FY 2025 Paul Coverdell National Forensic Science Improvement Grant (PCNFS) Application Workshop

MISSOURI DEPARTMENT OF PUBLIC SAFETY (DPS)

DPS/OHS GRANTS

FY 2025 PCNFS Purpose

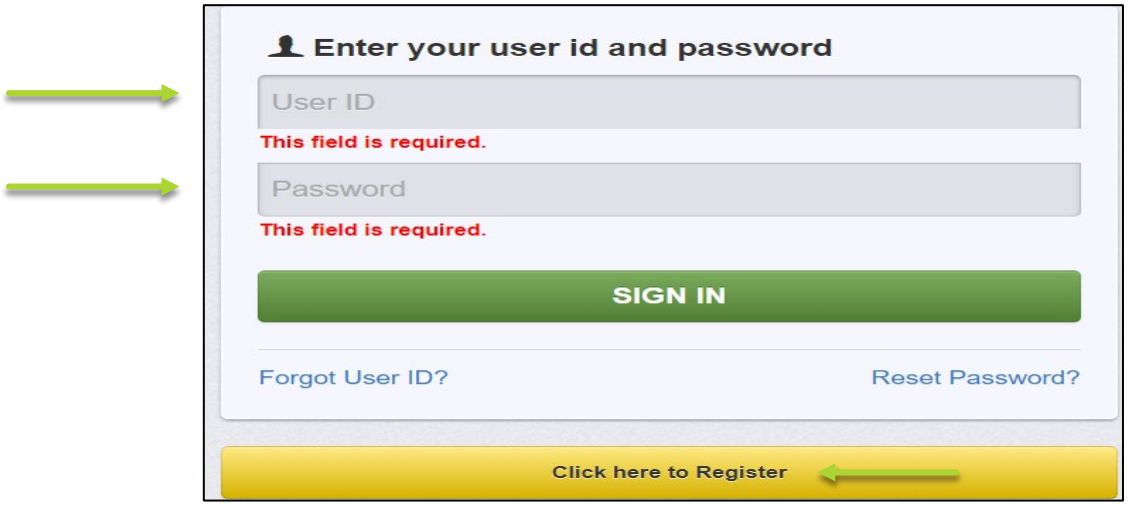
- The Missouri Department of Public Safety will coordinate with the Missouri Association of Crime Laboratory Directors (MACLD) to use Missouri's funding to provide forensic science training and certification for the personnel of Missouri's crime laboratories, as well as to purchase opioid related equipment 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 2025 PCNFS Eligible Applicants

- **Eligible Applicants**
  - Board of Police Commissioners – Kansas City, MO $ 79,297.00
  - Missouri State Highway Patrol, Crime Lab $114,045.00
  - St. Charles County, Crime Lab $ 23,169.00
  - St. Louis County, Crime Lab $ 29,154.00
  - St. Louis, Police Division – Crime Lab, City $ 66,010.00

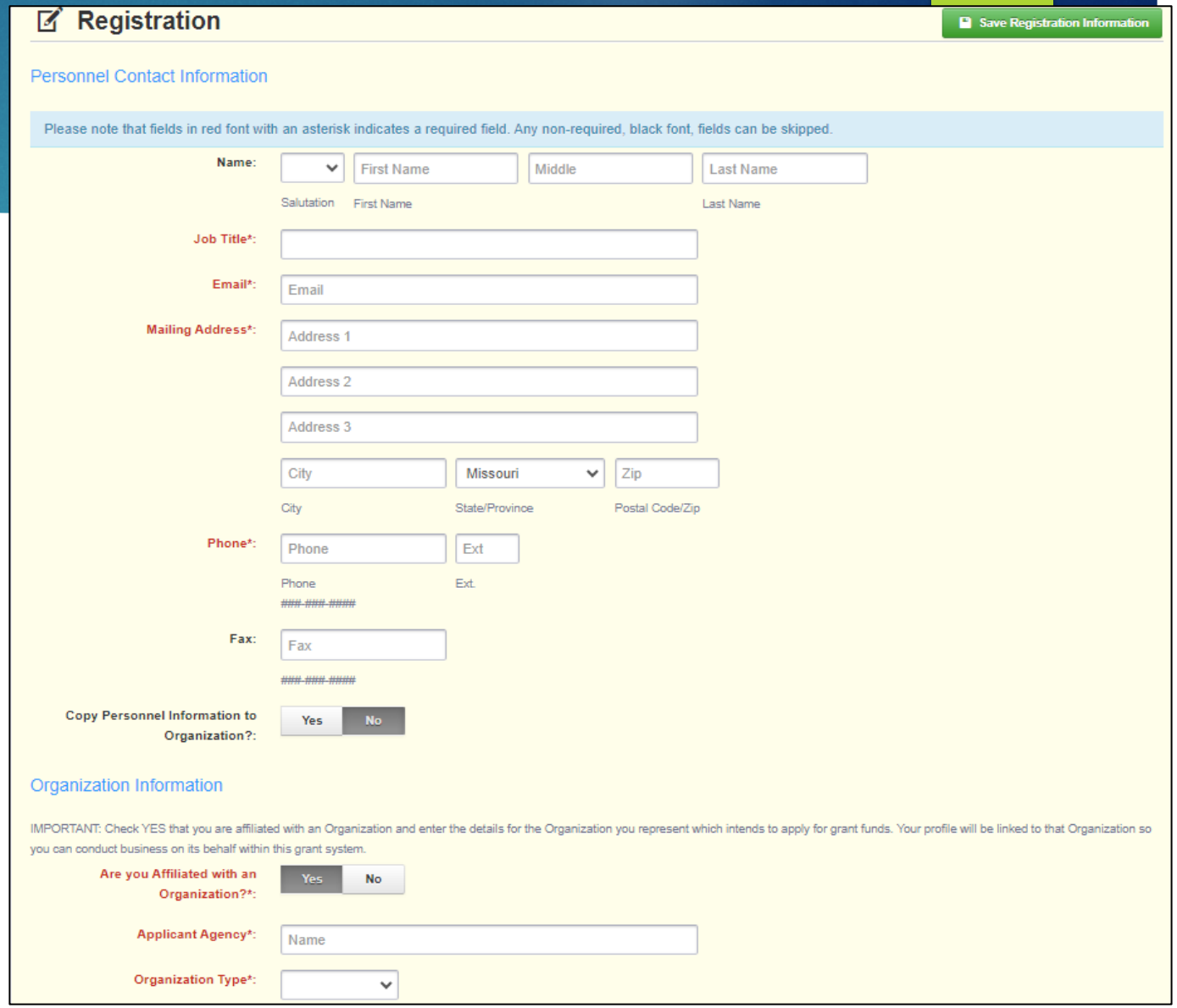
Sign In

- To begin an application sign into the WebGrants System
  - Returning users or organizations
    - Enter User ID and Password
  - New Users select "Click here to Register"



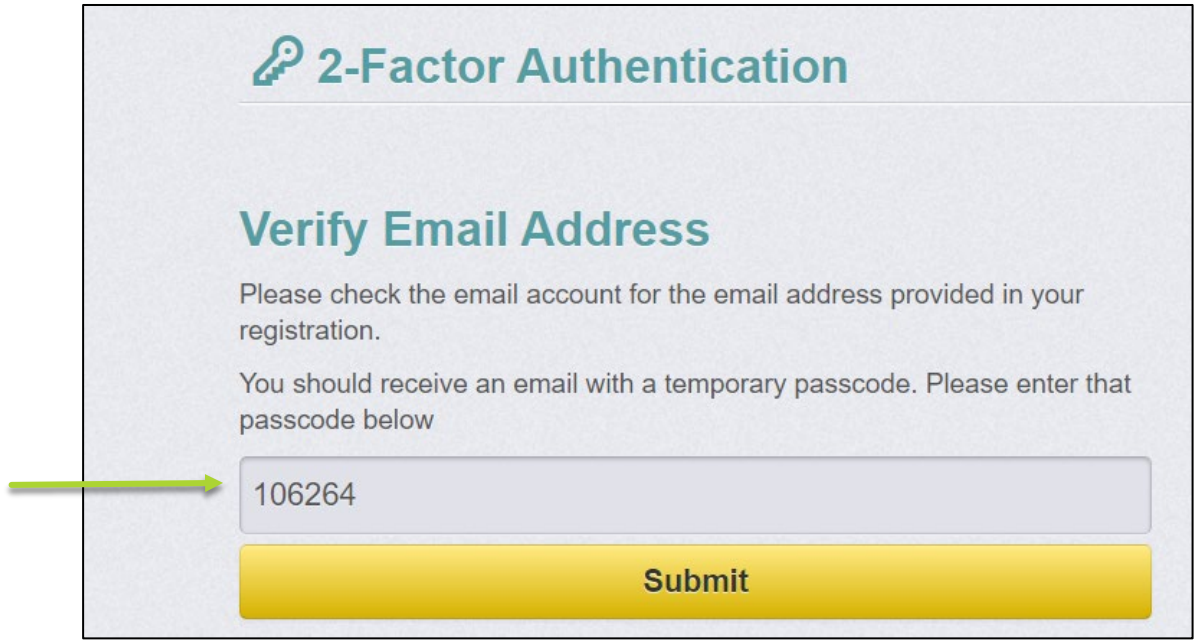
New User

- 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



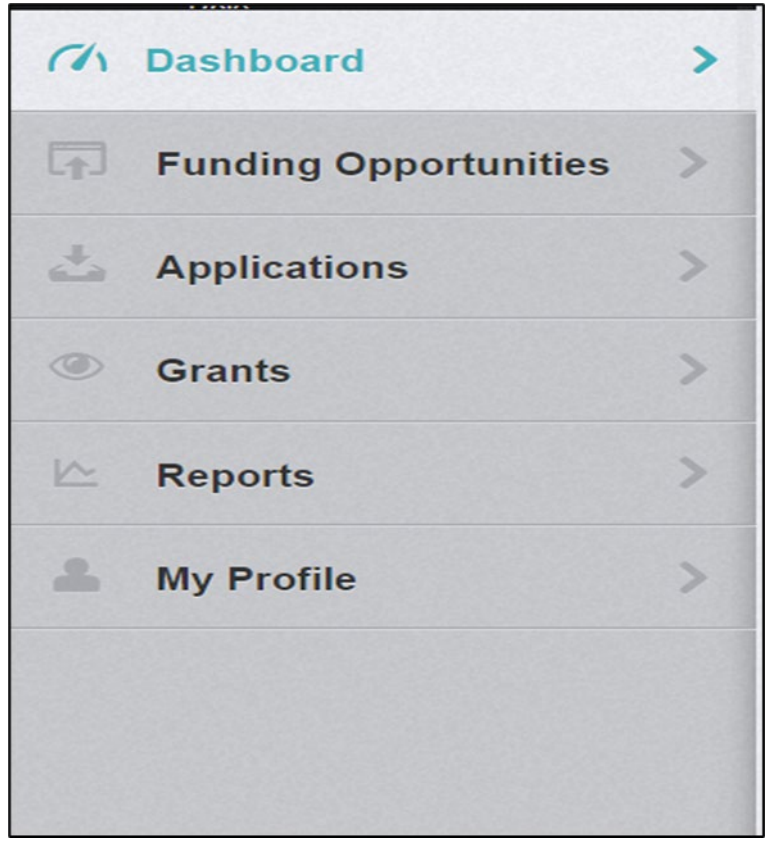
2-Factor Authentication

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



PCNFS Application

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



Funding Opportunity

- Select the “ 2025 PCNFS” Funding Opportunity
  - Review the Funding Opportunity details including:
    - Description
    - Attachments
      - 2025 PCNFS NOFO
      - 2025 PCNFS Certified Assurances
      - 2025 PCNFS Application Workshop
    - Website Links
      - DPS PCNFS Website

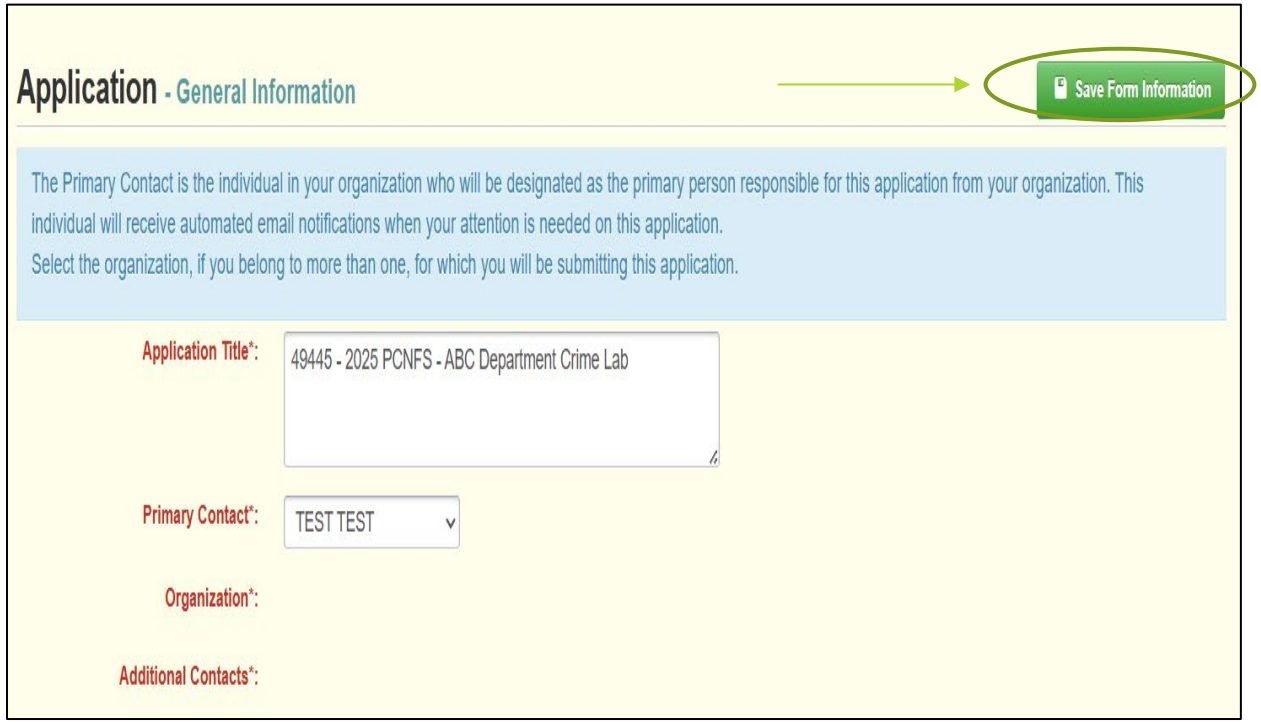
Funding Opportunity, cont.

- After reviewing 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

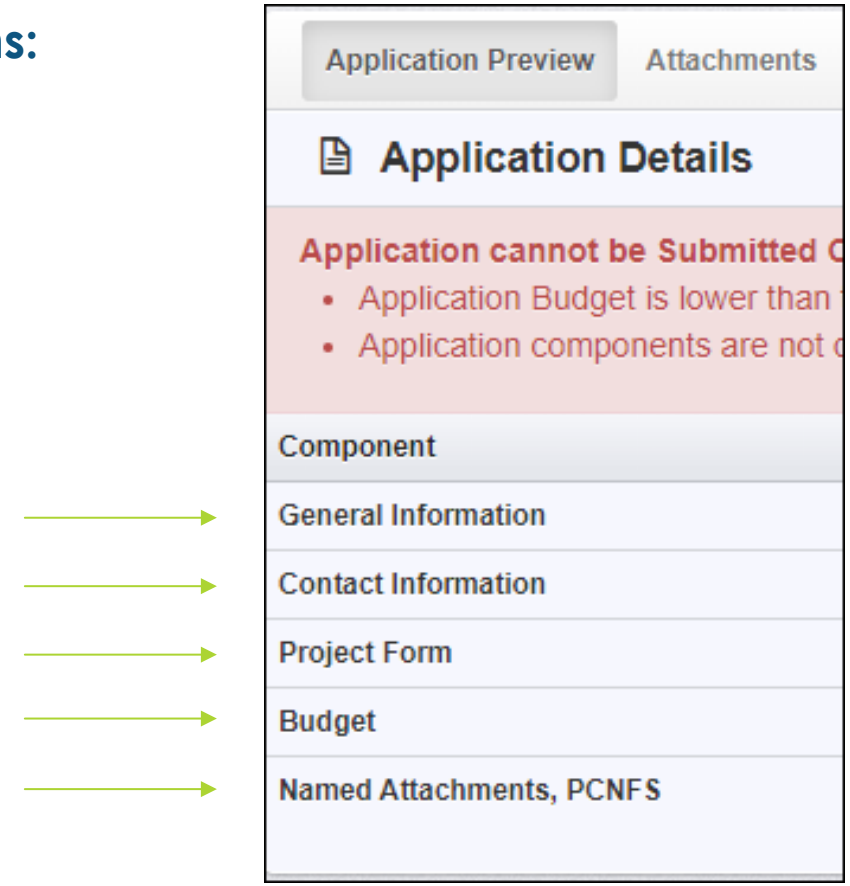
General Information

- Complete the form as indicated:
  - **Project Title:** Enter 2025 PCNFS – Crime Lab Name (i.e. ABC Department Crime Lab)
  - **Primary Contact:** Select the "Primary Contact" for the application from the drop down
  - Select "Save Form Information"



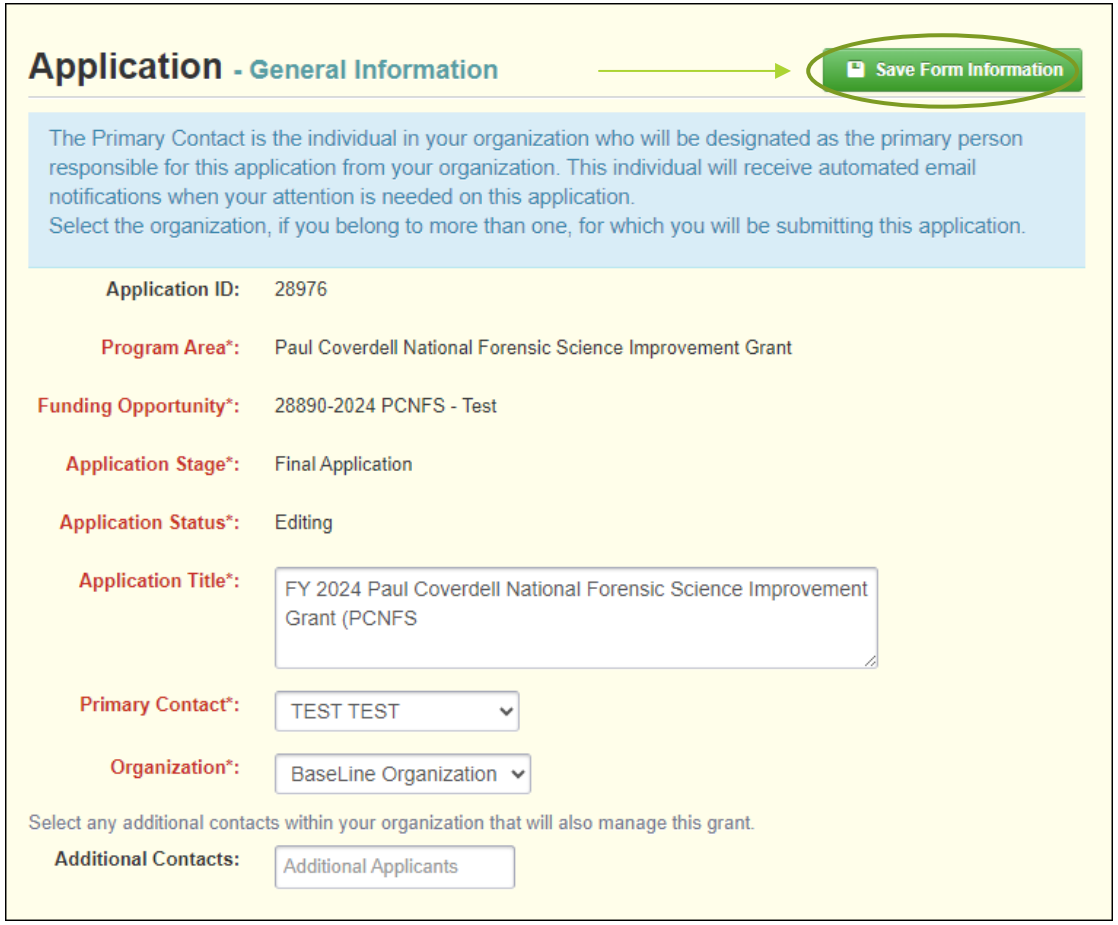
FY 2025 PCNFS Application Forms

- **The FY 2025 PCNFS Application will include 5 forms:**
  - General Information
  - Contact Information
  - Project Form
  - Budget
  - Named Attachments, PCNFS



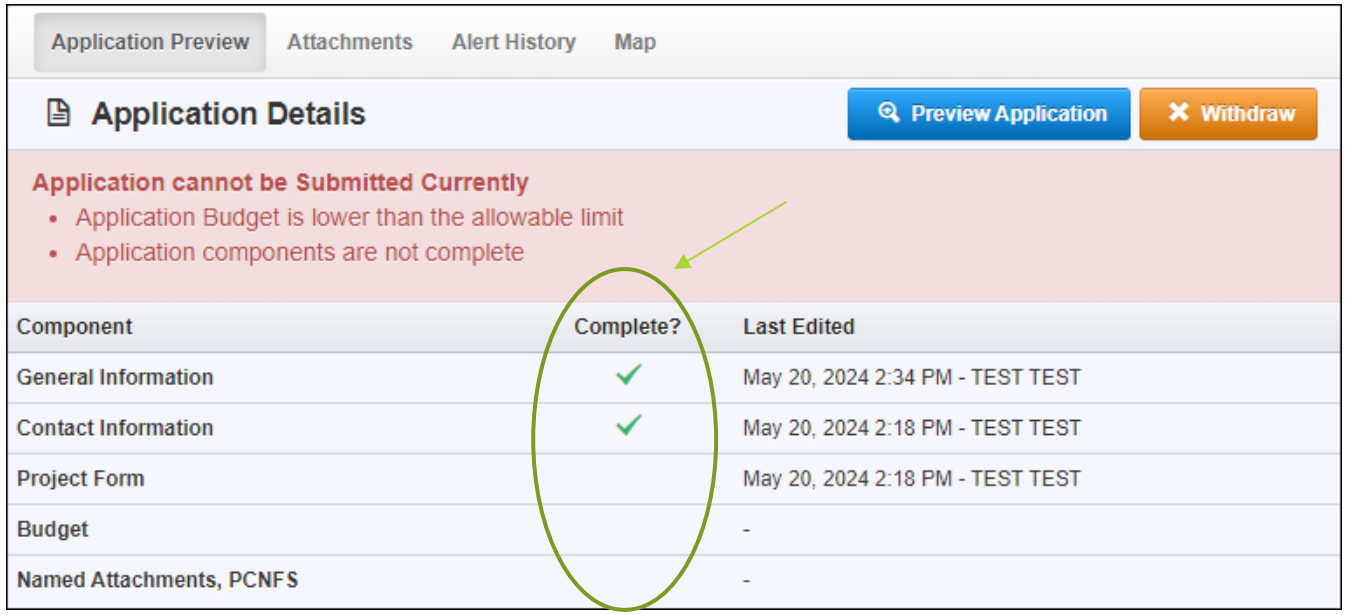
General Information cont.

- Select "Organization" from the drop-down
- Select "Save Form Information"



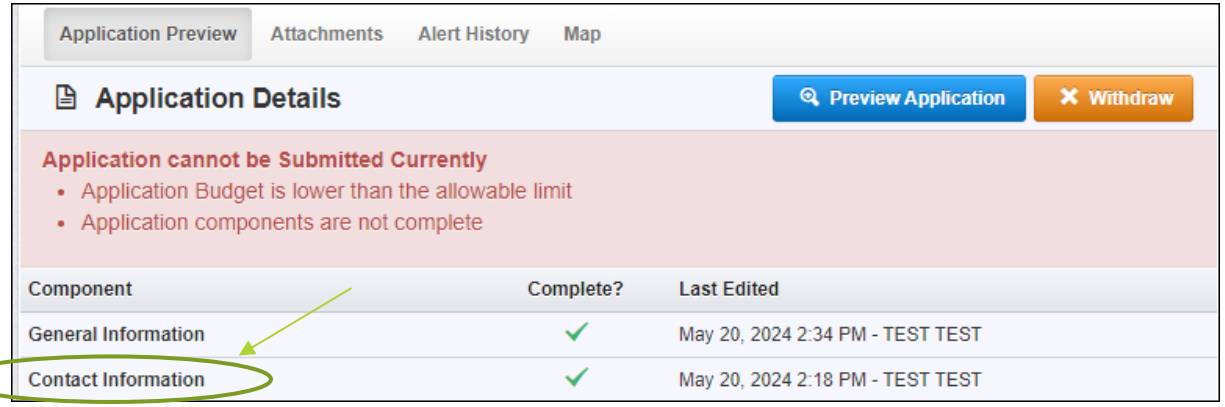
PCNFS Application Forms cont.

- When 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



Contact Information

- Select "Contact Information"

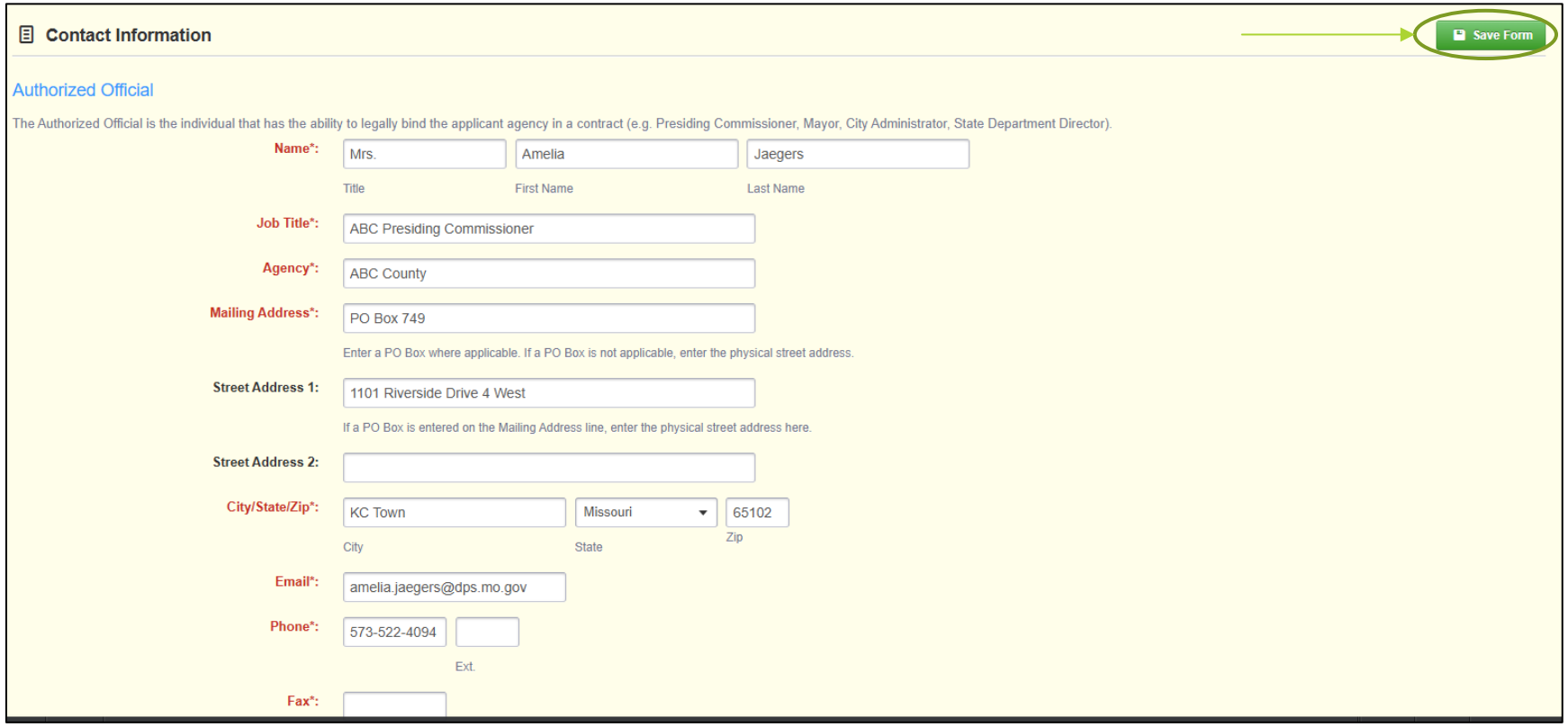


- Complete each section of the Contact Information form
  - Authorized Official
  - Project Director
  - Fiscal Officer
  - Officer in Charge

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)

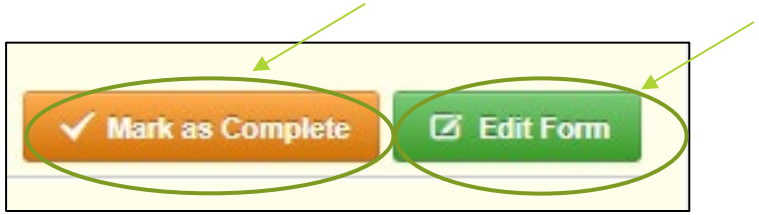
Contact Information cont.



Contact Information 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"

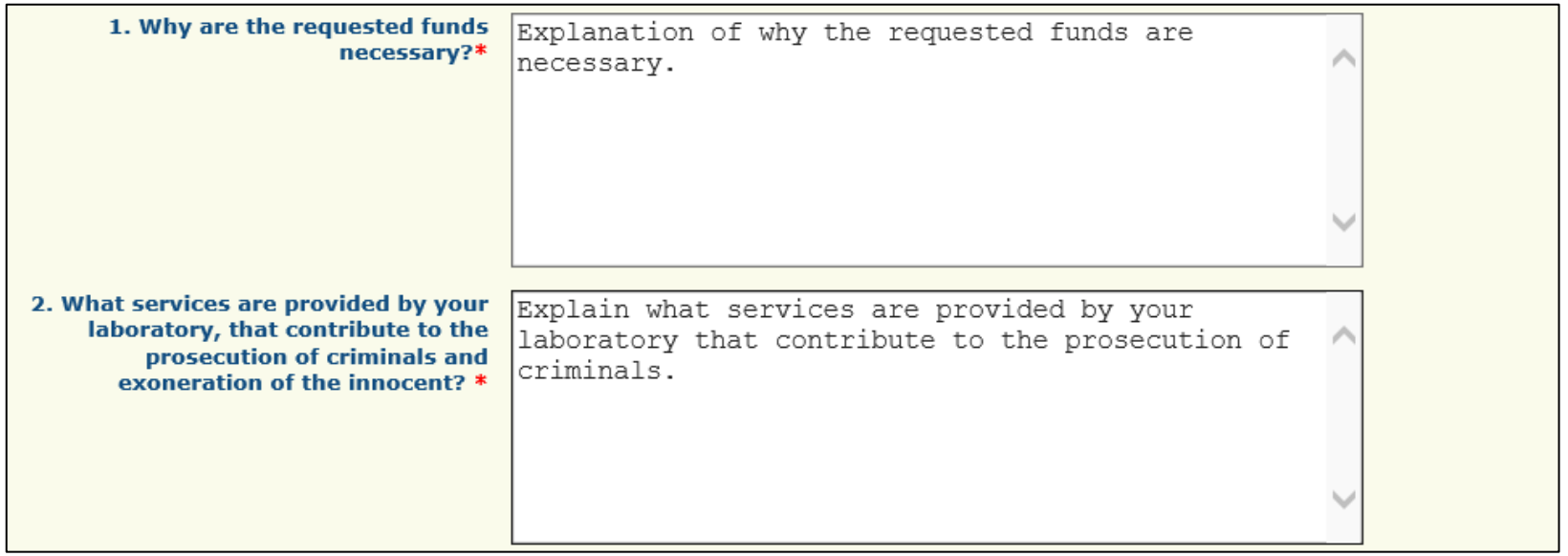


Project Form

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

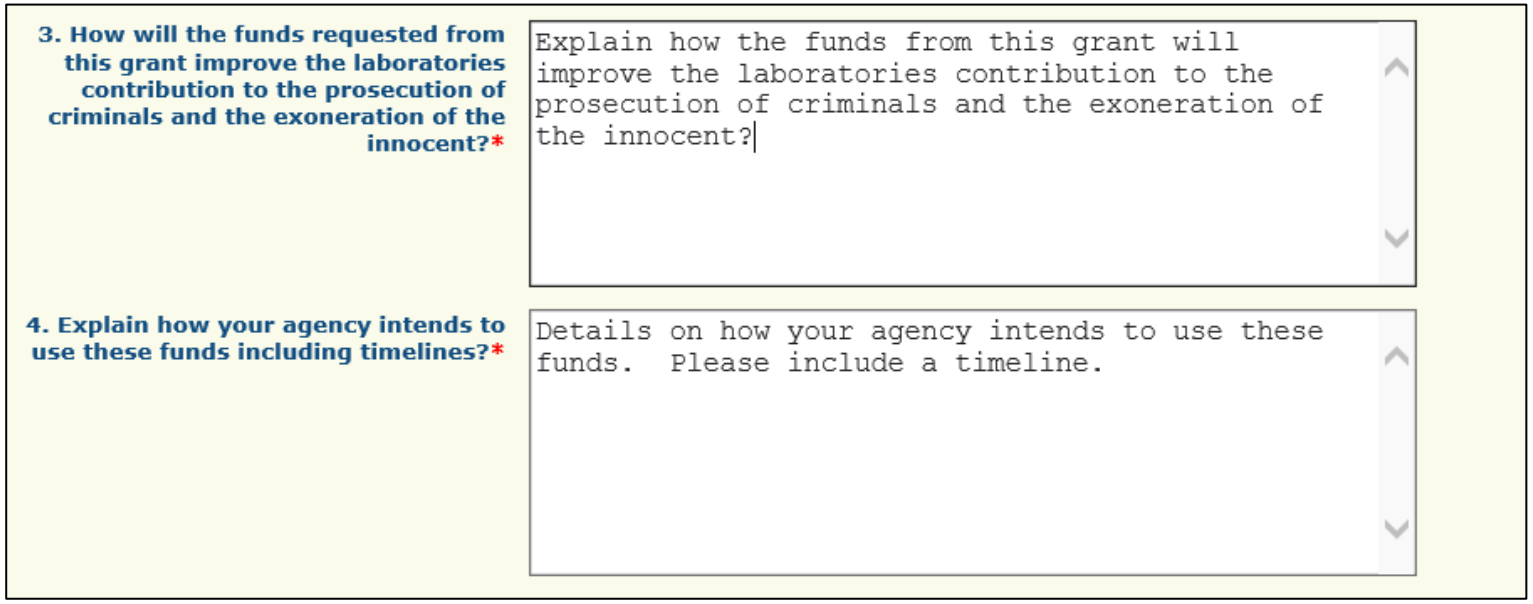
Project Form cont.

- **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?



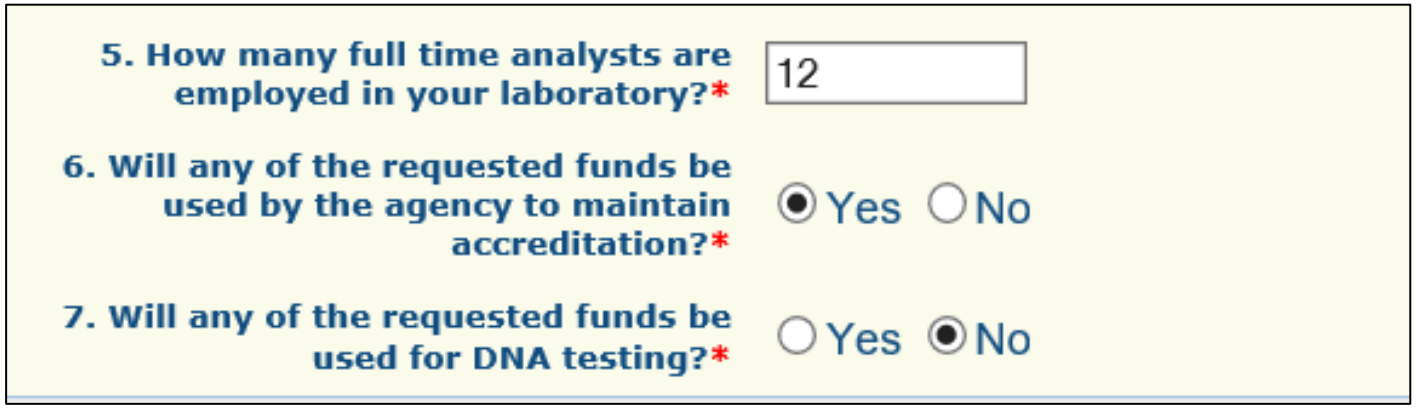
Project Form cont.

- **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?



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?

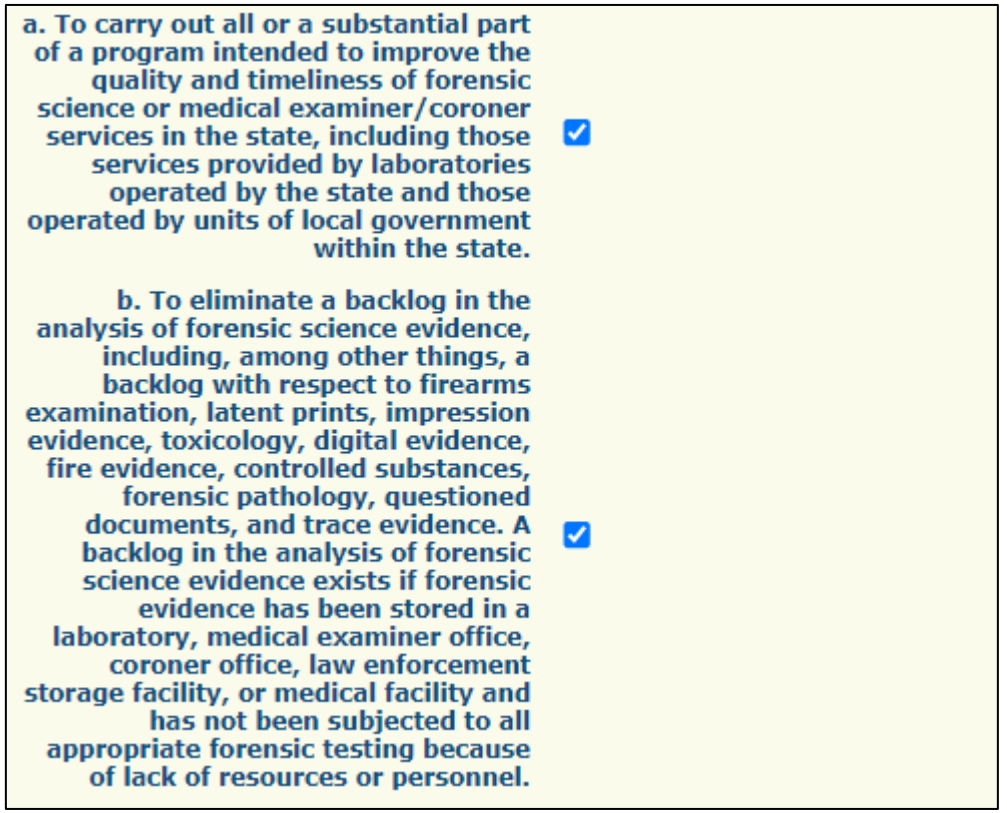


Objective Form

- The crime laboratory must use the PCNFS funding for one or more of the following objectives:
  - Select all objectives that apply to your project

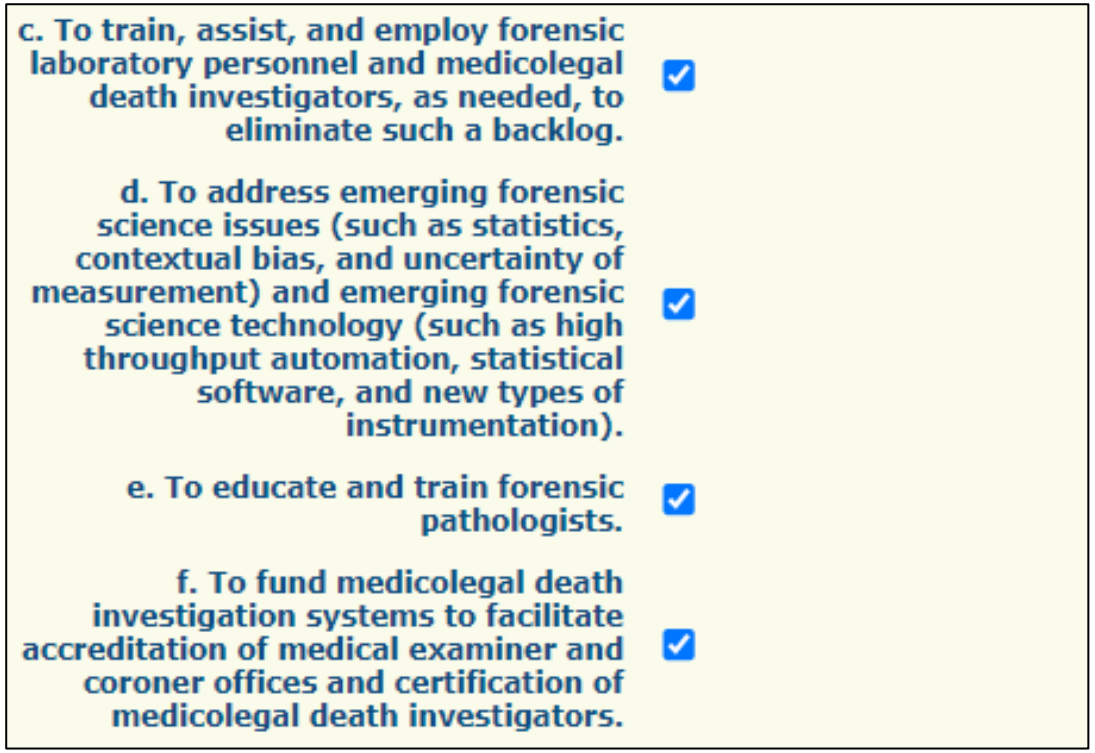
Objectives Form cont.

- **Objectives**
  - 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 lace of resources or personnel.



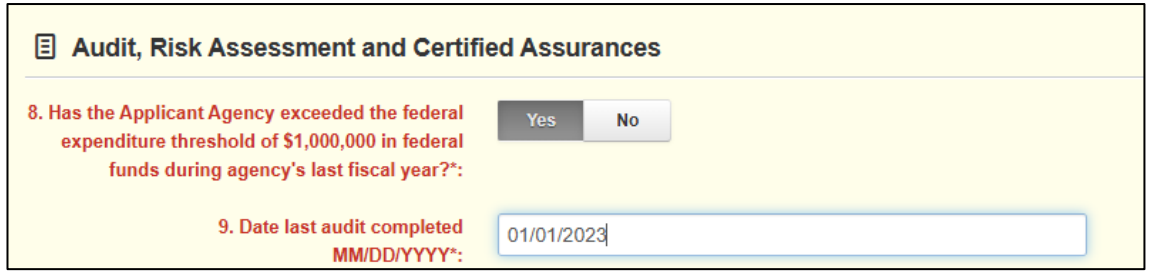
Objectives Form cont.

- **Objectives 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.



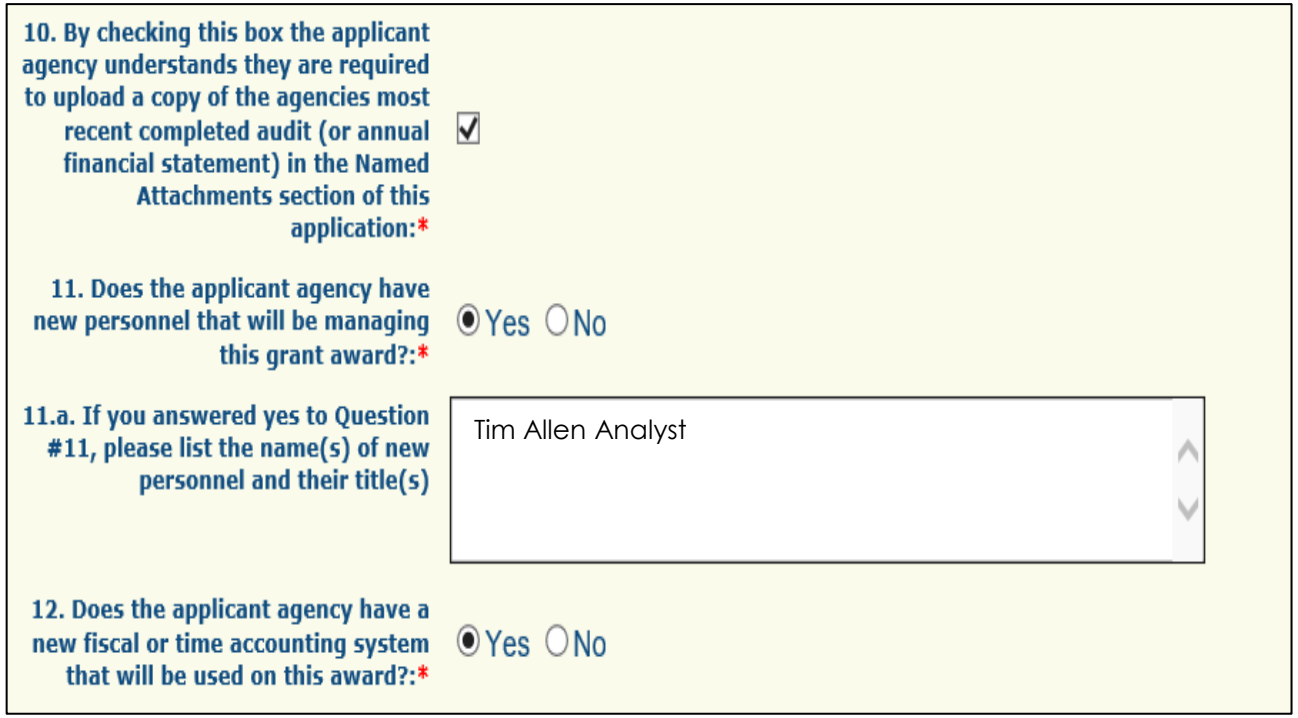
Project Form cont.

- **Audit, Risk Assessment and Certified Assurances**
  - 8. Has the Applicant Agency exceeded the federal expenditure threshold of $1,000,000.00 in federal funds during agency's last fiscal year?
  - 9. Date last audit completed, in the MM/DD/YYYY format



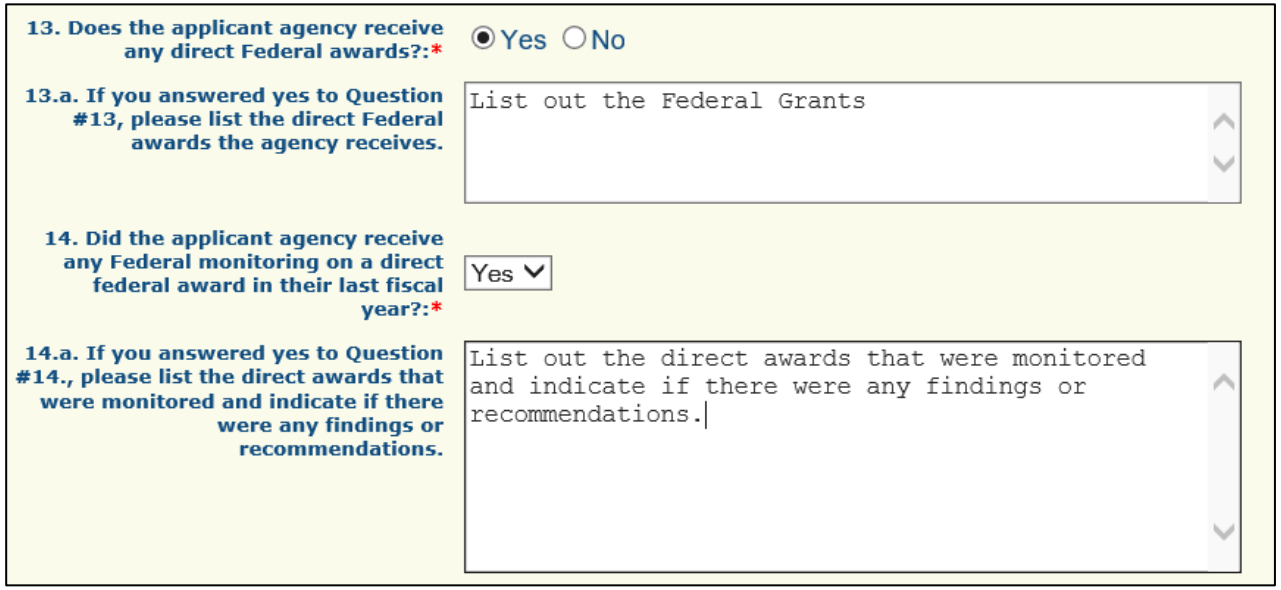
Project Form cont.

- **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?



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.



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) 522-6125.

16. Authorized Official Name and Title*: Carlo Santana

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) 522-6125.

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

18. Date*: 04/20/2024

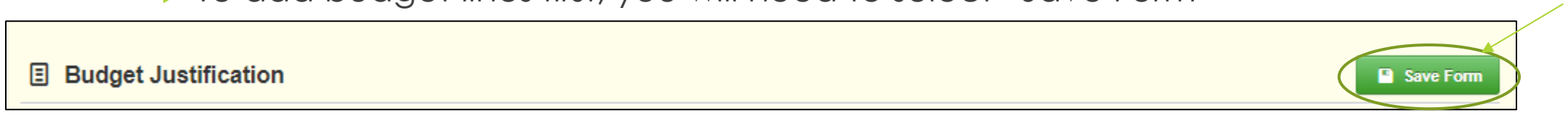
Project Form cont.

- Select "Save Form" when the form has been completed

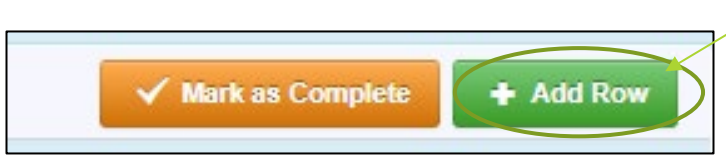
- Select "Mark as Complete"

Budget

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

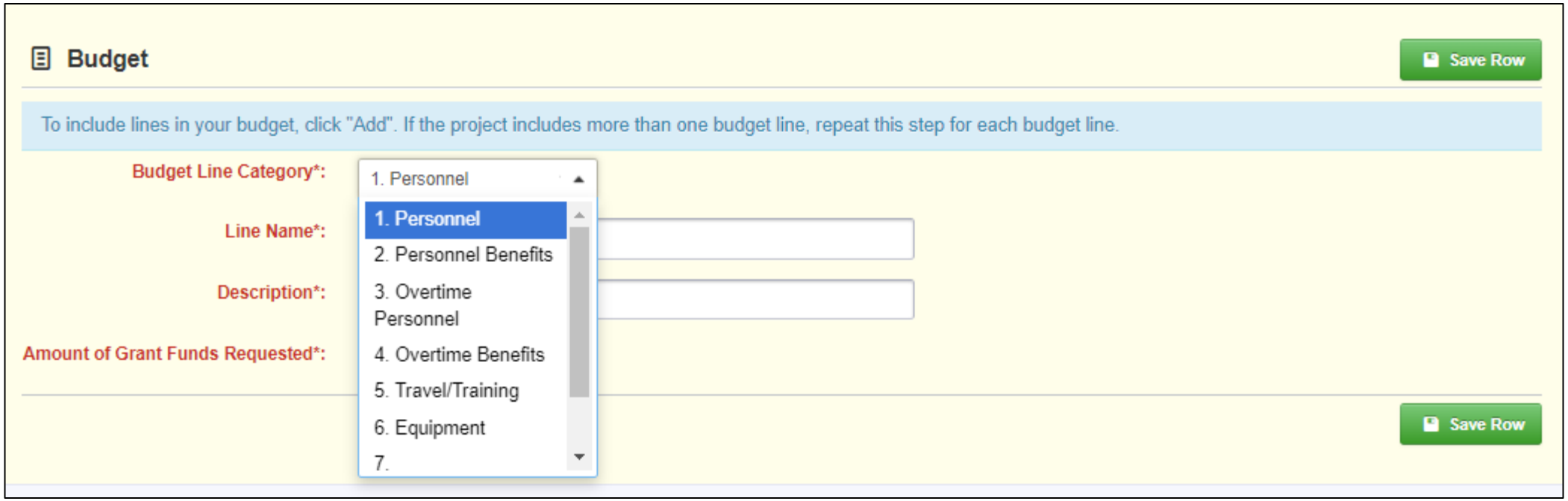


  - Select "Add Row" to enter each budget line



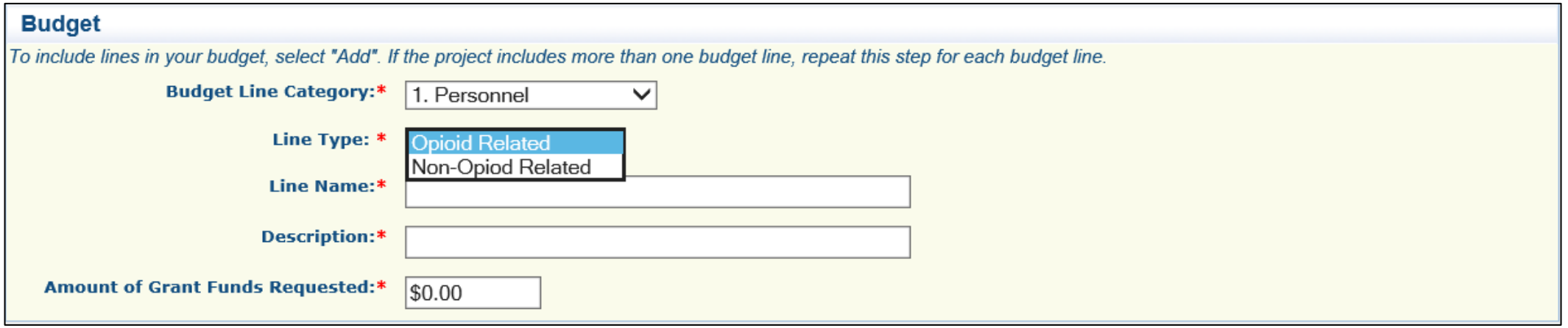
Budget Form cont.

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



Budget Form cont.

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

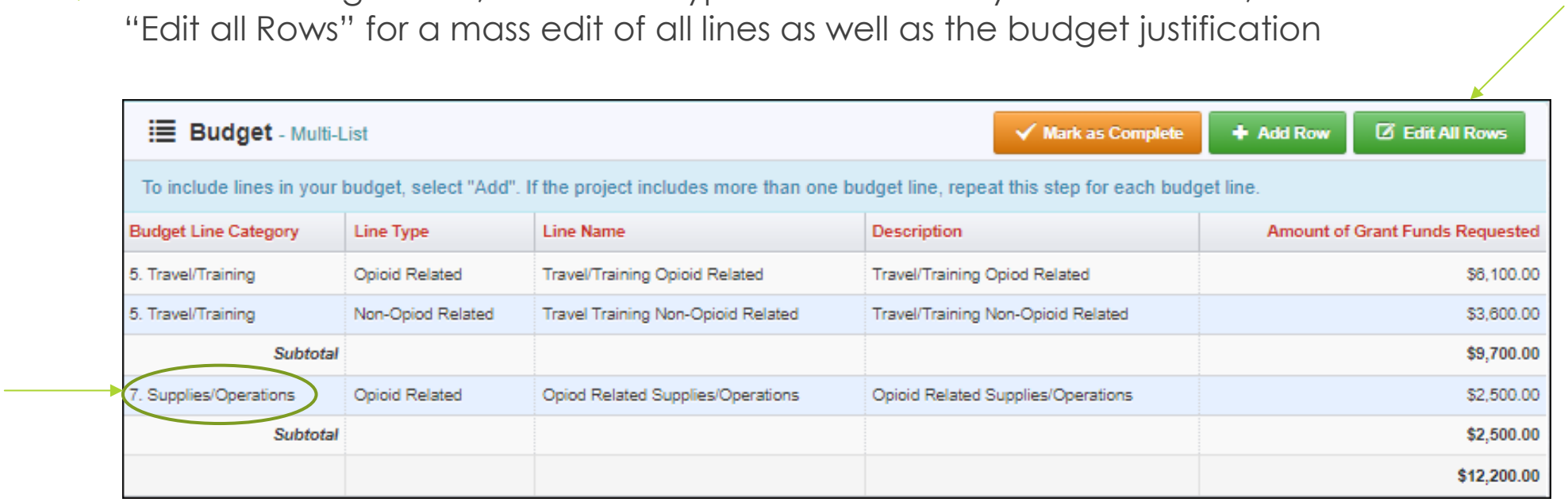


Budget Form cont.

- 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 lines, 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

Mark as Complete | Add Row | Edit All Rows

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 Opiod Related	$6,100.00
5. Travel/Training	Non-Opiod Related	Travel Training Non-Opioid Related	Travel/Training Non-Opioid Related	$3,600.00
Subtotal				**$9,700.00**
7. Supplies/Operations	Opioid Related	Opiod Related Supplies/Operations	Opioid Related Supplies/Operations	$2,500.00
Subtotal				**$2,500.00**
				$12,200.00

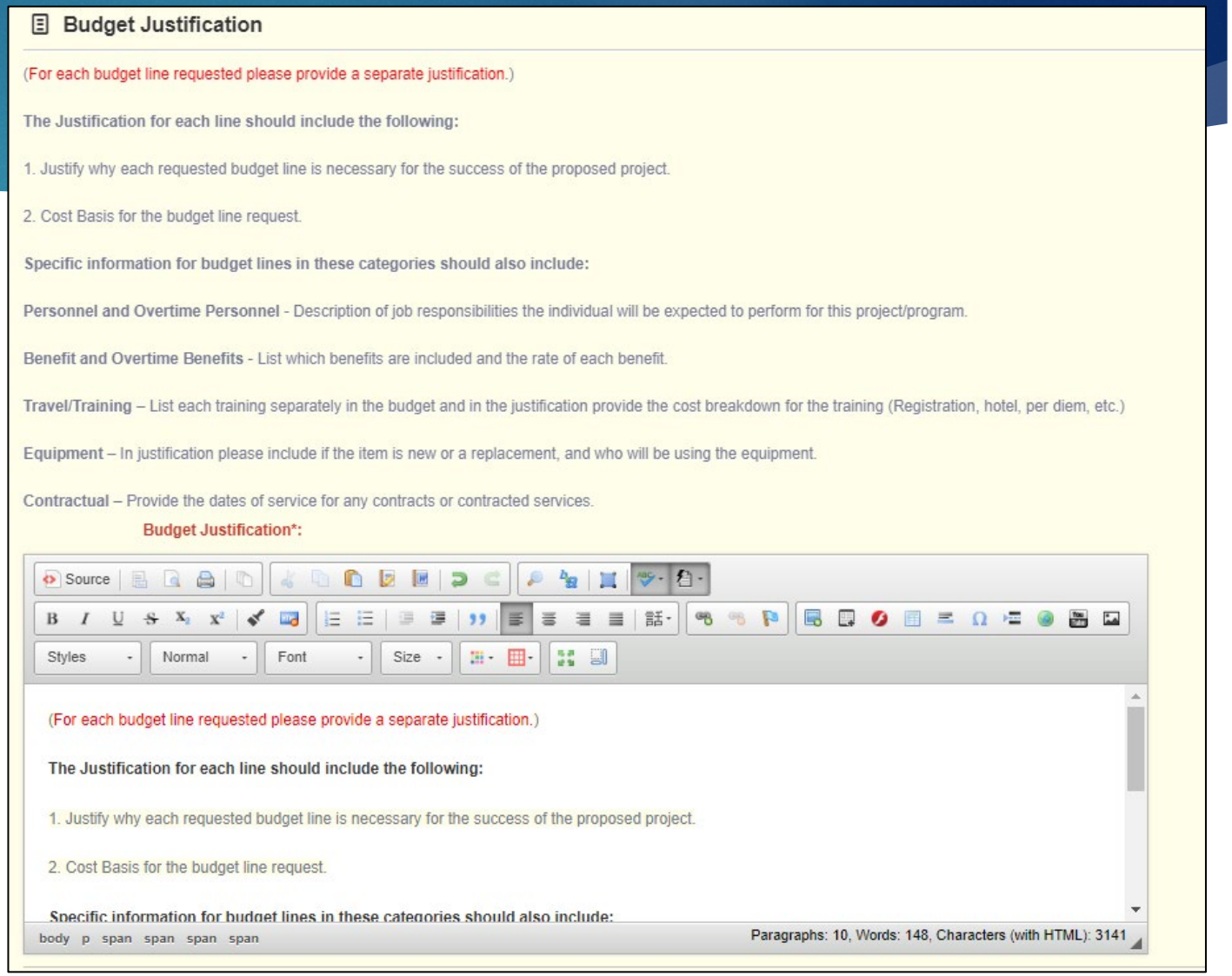
Budget Form cont.

- **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
    - Provide a 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 replacement, and who will be using the equipment

      Equipment is any item over $5,000 with a useful life of over one year
    - 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



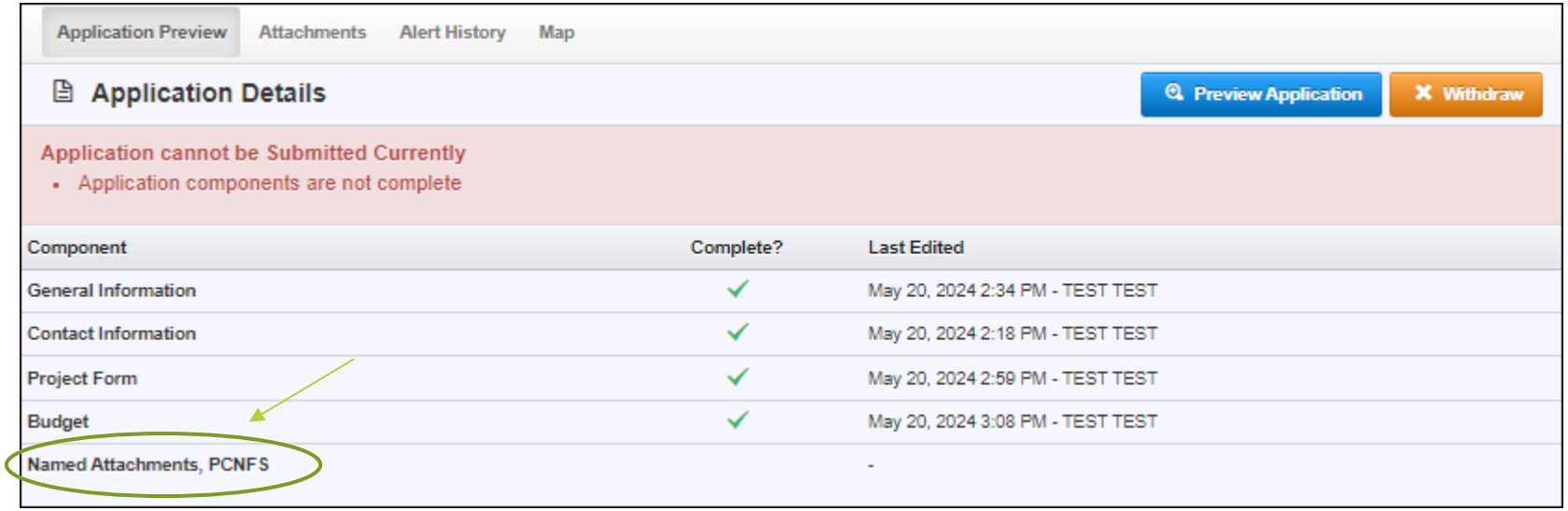
Budget cont.

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

- Select “Mark as Complete”

Application Forms

- Select "Named Attachments, PCNFS"

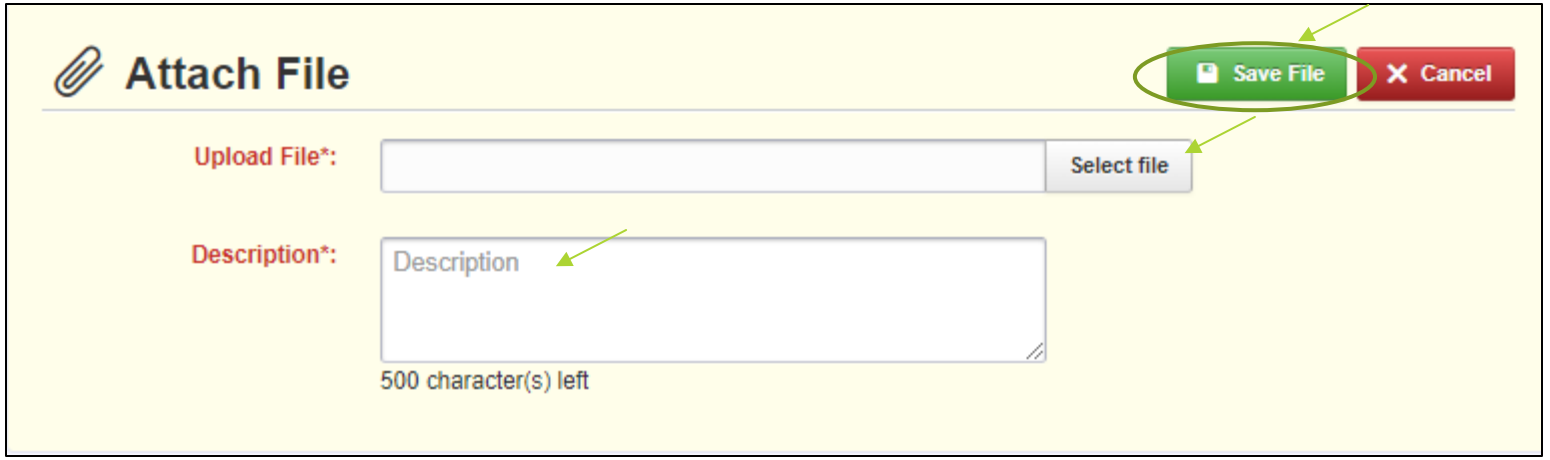


Named Attachments, PCNFS cont.

- **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"



- Select "Mark as Complete"

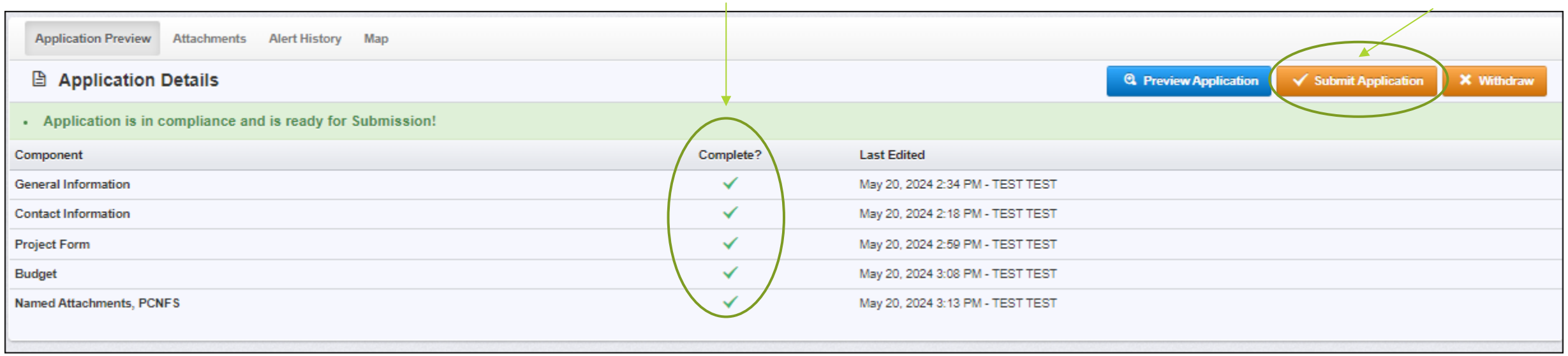
Named Attachments, PCNFS cont.

- When the form has been completed:
  - Select "Save"

  - Select "Mark as Complete"

Application Submission

- When all forms have been "Marked As Complete," select "Submit Application"
  - It is recommended that you have another person review the application for accurancy



Important Dates

- Application Period:
  - Wednesday, October 8, 2025 – Wednesday, October 22, 2025, at 4:00 p.m.
- Compliance Workshop will be attached to award
- Program Start Date: January 1, 2026
- Program End Date: June 30, 2027

Questions

If you have questions, please contact our office:

- Elizabeth Leuckel, DPS Grant Specialist
  - (573) 751-1318
  - Elizabeth.Leuckel@dps.mo.gov
- Chelsey Call, DPS Grant Program Supervisor
  - (573) 526-9203
  - Chelsey.Call@dps.mo.gov
- Joni McCarter, DPS Grant Program Manager
  - (573) 526-9020
  - Joni.McCarter@dps.mo.gov