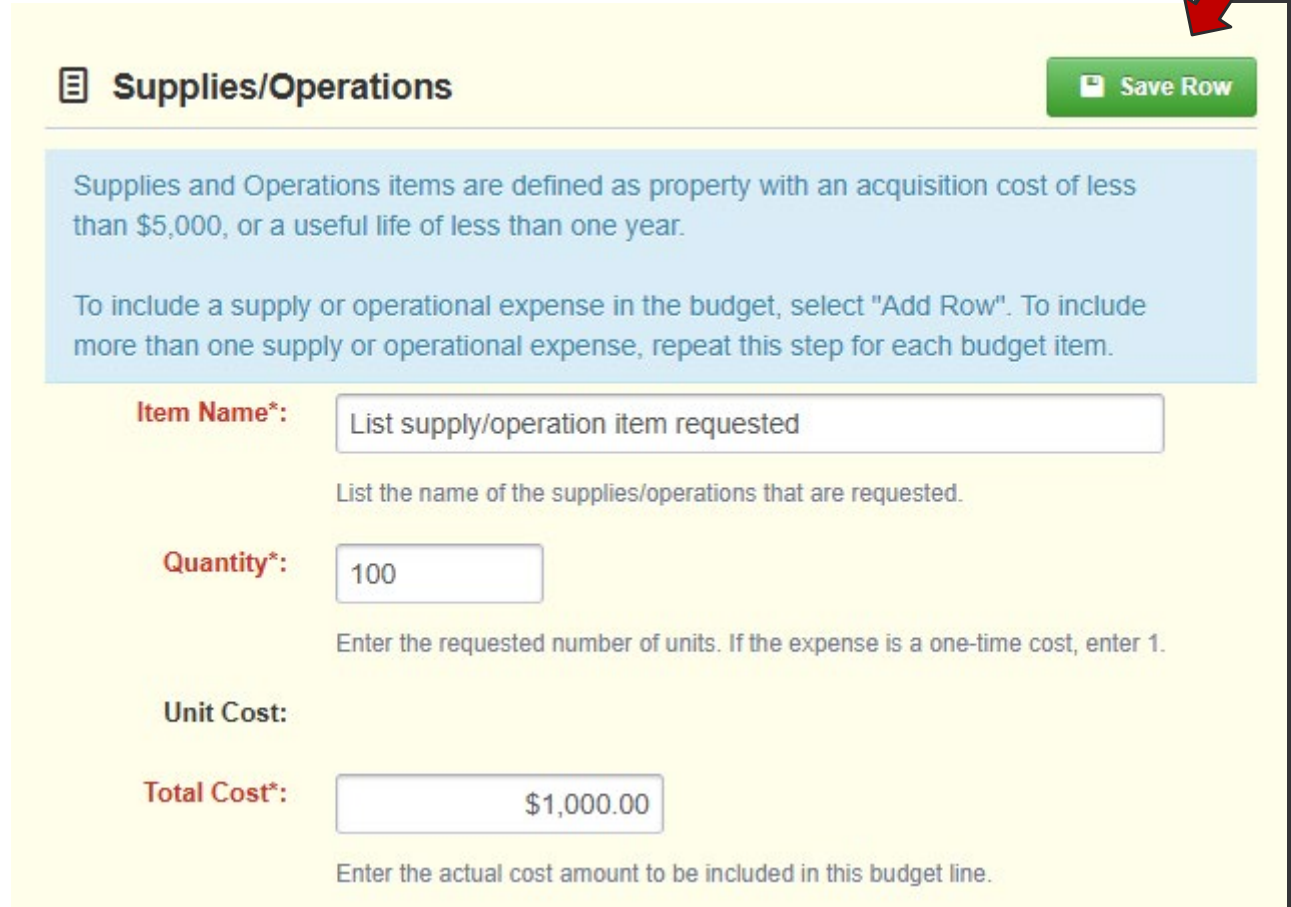


# Budget

- **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 and Operations items are defined as property with an acquisition cost of less than \$5,000, or a useful life of less than one year.

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.

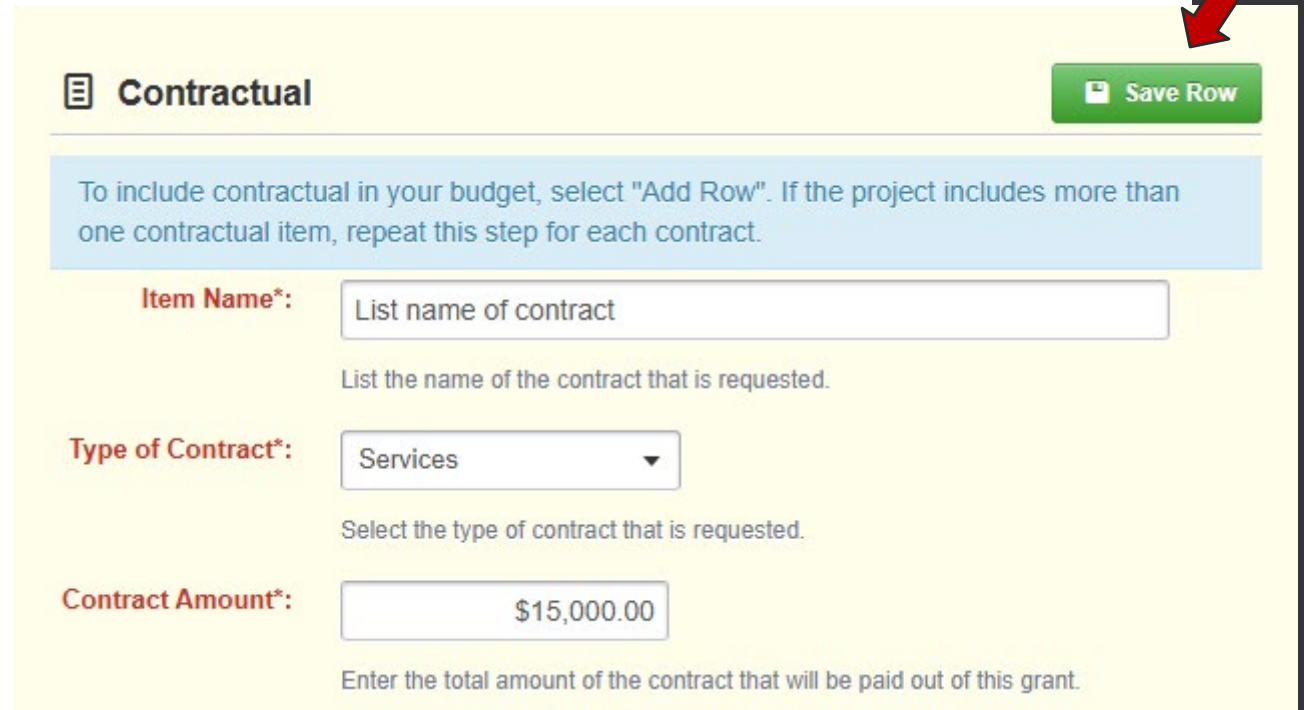


# Budget

- **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.



# Certified Assurances

- 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 2, 2026 7:56 AM - TEST TEST
Contact Information	✓	Apr 2, 2026 9:46 AM - TEST TEST
DPS Grants State Requirements	✓	Apr 2, 2026 9:46 AM - TEST TEST
Budget	✓	Apr 2, 2026 9:39 AM - TEST TEST
<b>Certified Assurances</b>	-	-
Named Attachments	-	-



# Certified Assurances

- The Certified Assurances form 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" form**



# Certified Assurances

- Select the “blue link” to review the Certified Assurances for SFY 2027 MCLUP
- Check the box to certify the Authorized Official has read and agrees to the terms and conditions of the grant

 **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:

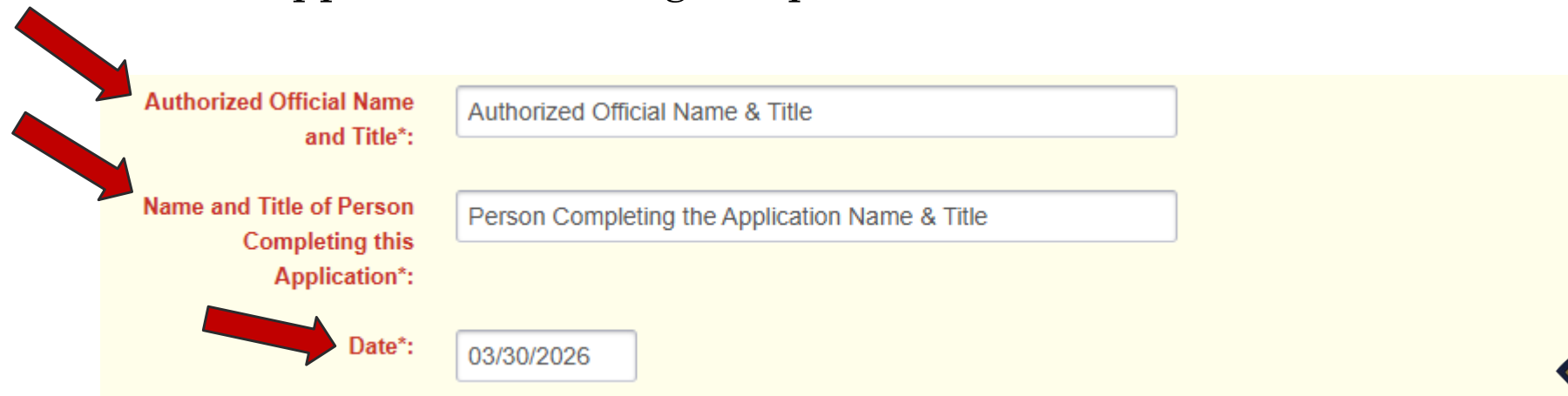
[SFY 2027 MCLUP Certified Assurances](#)

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



# 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



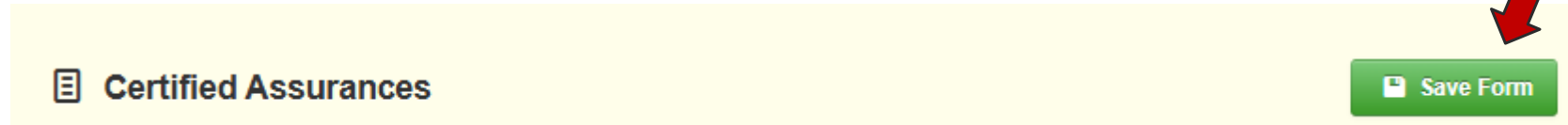
The screenshot shows a form with three input fields. Red arrows point from the text in the list above to each field:

- The first field is labeled "Authorized Official Name and Title\*" and contains the text "Authorized Official 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 date "03/30/2026".

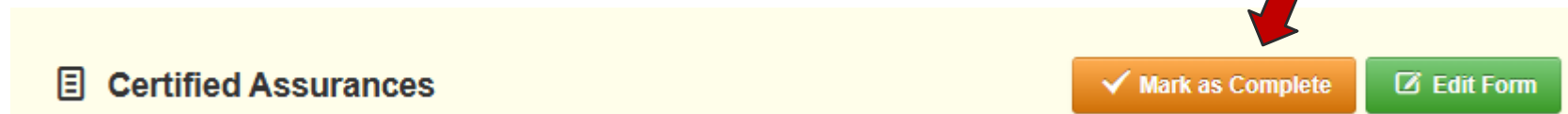


# Certified Assurances

- Select “Save Form”




- Select “Mark as Complete”



# Named Attachments

- Select “Named Attachments”

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

**Application cannot be Submitted Currently**


- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 2, 2026 7:56 AM - TEST TEST
Contact Information	✓	Apr 2, 2026 9:46 AM - TEST TEST
DPS Grants State Requirements	✓	Apr 2, 2026 9:46 AM - TEST TEST
Budget	✓	Apr 2, 2026 9:39 AM - TEST TEST
Certified Assurances	✓	Apr 2, 2026 9:55 AM - TEST TEST
Named Attachments	-	-



# Named Attachments

- Attachments
  - Laboratory Accreditation (Required) – 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”
  - Other Supporting Information – up to 5 attachments
- To add the attachment, select the name of the attachment



📎 - Named Attachments <span style="float: right;">✔ Mark as Complete</span>							
Named Attachment	Required	Description	File Name <a href="#">↗</a>	Type	Size	Upload Date	Delete?
Laboratory Accreditation	✔						
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\*:

476 character(s) left

[Save File](#) [Cancel](#)

- Select “Mark as Complete”

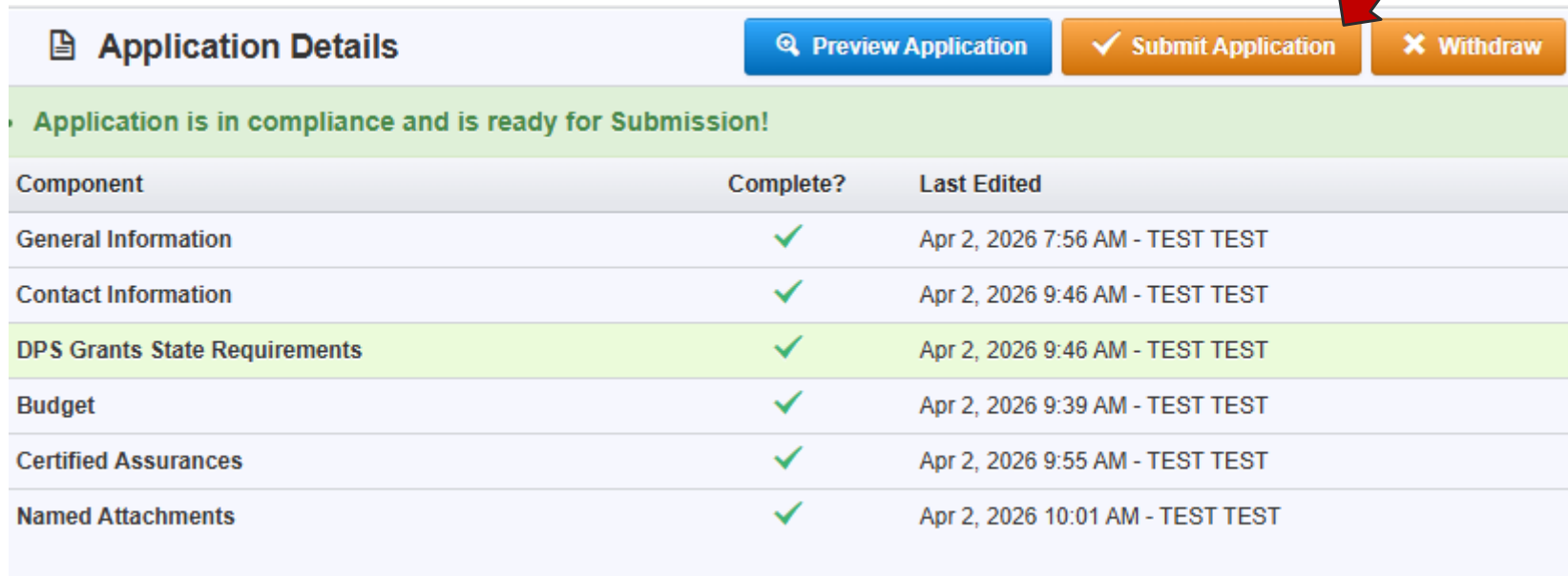
**- Named Attachments** [Mark as Complete](#)

Named Attachment	Required	Description	File Name <a href="#">↗</a>	Type	Size	Upload Date	Delete?
Laboratory Accreditation	✓	Laboratory Accreditation	<a href="#">Test File.docx</a>	docx	11 KB	04/02/2026 10:01 AM	<a href="#">Delete</a>
Other Supporting Information		Quote	<a href="#">Test File.docx</a>	docx	11 KB	04/02/2026 10:01 AM	<a href="#">Delete</a>



# Application Submission

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

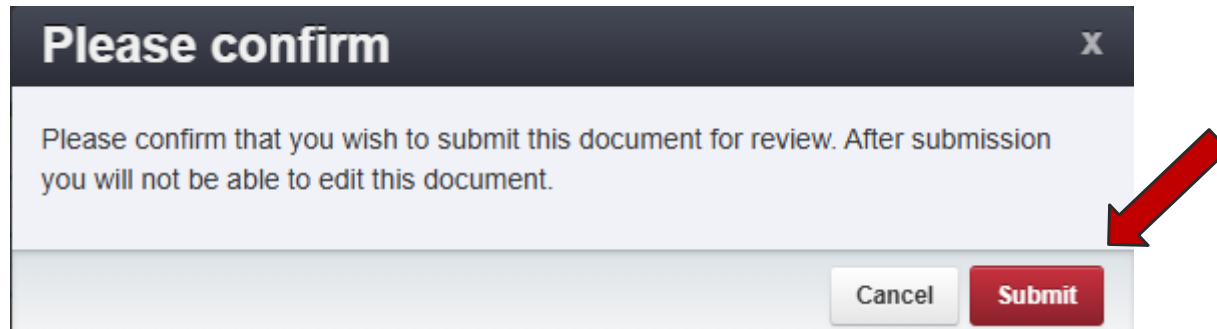


Component	Complete?	Last Edited
General Information	✓	Apr 2, 2026 7:56 AM - TEST TEST
Contact Information	✓	Apr 2, 2026 9:46 AM - TEST TEST
DPS Grants State Requirements	✓	Apr 2, 2026 9:46 AM - TEST TEST
Budget	✓	Apr 2, 2026 9:39 AM - TEST TEST
Certified Assurances	✓	Apr 2, 2026 9:55 AM - TEST TEST
Named Attachments	✓	Apr 2, 2026 10:01 AM - TEST TEST



# Application Submission

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




# Application Submission

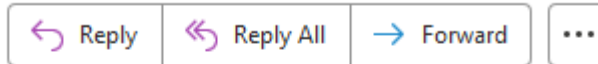
- The “Primary Contact” on the application will receive an email from WebGrants confirming the application submission

WebGrants - Missouri Department of Public Safety - Application - #55294 - Submitted



dpswebgrants@dps.mo.gov

To  dpswebgrants



Thu 4/2/2026 10:04 AM

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

The following Application has been submitted:

Application Number: 55294

Project Title: Test

Program Area: Missouri Crime Laboratory Upgrade Program

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

Elizabeth Leuckel

- Grants Specialist
- (573) 751-1318
- [Elizabeth.Leuckel@dps.mo.gov](mailto:Elizabeth.Leuckel@dps.mo.gov)

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
- (573) 522-6125
- [Kelsey.Saunders@dps.mo.gov](mailto:Kelsey.Saunders@dps.mo.gov)

