FY 2023 Residential Substance Abuse Treatment (RSAT) Program Application Workshop

Missouri Department of Public Safety (DPS)
DPS Grants

FY 2023 RSAT Purpose

▶ The purpose of the Residential Substance Abuse Treatment (RSAT) Program is to assist with developing and implementing residential substance abuse treatment programs within state correctional facilities, as well as within local correctional and detention facilities, in which inmates are incarcerated for a period sufficient to permit substance abuse treatment.

▶ The program encourages the establishment and maintenance of drug-free prisons and jails and developing and implementing specialized residential substance abuse treatment programs that identify and provide appropriate treatment to inmates with co-occurring mental health and substance abuse disorders or challenges.

Key Dates

August 9, 2024:   Application Workshop and Funding opportunity available at:
https://dps.mo.gov/dir/programs/dpsgrants/llebg.php
Application open in WebGrants:
https://dpsgrants.dps.mo.gov/

September 11, 2024:   Funding Opportunity Closes
Applications due in WebGrants by 4:00 pm CST
WebGrants will not accept any applications after this time

October 1, 2024:   Project Start Date

September 30, 2025:   Project End Date

November 15, 2025:   Final claim and Status Report due

FY 2023 RSAT Eligible Applicants

- Eligible Applicants:
  - Any unit of state or local government within Missouri
    - Applicant agency must be its respective unit of state or local government

- Reference the Notice of Funding Opportunity for additional detail:

Residential Substance Abuse Treatment Grant

Login

- To begin an application login to the WebGrants System

  - Returning users or organizations

    - Enter User ID under Log In

  - New users select "Click here to Register"

New Users

- If you are applying as a "New User"
  - It may take a few days for your request to be approved by DPS staff

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

Enter your Passcode

Submit

DTF Grant Application

▶ Select "Funding Opportunities" from the "Main Bar"
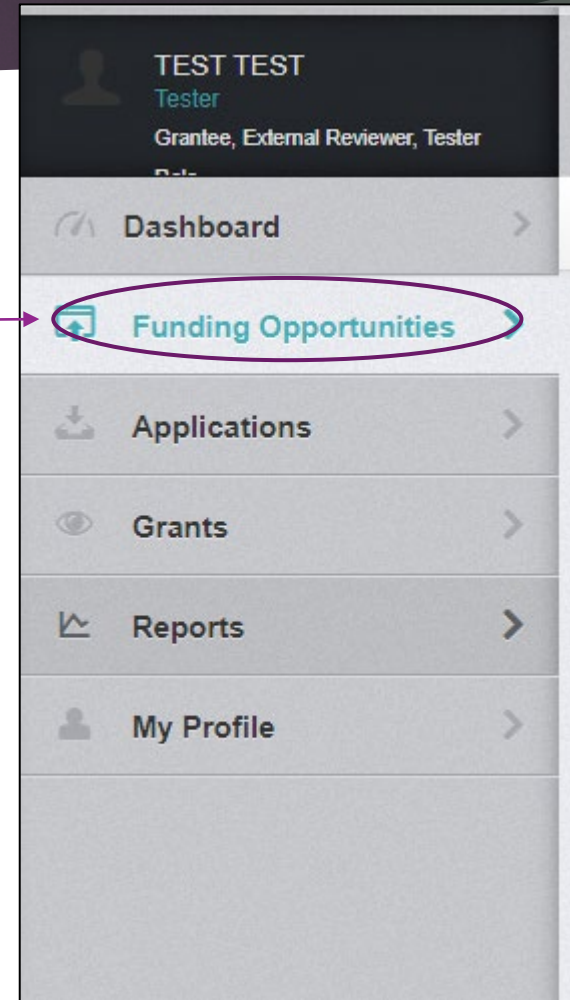
Funding Opportunities

▶ Select the "2023 Residential Substance Abuse Treatment" Funding Opportunities

| 33094 | Posted | 2023 RSAT | | RSAT-Residential Substance Abuse Treatment | Sep 11, 2024 4:00 PM | 0 |

▶ Review the Funding Opportunity details including:

  ▶ Description

  ▶ Attachments

    ▶ 2023 Residential Substance Abuse Treatment Certified Assurances

    ▶ 2023 Federal Residential Substance Abuse Treatment Notice of Funding Opportunity

  ▶ Website Links

    ▶ DPS RSAT Website

Funding Opportunity cont.

▶ After reviewing the information, select "Start a New Application"

📤 **Funding Opportunity Details**   📑 Copy Existing Application   ☑ Start New Application

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

FY 2023 RSAT Application Forms

▶ The FY 2023 RSAT Application will include 5 forms:

  ▶ General Information Form

  ▶ Contact Information Form

  ▶ Budget

  ▶ Project Form

  ▶ Named Attachments

General Information Form

▶ Complete the entire form as indicated:

- ▶ **Primary Contact:** Select the desired contact from the drop-down field

- ▶ **Project Title:** Enter "2023 RSAT – Agency name" (i.e. 2023 RSAT – Holiday Hills)

- ▶ **Organization:** Select the applicable applicant agency from the drop-down field

- ▶ Select "Save Form Information"

RSAT 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

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)

Component
General Information
Contact Information
Project Form RSAT
Budget
Named Attachments - New

Contact Information Form Continued

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 Isaland | Missouri | 65102 |
| City | State | Zip Code |

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

Phone*: 573-522-4094

| Office | Ext. | Cell |

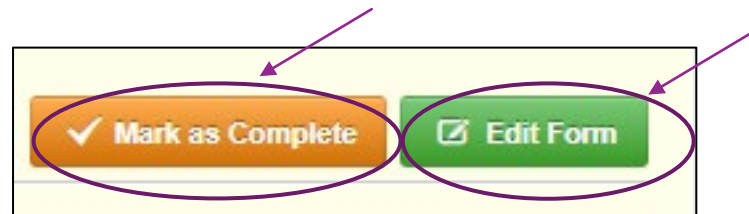**Fax:**

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 RSAT
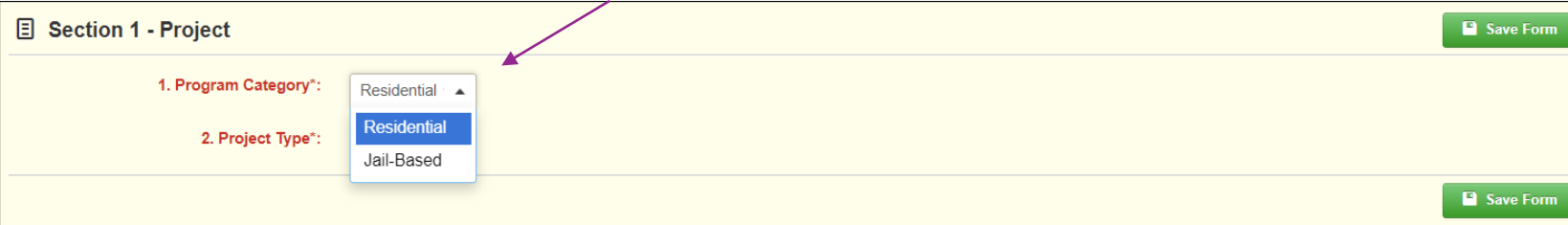
- The Project Form has 5 Sections:
  - Project
  - Program Requirements
  - Project Description
  - Risk Assessment & Audit
  - Certified Assurances

Project Form RSAT Continued

▶ Section 1 – Project:

   ▶ 1. Select the Program Category:
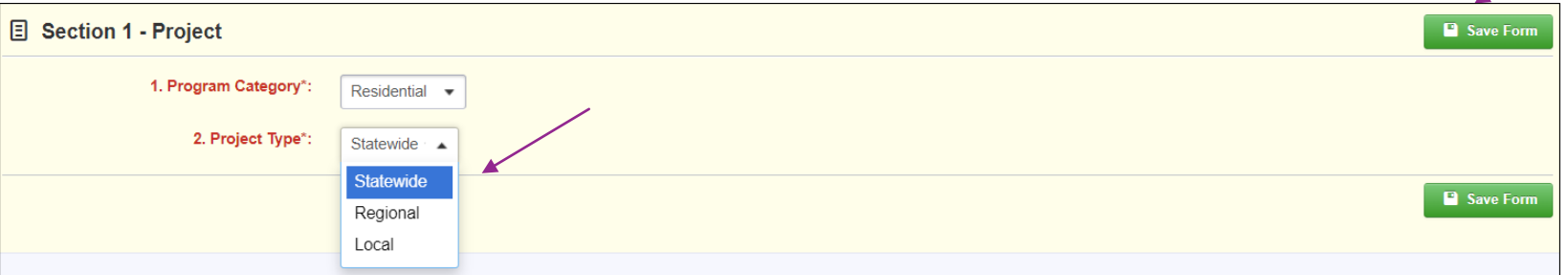
      ▶ Residential

      ▶ Jail-Based

      ▶ Select "Save Form"

   ▶ 2. Select Project Type:

      ▶ Statewide

      ▶ Regional

      ▶ Local

      ▶ Select "Save Form"

Section 1 - Project — Save Form

1. Program Category*: Residential ▲
   Residential
   Jail-Based

2. Project Type*:

Save Form

Section 1 - Project — Save Form

1. Program Category*: Residential ▾

2. Project Type*: Statewide ▲
   Statewide
   Regional
   Local

Save Form

Project Form Continued

▶ Section 2 - Program Requirements:

  ▶ Answer each "Yes/No" question

  ▶ If you have answered "No" for questions 3, 4, 5, or 6; please explain in

  ▶ Select "Save Form"

Project Form Continued

- Section 3 - Project Description:
  - 8. Project Summary:
    - Provide a summary of your proposed project
      - Include:
      - Services to be provided by the project; who will receive the services, who will provide those services

---

Section 3 - Project Description   **Save Form**

Please provide a summary of your proposed project, include the following in the summary:

Summary of the project. (Include: Services to be provided by the project; who will receive the services?, who will provide the services?)
Why is this program necessary? (May include: statistics; demographic and geographic information; lack of resources)

8. Project Summary*:

Paragraphs: 0, Words: 0, Characters (with HTML): 0

Project Form Continued

▶ Section 3 - Project Description Continued:

   ▶ 9. After-care Services:

      ▶ Provide a description of the after-care services to be provided by your proposed project

      ▶ Fully explain how the project will meet the requirements

Per 34 U.S.C. 10422(c), in order to be eligible for funding under the RSAT Program, an agency shall ensure that individuals who participate in the substance abuse treatment program with assistance provided under this program be provided with aftercare services. These services must involve coordination between the correctional treatment program and other social service and rehabilitation programs such as education and job training, parole supervision, halfway house, self-help, and peer group programs. To qualify as an aftercare program, the head of the substance abuse treatment program must work in conjunction with state and local authorities and organizations involved in substance abuse treatment to place program participants into community substance abuse treatment facilities upon their release. In addition, states should coordinate these activities with any SAMHSA-funded state and/or local programs that address the needs of this target population. A state may use amounts received for community reintegration if the chief executive officer of the state certifies that the state is providing, and will continue to provide, an adequate level of residential treatment services.

Provide a description of the after-care services to be provided by your proposed project. Fully explain the project and how it will meet the above listed requirement.

9. After-care Services*:

Paragraphs: 0, Words: 0, Characters (with HTML): 0

Project Form Continued

- Section 3 - Project Description Continued:

  - 10. Goals and Objectives:

    - Goals: the projects desired results

      - Goals should be clearly stated, realistic and achievable

    - Objectives: the incremental stepping stones to achieve each goal

      - Objectives must be both measurable and achievable

      - Select "Save Form" and "Mark Complete"

Please use this section to explain the expectations of the proposed project. Please list below the Goals and Objectives. **Goals:** The projects desired results. Goals should be clearly stated, realistic and achievable.
Objectives: The incremental stepping stones to achieve each goal. The objectives must be both measurable and achievable.

10. Goals and Objectives *:

Source			

Styles | Format | Font | Size

Paragraphs: 0, Words: 0, Characters (with HTML): 0

Project Form RSAT Continued

▶ Section 4 - Risk Assessment:

   ▶ These questions will be used by MO DPS to complete a Risk Assessment

📄 **Section 4 - Risk Assessment and Audit** ✔ Mark as Complete   ☑ Edit Form

The following questions will be used by MO DPS to complete a risk assessment. It is a federal grant requirement that this assessment be completed.

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

11.a. If you answered yes to Question # F.1, please list the name(s) of new personnel and their title(s):

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

13. Does the applicant agency receive any direct Federal awards?*:

13.a. If you answered yes to Question # F.3, please list the direct Federal awards the agency receives.:

13.b. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:

13.b.2. If you answered yes to Question #13.b, please list the direct awards that were monitored and indicate if there were any findings or recommendations.:

14. Has the Applicant Agency exceeded the federal expenditure threshold of $750,000 in federal funds during agency's last fiscal year?*:

15. Date last audit completed MM/DD/YYYY:

15. 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*:   No

Last Edited By: TEST TEST - Aug 9, 2024 10:51 AM   ☑ Edit Form

Project Form RSAT Continued

▶ Section 5 – Certified Assurances

    ▶ example

Certified Assurances

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

If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official.(The Police Chief is NOT the Authorized Official)
If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official. (The Sheriff or Police Chief are not the Authorized Official)
If the applicant agency is a college/university, the College/University President (or Campus Chancellor, if applicable) shall be the Authorized Official.

If the authorized official has a different title, than those listed above, official documentation naming that position as the authorized official for your agency must be included in the application attachments or your application will not be considered for funding.

**IF YOU ARE UNABLE TO DETERMINE THE CORRECT AUTHORIZED OFFICIAL FOR YOUR AGENCY, OR THEY ARE DIFFERENT FROM WHAT IS LISTED ABOVE PLEASE CONTACT OUR OFFICE AT (573)751-5289, OR (573)522-4094

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:

2023 Federal 2025 State DTF Certified Assurances

I (The Authorized Official) have read and agree to the terms and conditions of the grant. I am aware that failure to comply with any of the Certified Assurances will result in my agency being ineligible for funding.

28. Authorized Official Name and Title*: Mayor Amelia Jaegers
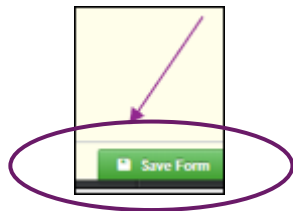
29. Name and Title of person completing this proposed application*: WIN OIC Joni McCarter
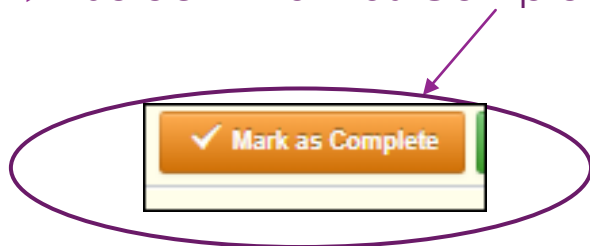
30. Date*: 04/17/2024

Project Form RSAT Continued

- When the form has been completed:

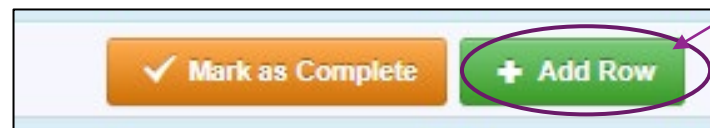 - Select "Save Form"

  - 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 Continued

- Budget Line Category:
    - **Line name:** should be a brief description of what the budget line is requesting (i.e. Personnel)
    - **Description:** Description of the budget line (i.e. (3) Case Managers)
    - **Total funds for budget line:** This should be the total amount of the funds requested for the listed budget line
    - **Match funds for this budget line:** This should be the total amount of funds that are matched for the listed budget line

Budget Form Continued

▶ For each budget line select one (1) of the eight (8) budget categories from the dropdown menu:

Budget Form Continued

- Local Match:
    - Federal funds awarded under RSAT may not cover more than 75% of the total costs of the project:
        - Cash match:
            - Includes cash spent for the project-related costs
        - In-Kind Match:
            - Includes, but not limited to, the valuation of in-kind services (i.e. value of donated services)

Budget Form Continued

► For each budget line category include:

- ► **Line name:** What is the purpose of the line

- ► **Line description:** List what is included in the total amount being requested for the line (i.e. 1 Case Manager, 3 Counselors)

- ► **Total funds for the budget line:** List the total amount that is being sought for reimbursement through the grant

- ► **Match funds for this budget line:** List the amount of match funds for the budget line

► NOTE: Each piece of Equipment being requested will need a separate budget line.

Budget 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 Line Category	Line Name	Description	Amount of Grant Funds Requested
1. Personnel	Task Force Officers (3)	Salary	$150,000.00
Subtotal			$150,000.00
2. Personnel Benefits	Other	F/M; Medical Insurance, Workers Comp	$20,502.45
Subtotal			$20,502.45
3. Overtime Personnel	Overtime	1 Task Force Officer	$5,000.00
Subtotal			$5,000.00
4. Overtime Benefits	Overtime Benefits	F/M for 1 TFO	$524.00
Subtotal			$524.00
5. Travel/Training	Fuel	5 Vehicles Fuel	$6,000.00
5. Travel/Training	Vehicle Maintenance	5 Vehicles Maintenance	$6,000.00
Subtotal			$12,000.00
6. Equipment	Mobile Radio (2)	Motorola APX 8500	$11,000.00
6. Equipment	Portable Radio (2)	Motorola APX 8000	$10,000.00
Subtotal			$21,000.00
7. Supplies/Operations	Office Supplies	Office Supplies	$1,000.00
7. Supplies/Operations	Field Supplies	Field Supplies	$1,000.00
Subtotal			$2,000.00
8. Contractual	Vehicle Leases	5 TFO vehicle leases	$60,000.00
Subtotal			$60,000.00
			$271,026.45

Budget Form Continued

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

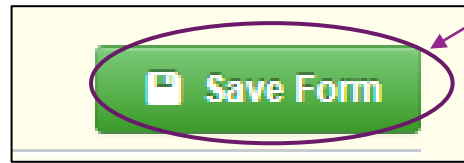   ► **Contractual** – Provide the dates of service for any contracts or contracted services

Budget cont.

- Justification cont.
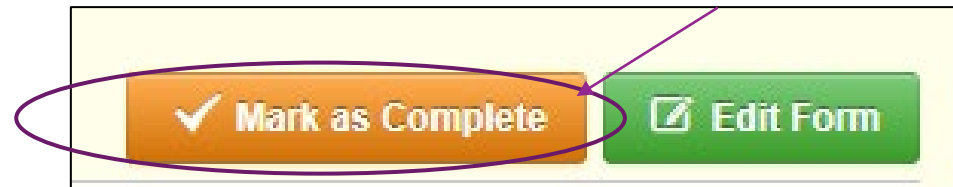 - To add the Justification(s), select "Edit Form" in the top of the Justification

Budget cont.

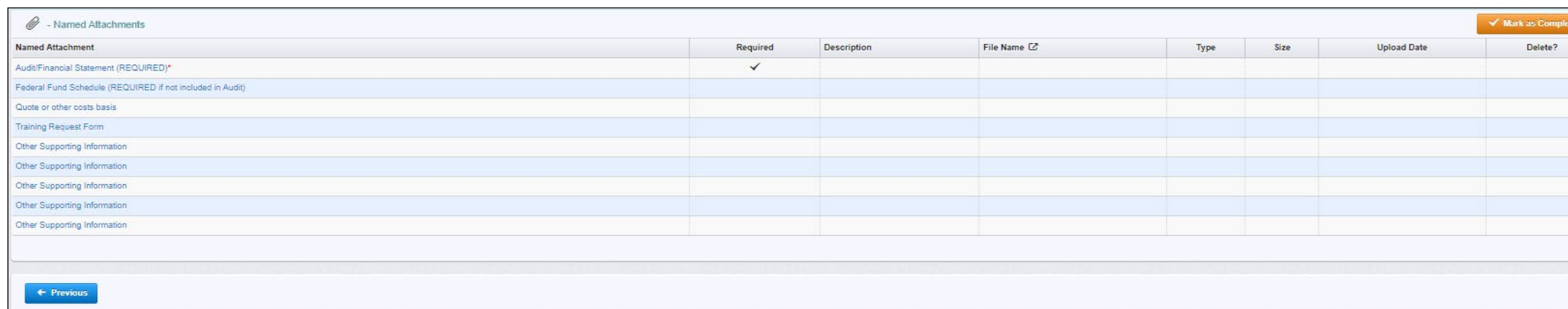- Select "Save Form" or "Save Multi-list", when the form has been completed


- Select "Mark as Complete"

Named Attachments

▶ Attach the required attachments:

    ▶ Audit/Financial Statement

▶ Attach any additional documents that are important:

    ▶ Quotes

    ▶ Training requests

    ▶ Any additional supporting documents

    ▶ Select "Mark as Complete"

Named Attachment	Required	Description	File Name ☑	Type	Size	Upload Date	Delete?
Audit/Financial Statement (REQUIRED)*	✓						
Federal Fund Schedule (REQUIRED if not included in Audit)							
Quote or other costs basis							
Training Request Form							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							

— Named Attachments

✓ Mark as Complete

← Previous

Important Dates

- ▶ Application Period: August 9, 2024 – September 11, 2024 4:00 pm CST
- ▶ WebEx Application Workshop: August 9, 2024 available online
- ▶ Program Start Date: October 1, 2024
- ▶ Program End Date: September 30, 2025

Contacts

For any questions, please contact our office:

- Elizabeth Leuckel

  Grant Specialist

  - (573) 751-1318
  - Elizabeth.Leuckel@dps.mo.gov

- Michelle Branson

  Grants Program Supervisor

  - (573) 526-9014
  - Michelle.Branson@dps.mo.gov

- Joni McCarter

  Program Manager

  - (573) 526-9020
  - Joni.mccarter@dps.mo.gov