

FY 2024 Paul Coverdell National 11 Forensic Science Improvement Grant (PCNFS) Application Workshop

MISSOURI DEPARTMENT OF PUBLIC SAFETY (DPS)

DPS GRANTS



FY 2024 PCNFS Purpose

- ▶ The Missouri Department of Public Safety will coordinate with the Missouri Association of Crime Laboratory Directors (MACLD) to use Missouri's funding to provide forensic science training and certification for the personnel of Missouri's crime laboratories, as well as to purchase opioid related equipment and supplies.
- ▶ This project will directly improve the quality and timeliness of forensic science services provided to the law enforcement community of Missouri by increasing examiner proficiency, competency, knowledge, skills, and abilities. This project involves all of Missouri's crime laboratories – those operated by units of local government and those operated by the state.

FY 2024 PCNFS Eligible Applicants

▶ Eligible Applicants

- ▶ Board of Police Commissioners – Kansas City, MO \$32,799.00
- ▶ Missouri State Highway Patrol, Crime Lab \$200,866.00
- ▶ St. Charles County, Crime Lab \$23,162.00
- ▶ St. Louis County, Crime Lab \$41,634.00
- ▶ St. Louis, Police Division – Crime Lab, City Of \$32,974.00

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”

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.

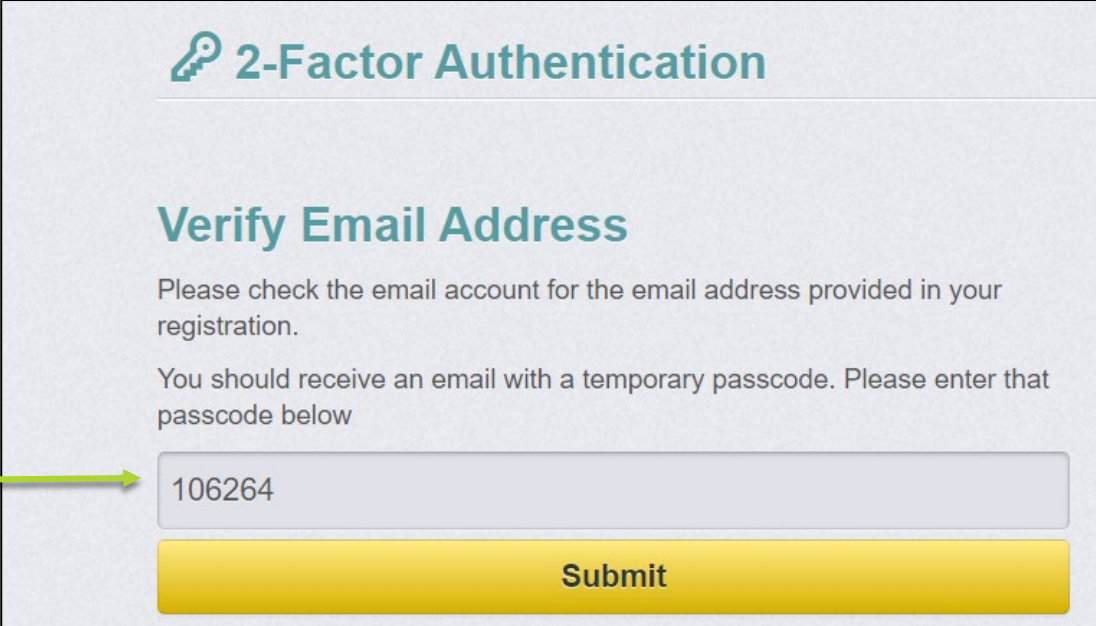
Are you Affiliated with an Organization*:


Applicant Agency*:

Organization Type*:

Two Step Verification

- ▶ Type in 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

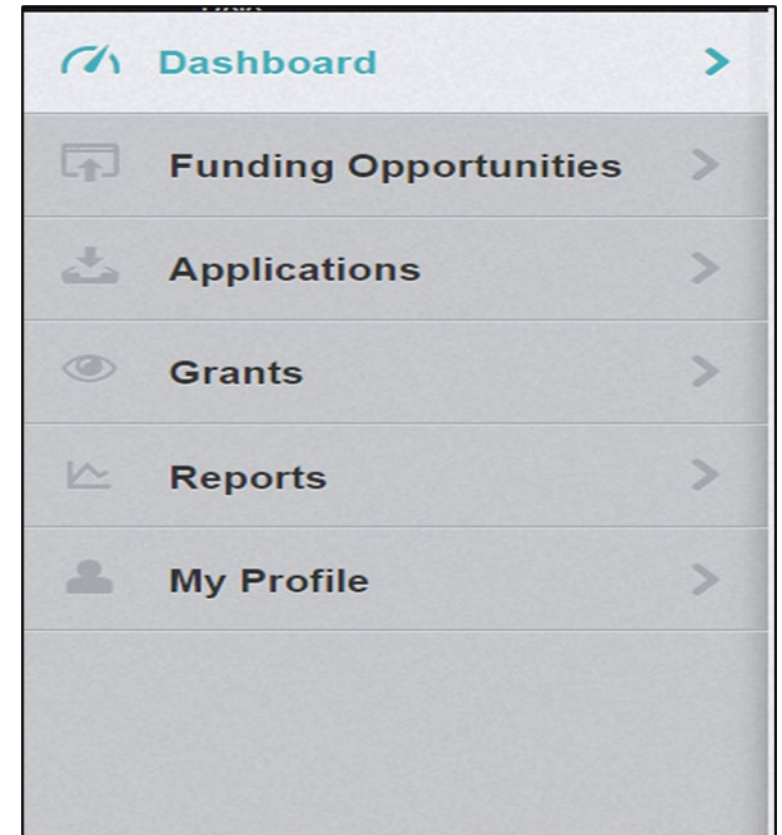
Please check the email account for the email address provided in your registration.

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

Submit

PCNFS Application

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



Funding Opportunities

- ▶ Select the “ 2024 PCNFS” Funding Opportunities
 - ▶ Review the Funding Opportunity details including:
 - ▶ Description
 - ▶ Attachments
 - ▶ 2024 PCNFS NOFO
 - ▶ 2024 PCNFS Certified Assurances
 - ▶ Website Links
 - ▶ 2024 PCNFS Application Workshop

Funding Opportunity, cont.

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



- ▶ The Project Form has been updated, so selecting “Copy Existing Application” will not save time, as all the forms will be blank

General Information

- ▶ Complete the entire form as indicated:
 - ▶ **Project Title:** Enter 2024 PCNFS – Crime Lab Name (i.e. 2024 Whoville Department Crime Lab)
 - ▶ **Primary Contact:** Select the “Primary Contact” for the application from the drop down
 - ▶ 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*: 23/25 DTF - Whoville Island (WIN) Task Force

Primary Contact*: TEST TEST

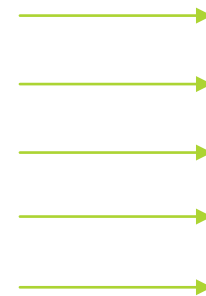
Organization*: Audit OVC
Cassie Tester
Chelse Dowell
System Administrator
Tena Malone
TEST TEST
Tester2 Tester2

Additional Contacts*:

FY 2024 PCNFS Application Forms

▶ **The FY 2024 PCNFS Application will include 5 forms:**

- ▶ General Information
- ▶ Contact Information
- ▶ Project Form
- ▶ Budget
- ▶ Named Attachments, PCNFS




The screenshot shows the application form interface. At the top, there are two tabs: "Application Preview" and "Attachments". Below the tabs is a section titled "Application Details" with a document icon. A red error message is displayed: "Application cannot be Submitted C" with two bullet points: "Application Budget is lower than" and "Application components are not c". Below the error message is a table with a header "Component" and five rows: "General Information", "Contact Information", "Project Form", "Budget", and "Named Attachments, PCNFS".

Component
General Information
Contact Information
Project Form
Budget
Named Attachments, PCNFS

General Information cont.

- ▶ Select “Organization” from the drop-down
- ▶ Select “Save Form Information”

Application - General 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: 28976

Program Area*: Paul Coverdell National Forensic Science Improvement Grant

Funding Opportunity*: 28890-2024 PCNFS - Test

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.

Additional Contacts:

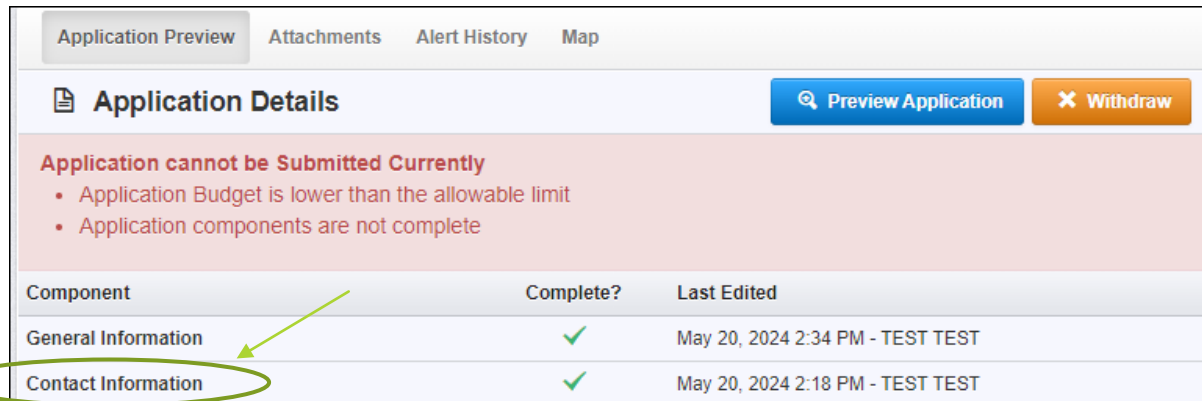
PCNFS Application Forms cont.

- ▶ Once the General Information component has been completed, the Application Forms components will appear
- ▶ Each form must be completed and “Marked as Complete” before the application can be submitted

Component	Complete?	Last Edited
General Information	✓	May 20, 2024 2:34 PM - TEST TEST
Contact Information	✓	May 20, 2024 2:18 PM - TEST TEST
Project Form		May 20, 2024 2:18 PM - TEST TEST
Budget		-
Named Attachments, PCNFS		-

Contact Information

- ▶ Select “Contact Information”



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 'Application Details' section, which includes a 'Preview Application' button and a 'Withdraw' button. A red warning 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 warning is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. The table has two rows: 'General Information' and 'Contact Information'. The 'Contact Information' row is circled in green, and a green arrow points to it from the left.

Component	Complete?	Last Edited
General Information	✓	May 20, 2024 2:34 PM - TEST TEST
Contact Information	✓	May 20, 2024 2:18 PM - TEST TEST

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

Contact Information Form

- ▶ **This form will collect information for the applicant agency contacts:**
 - ▶ **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, etc.)
 - ▶ **Project Director:** (Sheriff, or Chief of Police/Colonel)
 - ▶ **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty)
 - ▶ **Point of Contact:** (individual that will act as the supervisor of the proposed project, if different from the Project Director)

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) 751-5289****

Authorized Official*:

Mrs Amelia Jaegers
Title (Mr.Ms.etc) First Name Last Name

Job Title*: Whoville Island Mayor

Agency*: Whoville Island

Mailing Address*: 1101 Riverside Dr

Street Address 1: P.O. Box 749

Street Address 2:

Whoville Missouri 65102
City State Zip Code

Email*: Amelia.Jaegers@dps.mo.gov

Phone*: 573-522-4094
Office Ext. Cell

Fax:

Contact Information cont.

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



- ▶ If edits are necessary, select “Edit Form”
 - ▶ Save the form once all edits have been made
- ▶ Select “Mark as Complete”



Project Form

- ▶ **The Project Form has 3 Sections:**
 - ▶ Project Questions
 - ▶ Objectives
 - ▶ Audit, Risk Assessment, and Certified Assurances

Project Form cont.

► Project Questions

- 1. Why are the requested funds necessary?
- 2. What services are provided by your laboratory, that contribute to the prosecution of criminals and exoneration of the innocent?

1. Why are the requested funds necessary?*	Explanation of why the requested funds are necessary.
2. What services are provided by your laboratory, that contribute to the prosecution of criminals and exoneration of the innocent? *	Explain what services are provided by your laboratory that contribute to the prosecution of criminals.

Project Form cont.

► Project Questions Continued

- 3. How will the funds requested from this grant improve the laboratories contribution to the prosecution of criminals and exoneration of the innocent.
- 4. Explain how your agency intends to use these funds including timelines?

3. How will the funds requested from this grant improve the laboratories contribution to the prosecution of criminals and the exoneration of the innocent?*

Explain how the funds from this grant will improve the laboratories contribution to the prosecution of criminals and the exoneration of the innocent?

4. Explain how your agency intends to use these funds including timelines?*

Details on how your agency intends to use these funds. Please include a timeline.

Project Form cont.

► Project Questions Continued

- 5. How many full-time analysts are employed in your laboratory?
- 6. Will any of the requested funds be used by the agency to maintain accreditation?
- 7. Will any of the requested funds be used for DNA testing?

5. How many full time analysts are employed in your laboratory?*

6. Will any of the requested funds be used by the agency to maintain accreditation?*

Yes No

7. Will any of the requested funds be used for DNA testing?*

Yes No

Objectives Form

The crime laboratory must use the PCNFS funding for one or more of the following six objectives:

Please select all objectives that apply to your project:

Objectives Form cont.

▶ Objectives Questions

- ▶ a. To carry out all or a substantial part of a program intended to improve the quality and timeliness of forensic science or medical examiner/coroner services in the state, including those services provided by laboratories operated by the state and those operated by units of local government within the state.
- ▶ b. To eliminate a backlog in the analysis of forensic science evidence, including, among other things a backlog with respect to firearms examination, latent prints, impression evidence, toxicology, digital evidence, fire evidence, controlled substances, forensic pathology, questioned documents, and trace evidence. A backlog in the analysis of forensic science evidence exists if forensic evidence has been stored in a laboratory, medical examiner office, coroner office, law enforcement storage facility, or medical facility and has not been subjected to all appropriate forensic testing because of lack of resources or personnel.

a. To carry out all or a substantial part of a program intended to improve the quality and timeliness of forensic science or medical examiner/coroner services in the state, including those services provided by laboratories operated by the state and those operated by units of local government within the state.



b. To eliminate a backlog in the analysis of forensic science evidence, including, among other things, a backlog with respect to firearms examination, latent prints, impression evidence, toxicology, digital evidence, fire evidence, controlled substances, forensic pathology, questioned documents, and trace evidence. A backlog in the analysis of forensic science evidence exists if forensic evidence has been stored in a laboratory, medical examiner office, coroner office, law enforcement storage facility, or medical facility and has not been subjected to all appropriate forensic testing because of lack of resources or personnel.



Objectives Form cont.

► Objectives Questions Continued

- c. To train, assist, and employ forensic laboratory personnel and medicolegal death investigators, as needed, to eliminate backlog.
- d. To address emerging forensic science issues (such as statistics, contextual bias, and uncertainty of measurement) and emerging forensic science technology (such as high throughput automation, statistical software, and new types of instrumentation).
- e. To educate and train forensic pathologists.
- f. To fund medicolegal death investigation systems to facilitate accreditation of medical examiner and coroner offices and certification of medicolegal death investigators.

c. To train, assist, and employ forensic laboratory personnel and medicolegal death investigators, as needed, to eliminate such a backlog. ✓

d. To address emerging forensic science issues (such as statistics, contextual bias, and uncertainty of measurement) and emerging forensic science technology (such as high throughput automation, statistical software, and new types of instrumentation). ✓

e. To educate and train forensic pathologists. ✓

f. To fund medicolegal death investigation systems to facilitate accreditation of medical examiner and coroner offices and certification of medicolegal death investigators. ✓

Project Form cont.

▶ Audit, Risk Assessment and Certified Assurances

- ▶ 8. Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000.00 in federal funds during agency's last fiscal year?
- ▶ 9. Date last audit completed, in the MM/DD/YYYY format.

8. Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?*	<input checked="" type="radio"/> Yes <input type="radio"/> No
9. Date last audit completed: MM/DD/YYYY*	<input type="text" value="01/01/2022"/> x

Project Form cont.

▶ Audit, Risk Assessment and Certified Assurances Continued

- ▶ 10. By checking this box the applicant agency understands they are required to upload a copy of the agency's most recent completed audit (or annual financial statement) in the Named Attachments section of this application:
- ▶ 11. Does the applicant agency have new personnel that will be managing the grant award?
 - ▶ 11. a. If you answered yes to Question #11, please list the name(s) of new personnel and their title(s).
- ▶ 12. Does the application agency have a new fiscal or time accounting system that will be used on this award?

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



11. Does the applicant agency have new personnel that will be managing this grant award?:*

Yes No

11.a. If you answered yes to Question #11, please list the name(s) of new personnel and their title(s)

Tim Allen Analyst

12. Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:*

Yes No

Project Form cont.

▶ Audit, Risk Assessment and Certified Assurances Continued

- ▶ 13. Does the applicant agency receive any direct Federal awards?
 - ▶ 13. a. If you answered yes to Question #13, please list the direct Federal awards the agency receives.
- ▶ 14. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?
 - ▶ 14. a. If you answered yes to Question #14, please list the direct awards that were monitored and indicate if there were any findings or recommendations.

13. Does the applicant agency receive any direct Federal awards?:*	<input checked="" type="radio"/> Yes <input type="radio"/> No
13.a. If you answered yes to Question #13, please list the direct Federal awards the agency receives.	<input type="text" value="List out the Federal Grants"/>
14. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:*	<input type="text" value="Yes"/>
14.a. If you answered yes to Question #14., please list the direct awards that were monitored and indicate if there were any findings or recommendations.	<input type="text" value="List out the direct awards that were monitored and indicate if there were any findings or recommendations."/>

Project Form cont.

- ▶ Certified Assurances cont.
- ▶ Example

2023 PCNFS Certified Assurances

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

In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. **If the incorrect Authorized Official is listed in number 28 on the application, the application may be deemed ineligible for funding.** 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 a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Department of Public Safety at (573) 522-8125.

16. Authorized Official Name and Title*:

In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. 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 agency is run by a Board, the Board Chair/President shall be the Authorized Official

If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Department of Public Safety at (573) 522-8125.

17. Name and Title of person completing this proposed application*:

18. Date*:

Project Form cont.

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



- ▶ Select “Mark as Complete”

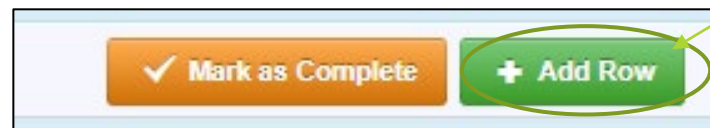


Budget

- ▶ Budget
 - ▶ The budget opens in “Edit” status
 - ▶ To add budget lines first, you will need to select “Save Form”



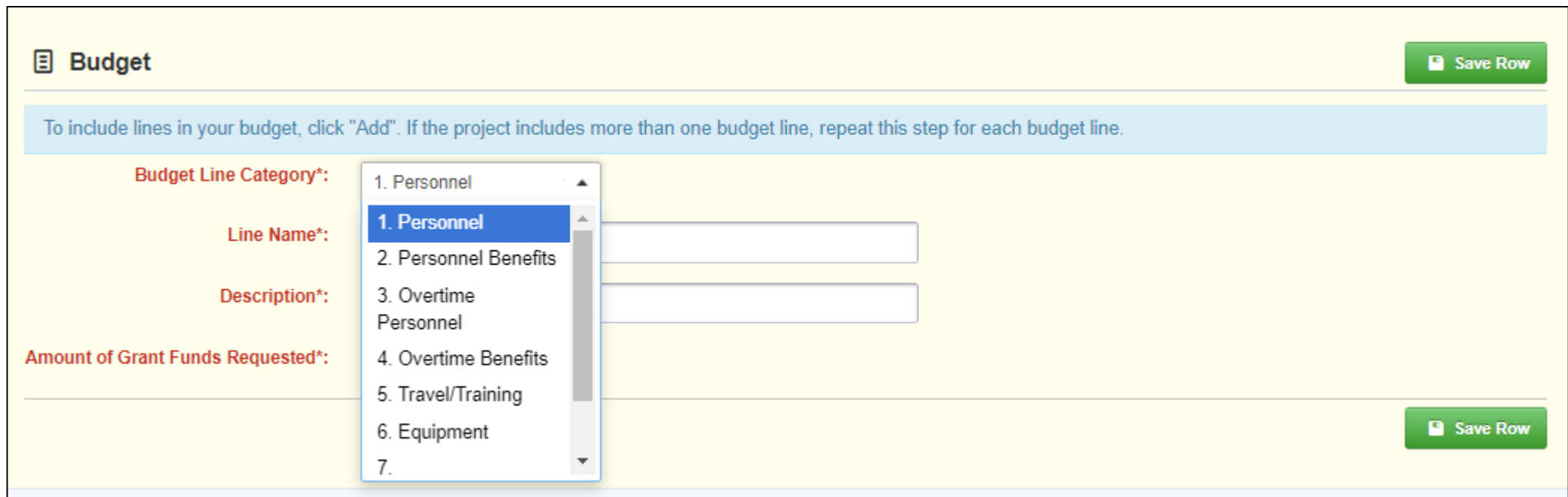
- ▶ Select “Add Row” to enter each budget line



Budget Form cont.

► Budget Continued

- Budget Line Category: For each budget line select one (1) of the eight (8) budget categories from the dropdown menu.



The screenshot displays a web-based budget form interface. At the top left, there is a tab labeled "Budget" with a list icon. To the right of the tab is a green "Save Row" button. Below the tab is a light blue instruction bar: "To include lines in your budget, click 'Add'. If the project includes more than one budget line, repeat this step for each budget line." The form fields are arranged vertically on the left: "Budget Line Category*", "Line Name*", "Description*", and "Amount of Grant Funds Requested*". A dropdown menu is open for the "Budget Line Category*" field, showing a list of categories: "1. Personnel", "2. Personnel Benefits", "3. Overtime Personnel", "4. Overtime Benefits", "5. Travel/Training", "6. Equipment", and "7.". The "1. Personnel" option is highlighted in blue. To the right of the dropdown are two empty text input fields. At the bottom right of the form is another green "Save Row" button.

Budget Form cont.

- ▶ Budget Continued
 - ▶ Line Type: Chose if the budget line is for Opioid Related or Non-Opioid related items.

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

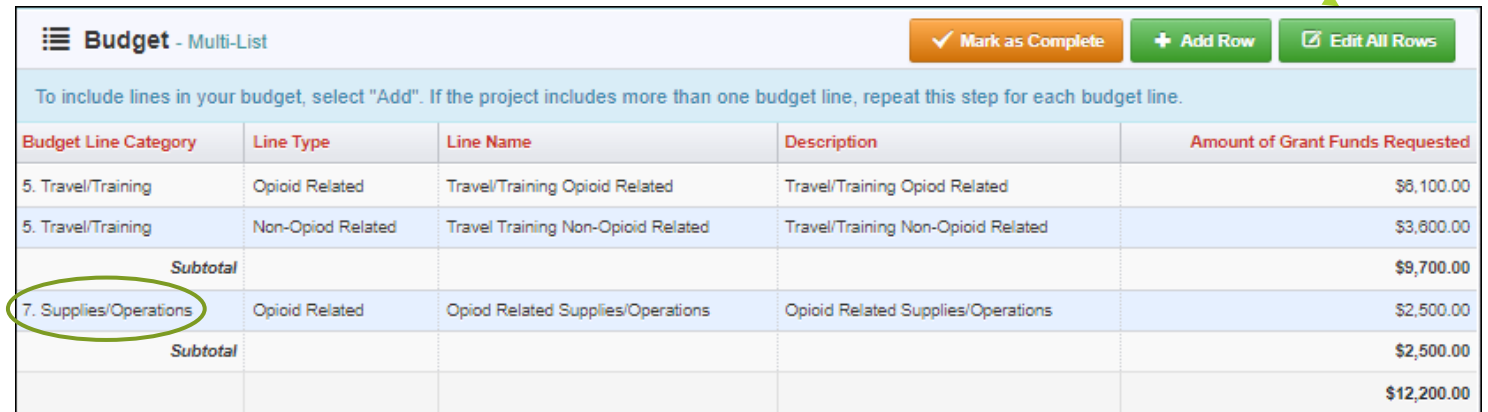
Budget Line Category:*	1. Personnel
Line Type: *	Opioid Related Non-Opioid Related
Line Name:*	<input type="text"/>
Description:*	<input type="text"/>
Amount of Grant Funds Requested:*	\$0.00

Budget Form cont.

- ▶ Budget Continued
 - ▶ Line name: Provide a brief description of what the budget line is requesting (i.e. Crime Lab Analyst, Personnel).
 - ▶ Description: Description of the budget line (i.e. (3) Crime Lab Analysts).
 - ▶ Amount of Grant Funds Requested: This should be the total amount of the funds requested for the listed budget line.
 - ▶ NOTE: Each piece of equipment being requested will need a separate budget line.

Budget Form cont.

- ▶ Completed Budget Example
- ▶ 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 - Multi-List				
To include lines in your budget, select "Add". If the project includes more than one budget line, repeat this step for each budget line.				
Budget Line Category	Line Type	Line Name	Description	Amount of Grant Funds Requested
5. Travel/Training	Opioid Related	Travel/Training Opioid Related	Travel/Training Opioid Related	\$8,100.00
5. Travel/Training	Non-Opioid Related	Travel Training Non-Opioid Related	Travel/Training Non-Opioid Related	\$3,600.00
<i>Subtotal</i>				\$9,700.00
7. Supplies/Operations	Opioid Related	Opioid Related Supplies/Operations	Opioid Related Supplies/Operations	\$2,500.00
<i>Subtotal</i>				\$2,500.00
				\$12,200.00

Budget Form cont.

- ▶ **Budget Justification:** Please provide a separate justification for each budget line
 - ▶ **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 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 – Note 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.

- ▶ Justification cont.
 - ▶ Justification Example
 - ▶ Each budget line must be included in the Justification and in the same order
 - ▶ Make sure to answer the specified questions for each budget category

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*:

(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:

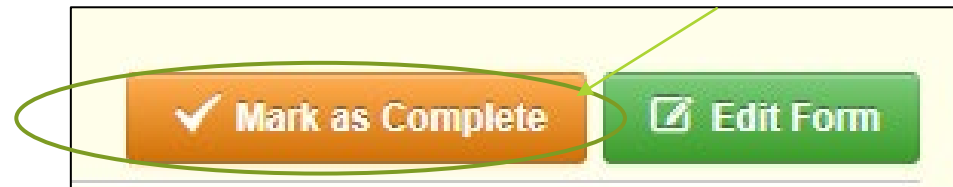
body p span span span span Paragraphs: 10, Words: 148, Characters (with HTML): 3141

Budget cont.

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

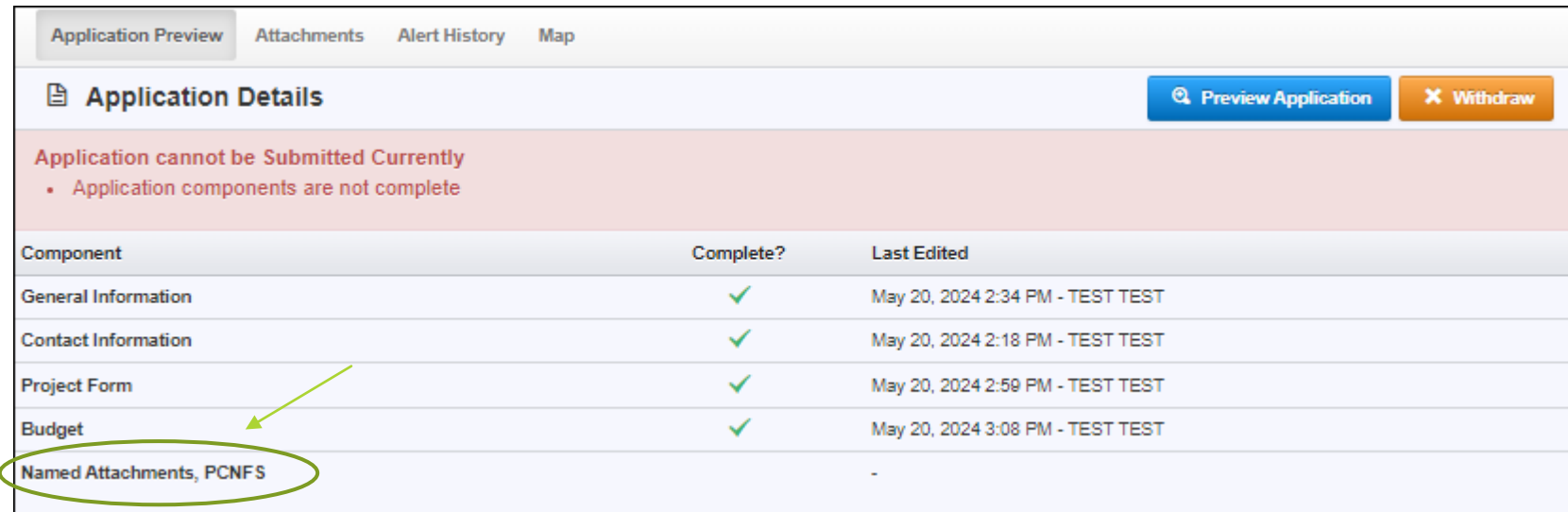


- ▶ Select “Mark as Complete”



Application Forms

- ▶ Select “Named Attachments, PCNFS”



The screenshot displays a web interface for application management. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs is the 'Application Details' section, which includes a 'Preview Application' button and a 'Withdraw' button. A red warning message states: 'Application cannot be Submitted Currently' with a sub-point 'Application 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', 'Project Form', 'Budget', and 'Named Attachments, PCNFS'. The 'Named Attachments, PCNFS' component is circled in green, and a green arrow points to it from the left.

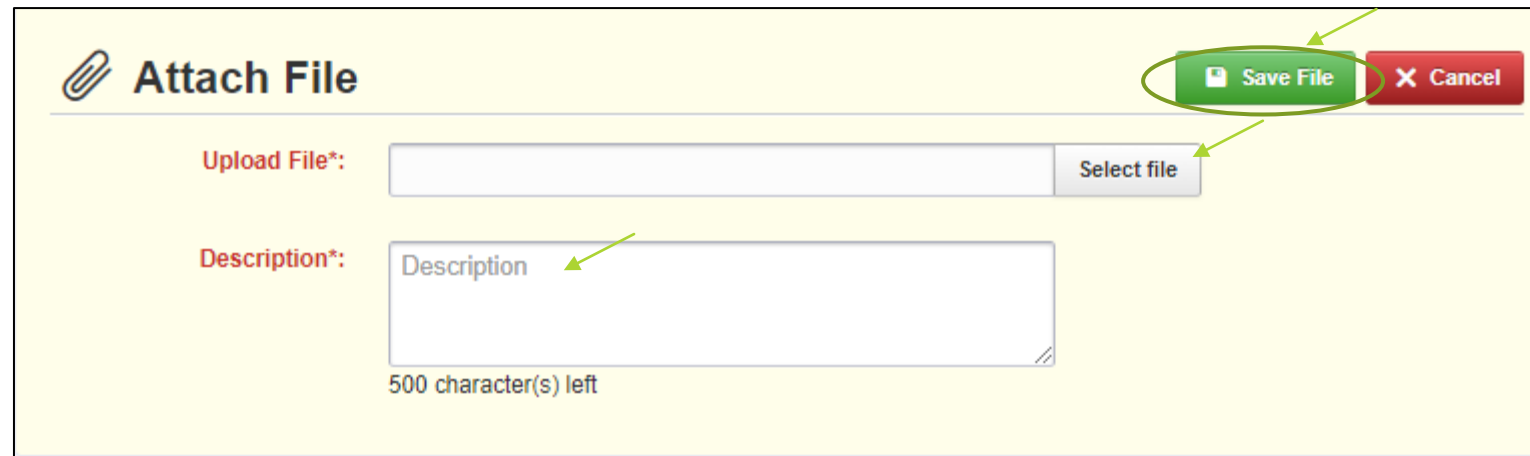
Component	Complete?	Last Edited
General Information	✓	May 20, 2024 2:34 PM - TEST TEST
Contact Information	✓	May 20, 2024 2:18 PM - TEST TEST
Project Form	✓	May 20, 2024 2:59 PM - TEST TEST
Budget	✓	May 20, 2024 3:08 PM - TEST TEST
Named Attachments, PCNFS	-	-

Named Attachments, PCNFS cont.

- ▶ **Required Attachments:**
 - ▶ Laboratory Accreditation
 - ▶ NEPA Checklist
 - ▶ Most Recent Completed Audit
- ▶ **Other: Attach any additional documents that are important:**
 - ▶ Quotes
 - ▶ Training requests
 - ▶ Any additional supporting documents

Named Attachments, PCNFS cont.

- ▶ Browse your computer to attach the document
- ▶ Give a brief description of the file
- ▶ Select “Save File”



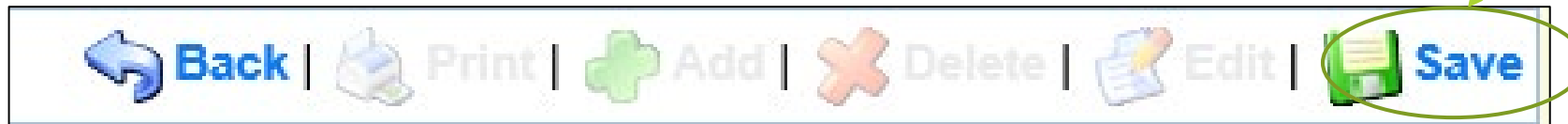
The screenshot shows a form titled "Attach File" with a paperclip icon. It contains two main sections: "Upload File*" and "Description*". The "Upload File*" section has a text input field and a "Select file" button. The "Description*" section has a text area with "Description" as a placeholder and "500 character(s) left" below it. At the top right, there are two buttons: "Save File" (green) and "Cancel" (red). Green arrows point to the "Save File" button, the "Select file" button, and the "Description" text area.

- ▶ Select “Mark as Complete”



Named Attachments, PCNFS cont.

- ▶ When the form has been completed:
 - ▶ Select “Save”

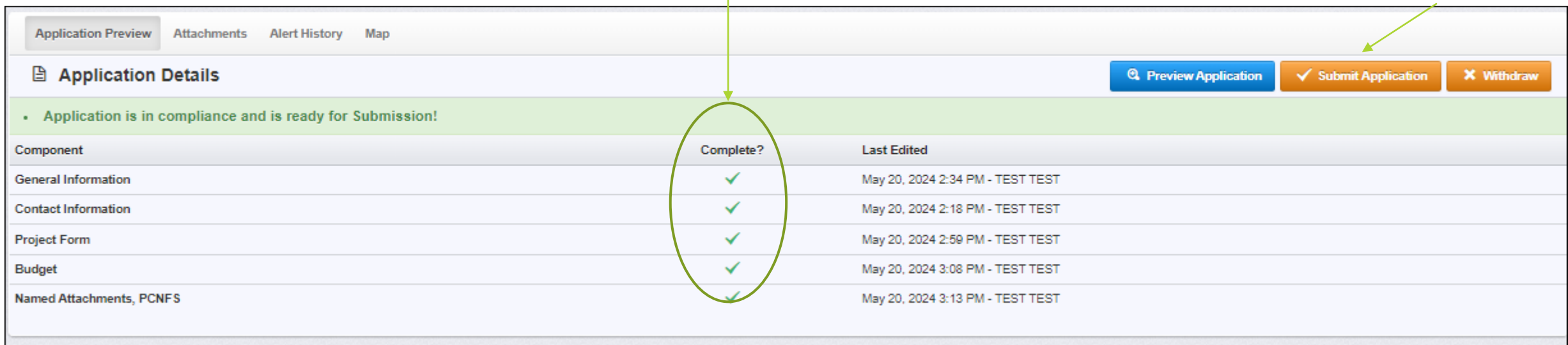


- ▶ Select “Mark as Complete”



Application Submission

- ▶ Once all forms have been “Marked As Complete,” select “Submit Application”
 - ▶ It is recommended that you have another person review the application for clarity and completion.



The screenshot displays the 'Application Details' page. At the top, there are navigation tabs: 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below these, there are three buttons: 'Preview Application' (blue), 'Submit Application' (orange), and 'Withdraw' (orange). A green banner message states: 'Application is in compliance and is ready for Submission!'. Below this is a table with the following data:

Component	Complete?	Last Edited
General Information	✓	May 20, 2024 2:34 PM - TEST TEST
Contact Information	✓	May 20, 2024 2:18 PM - TEST TEST
Project Form	✓	May 20, 2024 2:59 PM - TEST TEST
Budget	✓	May 20, 2024 3:08 PM - TEST TEST
Named Attachments, PCNFS	✓	May 20, 2024 3:13 PM - TEST TEST

A green oval highlights the 'Complete?' column, and a green arrow points from the 'Submit Application' button to the 'Complete?' column.

Important Dates

- ▶ Application Period:
 - ▶ Tuesday May 21, 2024 – Wednesday June 5, 2024, at 4:00 p.m.
- ▶ Compliance Workshop will be attached to award
- ▶ Program Start Date: January 1, 2025
- ▶ Program End Date: June 30, 2026

Questions

If you have questions, please contact our office:

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