2024 State Cyber Crime Grant (SCCG) Program Application Instructions

MO Department of Public Safety

2024 SCCG Program

▶ The goal of the SCCG Program is to make funds available to reduce internet sex crimes against children and improve public safety for children through investigations, forensics, and prevention. This program provides support of the continued operation of multi-jurisdictional law enforcement cybercrime task forces.

2024 SCCG Applicants

▶ Eligible Applicants:

▶ Any unit of state or local government within Missouri may apply for SCCG funds from the Missouri Department of Public Safety so long as the project is multi-jurisdictional. A Memorandum of Understanding (MOU) [or Memorandum of Agreement (MOA)], signed by all participating jurisdictions, must be submitted as an attachment to the application.

  ▶ Reference the Notice of Funding Opportunity for additional details.

    ▶ 2024 SCCG NOFO

▶ Ineligible Applicants:

Non-profit and for-profit organizations are ineligible for SCCG funds from the State of Missouri.

Login

- To begin an application login to the WebGrants System
  - Returning users or Organizations
    - Enter User ID under Log In
  - New Users select "Register Here"

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 Password

▶ Type in your One-Time Passcode

    ▶ An one-time passcode will be sent to the email address that is registered with the User ID

An email has been sent to the email address listed in your user profile with a one-time passcode. Please enter the passcode below.

Password:*

One-Time Passcode:*

Authenticate

Reset Password

Resend One Time Passcode

SCCG Application, Cont.

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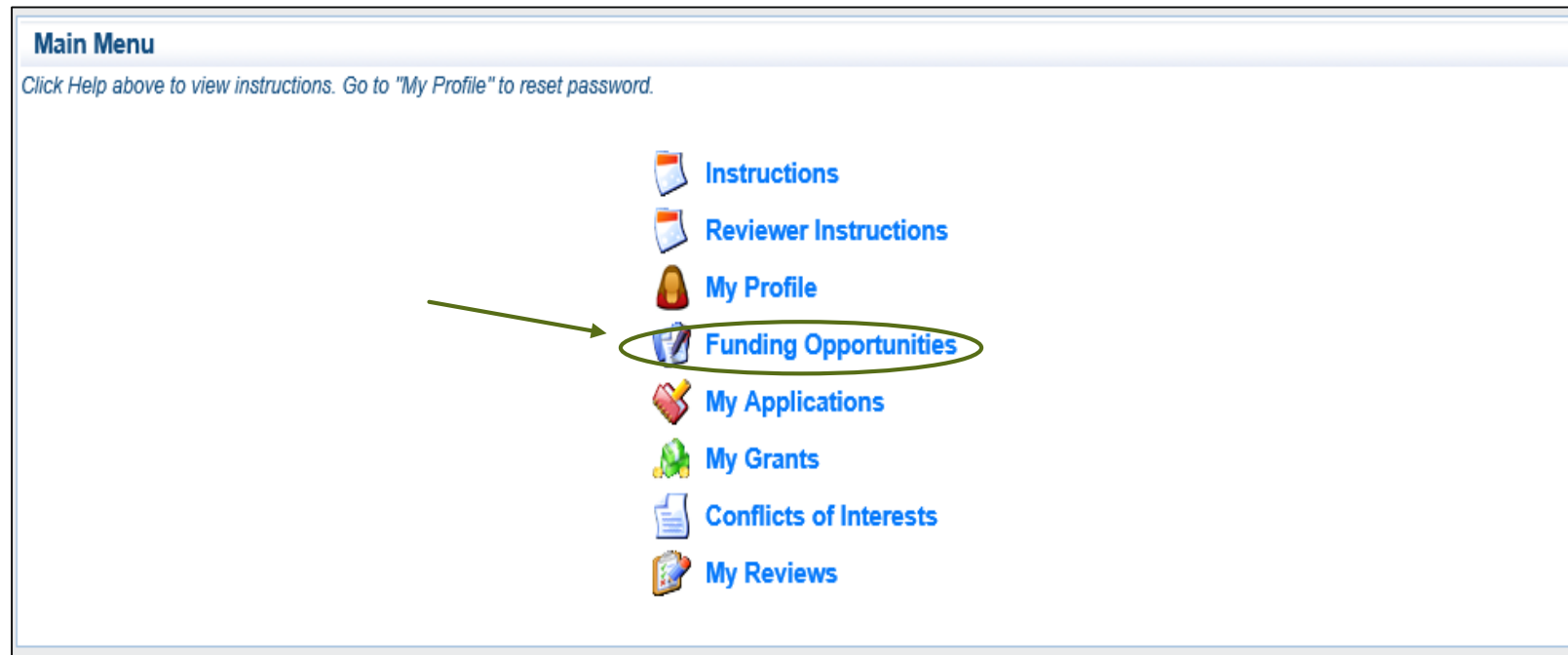
Funding Opportunities

▶ From the list of open funding opportunities select the 2024 SCCG Grant ID#154273

| 154273 | Editing | 2024 State Cyber Crime Grant SCCG | State Cyber Crime Grant (SCCG) |

▶ Review the Opportunity Details including.

- ▶ Description

- ▶ Attachments

  - ▶ 2024 SCCG NOFO

  - ▶ 2024 SCCG Certified Assurances

- ▶ Website Links

  - ▶ DPS SCCG Informational web page https://dps.mo.gov

Funding Opportunity, Cont.

▶ After reviewing all of the information select "Start a New Application"

Start a New Application

▶ The forms for this grant have all changed so selecting "Copy Application" will not save time, as all of the forms will be blank

General Information Form

▶ Complete the entire form as indicated:

    ▶ **Primary Contact:** Select from the drop down, who will be the Primary Contact for the application

    ▶ **Project Title:** Enter SCCG 2024 Task Force name (i.e. 2024 SCCG – (Scott City Task Force)

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

General Information

Primary Contact: *	TEST TEST ▾
Project Title: (limited to 250 characters) *	2024 SCCG (task Force name)
Organization: *	BaseLine Organization ▾

▶ When complete, select "Save" 💾 **Save**

▶ Select "Go to Application Forms" **Go to Application Forms**

FY 2024 SCCG Application Forms

▶ The FY 2024 SCCG Application will include 6 forms:

  ▶ General Information

  ▶ Contact Information

  ▶ Eligibility Requirements

  ▶ Project Form

  ▶ Budget

  ▶ Attachments

Application Forms

▶ 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

Application Forms		Application Details | Submit | Withdraw
Form Name	Complete?	Last Edited
General Information	✓	04/17/2023
Contact Information		
Eligibility Requirements		
Project Form		
Budget		
Attachments		

Contact Information

▶ Select "Contact Information"

Application Forms		Application Details | Submit | Withdraw
Form Name	Complete?	Last Edited
General Information	✓	04/17/2023
Contact Information		
Eligibility Requirements		
Project Form		
Budget		
Attachments		

▶ 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.

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.

- **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, City Administrator).
- **Project Director:** (Sheriff, or Chief of Police/Colonel).
- **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty).
- **Officer In Charge:** (the individual that will act as the supervisor or commander of the proposed project).

Contact Information

Contact Information

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

Name:* | Mr | John | Scott
Title | First Name | Last Name

Job Title:* | Presiding Commissioner

Agency:* | Scott County Commissioner's Office

Mailing Address:* | 1234 S Main St
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:* | Scott City | Missouri | 64012
City | State | Zip

Email:* | rebecca.block@dps.mo.gov

Phone:* | 573-455-3455 | 1
Ext.

Fax: | 573-455-3456

▶ After completing the entire form select 'Save', and Mark as Complete

Save

Mark as Complete |

Eligibility Requirements

▶ Select Eligibility Requirements

Eligibility Requirements, cont.

▶ Enter the name of the law enforcement agency for the pass through entity, unless the task force has an individual Originating Agency Identifier (ORI), then enter the task force name

▶ Enter the ORI for the agency listed above

Law Enforcement Agency Information	
Row	
Name of the Project Agency (law enforcement department):	Acme County Sheriff's Office or Acme Task Force (if they have an individual ORI)
Originating Agency Identifier (ORI):	M0000001

Eligibility Requirements, cont.

- Answer questions 1-6 based on the Law Enforcement agency listed above

- If the answer to any of the eligibility questions #1-6 is 'No' the agency is not eligible for funding please do not continue with the application until the agency becomes compliant

Eligibility Requirements, cont.

Eligibility Requirements

• *If the answers to any of the eligibility questions #1-6 is 'No' the agency is not eligible for funding please do not continue with the application, until the agency becomes compliant.*

1. Is the project agency in compliance with Section 590.650 RSMo - Vehicle Stops Reporting?* ○ Yes ○ No
* Per Section 590.650 RSMo agencies are required to submit their reports to the Missouri Attorney Generals Office by March 1st of each year. Agencies that submitted by the late submission date of March 15th may be eligible for funding but will not take priority over agencies that submitted on time.

2. Is the project agency in compliance with Section 590.700 RSMo? - (Agencies are required to adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of Section 590.700 RSMo)* ○ Yes ○ No

3. Is the project agency in compliance with Section 43.544 RSMo - (each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository)* ○ Yes ○ No

4. Is the project agency in compliance with Section 590.1265 RSMo - Police Use of Force Transparency Act of 2021? * ○ Yes ○ No
* 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 since January 1, 2022

5. Is the project agency in compliance with Section 43.505 RSMo Uniform Crime Reporting - Missouri Incident-Based Reporting System MIBRS (each law enforcement agency is required to submit crime incident reports to the department of public safety on forms or in the format prescribed by the department and submit any other crime incident information which may be required by the Department of Public Safety)* ○ Yes ○ No
* 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 since January 1, 2022

6. Is the project agency in compliance with Section 590.030 RSMo - Rap Back Program Participation (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)* ○ Yes ○ No

Return to Top

▶ After answering all 6 questions select 'Save', and Mark as Complete

💾 **Save**

Mark as Complete |
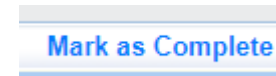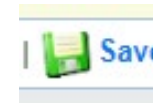
Application Forms

▶ Select Project Form

Application Forms		Application Details | Submit | Withdraw
Form Name	Complete?	Last Edited
General Information	✔	04/17/2023
Contact Information	✔	04/17/2023
Eligibility Requirements	✔	04/17/2023
Project Form		
Budget		
Attachments		

Project Form

- The Project Form has 6 Sections:
  - Project Summary
  - Training Requirements By Category
  - Goals
  - Risk Assessment Information
  - Audit Requirements
  - Certified Assurances
- The information provided in the application is used during the application scoring phase. Please ensure all questions are answered fully and accurately

Project Form, Project Summary

▶ Section 1: Project Summary consists of 3 questions

 ▶ To begin answering questions select "Edit" at the top of the form

▶ Question #1: Project Type, select project type from the drop-down list

Project Form, Project Summary, cont.

- Section 1 - Project Summary
  - Goal #1 Minimum Standards
  - 1. Provide a project narrative

Project Summary*

Provide a summary of the proposed project. Define the services that will be provided and how the services will be provided.

Project Form, Project Summary, cont.

- Section 1 - Project Summary
  - Provide the service area of the project. Why is the proposed project necessary

Provide the service area of the project.*

include both geographic location and the population that will benefit from this project.

| | | | | | | | | | | | | | | | | | | | | | | | Font | | Size | |

Project Form, Project Summary, cont.

► Section 1 - Project Summary

  ► Why is the proposed project necessary?

Why is the proposed project necessary?*

Include both the need in the community as well as the need for funding.

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Project Form, Goals – Training Requirements By Category

▶ Goal #1 Minimum Standards

    ▶ Prior to answering the next question review the training requirements for each position title. Please review this list for all task force officers.

    ▶ This information can be located in the 2024 SCCG NOFO or in the Project Form

Goal #1 Minimum Standards

▶ Objective 1.1 Minimum Training

  ▶ 2. Have all task force officers completed the online training of the ICAC Program Operation and Investigative Standards?

Objective 1.1 Minimum Training

2. For the following include all personnel (investigators and forensic examiners, full-time and part-time, grant-funded and non-grant-funded) working child internet sex crime cases for the cyber task force or cyber unit.

Information for the ICAC Program Operation and Investigative Standards and support can be located at: https://ojjdp.ojp.gov/training-and-technical-assistance

Have all task force officers completed the online training of the ICAC Program Operation and Investigative standards?*

▶ If the answer is "No" an additional box will pop up to request information.

Objective 1.1 Minimum Training

2. For the following include all personnel (investigators and forensic examiners, full-time and part-time, grant-funded and non-grant-funded) working child internet sex crime cases for the cyber task force or cyber unit.

Information for the ICAC Program Operation and Investigative Standards and support can be located at: https://ojjdp.ojp.gov/training-and-technical-assistance

Have all task force officers completed the online training of the ICAC Program Operation and Investigative standards?* ○ Yes ◉ No

If you answered no, please list each task force officer/forensic personnel that have not yet completed the training, as well as the estimated time frame for them to complete the training.

> If you answered no, please list each task force officer/forensic personnel that have not yet completed the training, as well as the estimated time frame for them to complete the training.

Project Form, cont.

▶ In order to complete the next section select "Save" at the top of the form.

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Project Form, Goals cont.

▶ 2.B For the following questions include all personnel (investigators and forensic examiners, full-time and part-time, grant funded and non-grant-funded) working on child internet sex crime cases for the cyber task force or cyber unit.

▶ Add one line for each officer/examiner in the task force, by selecting "Add"

Add

Objective #1.1 continued

2.B For the following questions include all personnel (investigators and forensic examiners, full-time and part-time, grant funded and non-grant-funded) working on child internet sex crime cases for the cyber task force or cyber unit.

Add one line for each officer/examiner in the task force

Officer Name:	Is this position grant funded?	Employment Status	Is the officer/examiner POST certified? (Missouri Peace Officer Certification)	Job Category(s):	Have the task force officer completed the <u>minimum</u> required training as outlined above?	If you answered no to question (6), please indicate which training requirement has not been met and when the minimum training will be completed.	In the past calendar year has the officer completed the recommended training?	If you answered no to question (7) please give a reason the training was not completed, and the anticipated date for completing the training for this year.

Project Form, Goals cont.

- Select "Save" after each entry
- View of saved entry

Officer Name:	Is this position grant funded?	Employment Status	Is the officer/examiner POST certified? (Missouri Peace Officer Certification)	Job Category(s):	Have the task force officer completed the minimum required training as outlined above?	If you answered no to question (6), please indicate which training requirement has not been met and when the minimum training will be completed.	In the past calendar year has the officer completed the recommended training?	If you answered no to question (7) please give a reason the training was not completed, and the anticipated date for completing the training for this year.
Craig Mann	No	Full-Time	Yes	Mobile Device Extractor	No			
John Doe	Yes	Part-Time	Yes	Online Investigator	Yes		Yes	
Tim Scott	Yes	Full-Time	Yes	Computer Forensic Examiner	Yes			

Project Form

▶ Changes can be made to each list by selecting "Edit" at the top of the page.

Goal #1 Minimum Standards

- Goal #1 Minimum Standards
  - Objective #1.2 Minimum Procedures
    - 3. Has the task force defined a protocol or procedure that details the approximate timeframe, triaging system, and follow-up involved for handling cyber tips?
    - Yes/No question
    - 3.a. If the answer to question (3) is no, explain the task force's plan to implement a protocol or procedure to handle cyber tips received by the task force.

Objective #1.2 Minimum Procedures

3. Has the task force defined a protocol or procedure that details the approximate timeframe, triaging system, and follow-up involved for handling cyber tips?* ○ Yes ● No

3.a If the answer to question (3) is no, explain the task force's plan to implement a protocol or procedure to handle cyber tips received by the task force.

Goal #1 Minimum Standards

- Goal #1 Minimum Standards

    - 4. Does the task force have (or have access to) a program or other means to make psychiatric or psychological evaluations and /or counseling available for all task force officers?

    - Yes/No question

    - 4.a. If the answer to question (4) is no explain the plan to implement or identify a program or other means to make psychiatric or psychological evaluations and /or counseling available for task force officers.

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4. Does the task force have (or have access to) a program or other means to make psychiatric or psychological evaluations and/or counseling available for all task force officers?* ○ Yes ● No

4.a If the answer to question (4) is no explain the plan to implement or identify a program or other means to make psychiatric or psychological evaluations and/or counseling available for task force officers.

Goal#2 Task Force Activities

▶ Objective #2.1 Proactive Activities

    ▶ 5. Does the task force have the current manpower and resources to conduct ongoing proactive investigations.

    ▶ Yes/No question

    ▶ 5.a. If the answer to question (5) is no, explain the reason the task force is not bale to conduct ongoing proactive investigations. In addition, explain whether the task force was ever able to conduct ongoing proactive investigations in previous years, and if so, identify what those proactive investigation efforts entailed and the number of the task force officers that conducted such ongoing proactive investigations.

Goal #2 Task Force Activities

Objective #2.1 Proactive Activities

5. Does the task force have the current manpower and resources to conduct ongoing proactive investigations?*   ○ Yes ●No

5.a If the answer to question (5) is no, explain the reason the task force is not able to conduct ongoing proactive investigations. In addition, explain whether the task force was ever able to conduct ongoing proactive investigations in previous years, and if so, identify what those proactive investigation efforts entailed and the number of task force officers that conducted such ongoing proactive investigations.

Goal #2 Task Force Activities

▶ Objective #2.2 Proactive Investigations

  ▶ 6. Does the task force have the ability to perform on-site triaging of evidence?

  ▶ Yes/No question

  ▶ 6.a. If the answer to question (6) is no, explain the reason the task force is not able to perform on-site triaging of evidence. In addition, explain if there is any plan to establish the means to perform on-site triaging of evidence in the future.

Objective #2.2 Proactive Investigations

6. Does the task force have the ability to perform on-site triaging of evidence?* ○ Yes ● No

6.a If the answer to question (6) is no, explain the reason the task force is not able to perform on-site triaging of evidence. In addition, explain if there is any plan to establish the means to perform on-site triaging of evidence in the future.

Goal 3: Educational Activities

► Objective #3.1 Community Outreach.

   ► 7. Has the task force been involved in cyber safety educational programs throughout the task force service area during the prior calendar year?

   ► Yes/No question

   ► 7.a. If the answer to question (7) is no, explain the reason the task force was not involved in cyber safety educational programs throughout the task force service area during the prior calendar year, and identify the plan to get involved in the upcoming calendar year.

Goal 3: Educational Activities

Objective #3.1 Community Outreach
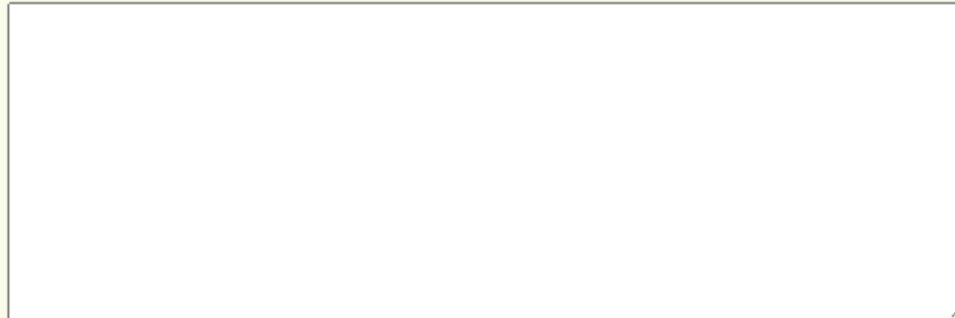
7. Has the task force been involved in cyber safety educational programs throughout the task force service area during the prior calendar year?*   ○ Yes ● No

7.a If the answer to question (7) is no, explain the reason the task force was not involved in cyber safety educational programs throughout the task force service area during the prior calendar year, and identify the plan to get involved in the upcoming calendar year.

Goal 3: Educational Activities

► Objective #3.1 Community Outreach.

   ► 7. Has the task force been involved in cyber safety educational programs throughout the task force service area during the prior calendar year?

   ► Yes/No question

   ► 7.b. If you answered yes to question (7), please describe the types of educational programs the task force was involved in and how often they participated.

7.b If you answered yes to question (7), please describe the types of educational programs the task force was involved in and how often they participated.

Goal 3: Educational Activities

▶ Objective #3.2 Law Enforcement Outreach

   ▶ 8. Has the task force been involved in outreach efforts to law enforcement agencies throughout the task force service area during the prior calendar year?

   ▶ Yes/No question

   ▶ 8.a. If the answer to question (8) is no, explain the reason the task force was not involved in outreach efforts with law enforcement agencies throughout the task force service area during the prior calendar year, and identify the plan to get involved in the text calendar year.

Objective #3.2 Law Enforcement Outreach

8. Has the task force been involved in outreach efforts to law enforcement agencies throughout the task force service area during the prior calendar year?*   ○ Yes ● No

8.a If the answer to question (8) is no, explain the reason the task force was not involved in outreach efforts with law enforcement agencies throughout the task force service area during the prior calendar year, and identify the plan to get involved in the next calendar year.

Goal 3: Educational Activities

- Objective #3.2 Law Enforcement Outreach
  - 8. Has the task force been involved in outreach efforts to law enforcement agencies throughout the task force service area during the prior calendar year?
  - Yes/No question
  - 8.b. If the answer to question (8) is yes, please describe the types of outreach that the task force was involved in and how often.

8.b If the answer to question (8) is yes, please describe the types of outreach that the task force was involved in and how often.

Goal 3: Educational Activities

▶ Objective #3.3 Prosecutorial Outreach

   ▶ 9. Has the task force been involved in outreach efforts to prosecutors and/or federal attorneys throughout the task force service area during the prior calendar year?

   ▶ Yes/No question

   ▶ 9.a. If the answer to question (9) is no, explain the reason the task force was not involved in outreach efforts with prosecutors and /or federal attorneys throughout the task force service area during the prior calendar year, and identify the plan to get involved in the next calendar year. during the prior calendar year, and how often.

Objective #3.3 Prosecutorial Outreach

9. Has the task force been involved in outreach efforts to prosecutors and/or federal attorneys throughout the task force service area during the prior calendar year?*   ○ Yes ● No

9.a If the answer to question (9) is no, explain the reason the task force was not involved in outreach efforts with prosecutors and/or federal attorneys throughout the task force service area during the prior calendar year, and identify the plan to get involved in the next calendar year:

Project Form & Goals, Cont.

- Goal 3: Educational Activities

- Objective #3.3 Prosecutorial Outreach

  - 9. Has the task force been involved in outreach efforts to prosecutors and/or federal attorneys throughout the task force service area during the prior calendar year?

  - Yes/No question

  - 9.b. If the answer to question (9) is yes, how was the task force involved in outreach efforts with prosecutors and /or federal attorneys throughout the task force service area during the prior calendar year, and how often.

Objective #3.3 Prosecutorial Outreach

9. Has the task force been involved in outreach efforts to prosecutors and/or federal attorneys throughout the task force service area during the prior calendar year?* ● Yes ○ No

9.b If the answer to question (9) is yes, how did was the task force involved in outreach efforts with prosecutors and/or federal attorneys throughout the task force service area during the prior calendar year, and how often?

Goal 3: Educational Activities

▶ Objective #3.4 Allied Professionals Outreach

  ▶ 10. Has the task force been involved in outreach efforts to allied professionals throughout the task force service area during the prior calendar year?

  ▶ Yes/No question

  ▶ 10.a. If the answer to (10) is no, explain the reason the task force was not involved in outreach efforts with allied professionals throughout the task force service area during the prior calendar year, and the plan to get involved in outreach efforts going forward

10.a If the answer to (10) is no, explain the reason the task force was not involved in outreach efforts with allied professionals throughout the task force service area during the prior calendar year, and the plan to get involved in outreach efforts going forward.

Goal 3: Educational Activities

▶ Objective #3.4 Allied Professionals Outreach

  ▶ 10. Has the task force been involved in outreach efforts to allied professionals throughout the task force service area during the prior calendar year?

  ▶ Yes/No question

  ▶ 10.b. If the answer to (10) is yes, what types of outreach efforts did the task force participate in with allied professionals throughout the task force's service area during the prior calendar year, and how often?

Objective #3.4 Allied Professionals Outreach

10. Has the task force been involved in outreach efforts to allied professionals throughout the task force service area during the prior calendar year?* ○ Yes ○ No

10.b. If the answer to (10) is yes, what types of outreach efforts did the task force participate in with allied professionals throughout the task force's service area during the prior calendar year, and how often?

Goal #4 Collaboration with Other Agencies

▶ Objective #4.1 Information Sharing

▶ 11. Does the task force participate in meetings, generate newsletters, or partake in any other information forum to share task force information with the agencies throughout the task force service area ?

▶ Yes/No question

▶ 11.a. If the answer to (11) is "Yes", identify the type of information that is shared, and identify the agencies to which information is shared.

Goal #4 Collaboration with Other Agencies
Objective #4.1 Information Sharing

11. Does the task force participate in meetings generate newsletters, or partake in any other information forum to share task force information with the agencies throughout the task force service area?*   ● Yes ○ No

11.a. If the answer to (11) is yes, identify the type of information that is shared, and identify the agencies to which information is shared.

Goal #4 Collaboration with Other Agencies

- Objective #4.1 Information Sharing

  - 11. Does the task force participate in meetings, generate newsletters, or partake in any other information forum to share task force information with the agencies throughout the task force service area ?

  - Yes/No question

  - 11.b. If the answer to question (11) is "No", describe the plan to implement information sharing with the agencies throughout the task force service area, identify the type(s) of information that will be shared, and identify the agencies to which information will be shared.

Goal #4 Collaboration with Other Agencies

Objective #4.1 Information Sharing

11. Does the task force participate in meetings generate newsletters, or partake in any other information forum to share task force information with the agencies throughout the task force service area?*   ○ Yes ● No

11.b. If the answer to question (11) is no, describe the plan to implement information sharing with the agencies throughout the task force service area, identify the type(s) of information that will be shared, and identify the agencies to which information will be shared.

Goal #4 Collaboration with Other Agencies

▶ Objective #4.2 Investment

  ▶ 12. Does the task force have a committee established to engage in operational and/or financial matters involving the task force?

  ▶ Yes/No question

  ▶ 12. a. If you answered "No" to question (12) Please explain why there is no committee, and if there are any plans to establish a committee.

Objective #4.2 Investment

12. Does the task force have a committee established to engage in operational and/or financial matters involving the task force?* ○ Yes ● No

12.a If you answered no to question (12). Please explain why there is no committee, and if there are any plans to establish a committee.

Project Form, cont.

- In order to complete the next section select "Save" at the top of the form.

Goal #4 Collaboration with Other Agencies

▶ Objective #2.2 Investment

  ▶ 13. Do all the agencies signing the Memorandum of Understanding (MOU) contribute resources to the task force?

  ▶ Yes/No question, will need to be completed, select "Save" at the top of the form.

  ▶ 13.a. Please add each MOU signer separately, and list what if any resources are provided by that agency. Select "Add" and complete form, select "Save" continue this process for each MOU/MOA signor.

							Add
13.a Please add each MOU signer separately, and list what if any resources are provided by that agency.							
Agency	Personnel	Currency	Equipment	Fuel	Office Space	Other	

Project Form & Goals, Cont.

▶ Since each project is required to be multi-jurisdictional the form cannot be completed without a minimum of two agencies entered.

2.M.i Please add each MOU signer separately, and list what if any resources are provided by that agency.

Agency	Personnel	Currency	Equipment	Fuel	Office Space	Other
Agency A		$250.00				
Agency B		$300.00				
Agency C		$0.00		1700.00		
Agency D		$0.00				
Agency E	Task Force Officer 1 - 50,000	$100.00	Vehicle 10,000 Maintenance 2,000	4,000	15,000 For 4 task force officers	
Agency F	50% Salary $40,000 Overtime $3000	$100.00	Vehicle $4000.00 Maintenance $2500.00	6,600	$1750.00	
Agency G		$200.00				

Project Form & Goals, Cont.

▶ Changes can be made to each list by selecting "Edit" at the top of the page.

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

13.a Please add each MOU signer separately, and list what if any resources are provided by that agency.						
Agency	Personnel	Currency	Equipment	Fuel	Office Space	Other
Agency A		$250.00				
Agency B		$300.00				
Agency C		$0.00		1700.00		
Agency D		$0.00				
Agency E	Task Force Officer 1 - 50,000	$100.00	Vehicle 10,000 Maintenance 2,000	4,000	15,000 For 4 task force officers	
Agency F	50% Salary $40,000 Overtime $3000	$100.00	Vehicle $4000.00 Maintenance $2500.00	6,600	$1750.00	
Agency G		$200.00				

Audit Information

- Audit Information

  - 14. Has the applicant agency exceeded the State expenditure threshold of $375,000 in state funds during agency's last fiscal year?

  - Yes/No question

  - 15. Date last audit completed a date must be entered to save.

  - 16. 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 Required Attachments section of this application:

Risk Assessment Information

14. Has the applicant agency exceeded the State expenditure threshold of $375,000 in state funds during agency's last fiscal year?:*   ○ Yes ● No

15. Date last audit completed:* [_____]

16. 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:* ☐

Risk Assessment Information

- Risk Assessment

  - 17. Does the applicant agency have new personnel that will be managing this grant award? If the answer is "Yes", the following questions will pop-up:

  - Yes/No question

  - 17.a. If you answered yes to question (17), please list the name(s) of new personnel and their title(s).

Risk Assessment

17. Does the applicant agency have new personnel that will be managing this grant award?:*   ⦿ Yes ○ No
New personnel is defined as working with this award type less than 12 months.

17.a. If you answered yes to question (17), please list the name(s) of new personnel and their title(s).

Risk Assessment Information

▶ Risk Assessment

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

   ▶ Yes/No question

18. Does the applicate agency have a new fiscal or time accounting system that will be used on this award?* ⦿ Yes ◯ No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

Risk Assessment Information

▶ Risk Assessment

  ▶ 19. Does the applicant agency receive any direct Federal Awards?

  ▶ Yes/No question

  ▶ 19.a. If you answered yes to question (19), please list the direct Federal awards the agency receives.

19. Does the applicant agency receive any direct Federal awards?*   ⦿ Yes ○ No

Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as CJ/LE.

19.a If you answered yes to question (19), please list the direct Federal awards the agency receives.

Risk Assessment Information

- Risk Assessment
  - 20. Did the applicant agency receive any Federal monitoring on a direct Federal award in their last fiscal year?
  - Yes/No question
  - 20.a. If you answered yes to question (20), please list the direct Federal awards that were monitored and indicate if there were any findings or recommendations.

---

20. Did the applicant agency receive any Federal monitoring on a direct Federal award in their last fiscal year?:* Yes ▾

20.a If you answered yes to question (20), please list the direct Federal awards that were monitored and indicate if there were any findings or recommendations.
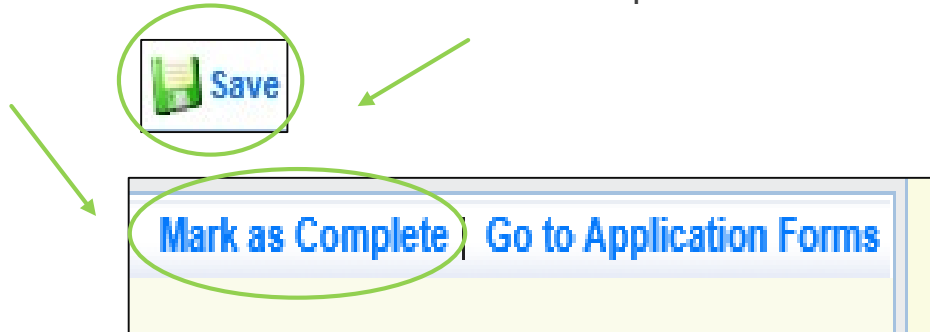
Project Form, Certified Assurances

▶ The 2024 SCCG Certified Assurances can be accessed by selecting the blue hyperlink.

   ▶ To complete select "Yes" or "No" to agreeing to the certified assurances.

   ▶ Complete Authorized Official's name, job title, and date.

   ▶ Authorized Official must agree to the application prior of submission.

Certified Assurances

The correct Authorized Official must be the signatory on this application for the application to be eligible for funding, please see list below.
The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract (e.g. Presiding Commissioner, Mayor, City Administrator, University President, State Department Director).

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:

2024 SCCG 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. *   ☐

Name and Title of the Authorized Official* _____

Date:* _____ 📅

Name and Title of Person Completing the Application:* _____

Project Form

- When all sections of the project form have been completed, select "Save" and "Mark as Complete".

Project Forms

- Select "Budget"

Budget Form

- Budget
  - Select "Add" for each
  Budget line

Budget		Mark as Complete | Go to Application Forms	Add
To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.			
Budget Line Category:	Line Name:	Description:	Amount of Grant Funds Requested:

Budget Form, Cont.

▶ **Budget Line Category**

▶ **Line name:** should be a brief description of what the budget line is requesting (i.e. Personnel, Personnel Benefits, Equipment, Supplies/Operations, and Contractual

    ▶ **Each equipment line must be entered separately .**

    ▶ **Description:** Description of the budget line (i.e. (3) Personnel, FICA/Medicare, Medical Insurance & Dental Insurance), Workers Comp (3) Write Blocker, Forensic Disc Reader (1), Network Attached Storage Device (1).

▶ **Amount of Grant Funds Requested:** Should be the total amount of the funds requested for the listed budget line.

Budget Form, Cont.

▶ For each budget line select one of the eight budget categories from the dropdown menu.

Budget

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

Budget Line Category:*
- 1. Personnel
- 2. Personnel Benefits

Line Name:*
- 3. Overtime Personnel
- 4. Overtime Benefits

Description:*
- 5. Travel/Training
- 6. Equipment

Amount of Grant Funds Requested:*
- 7. Supplies/Operations
- 8. Contractual

Budget Form, Cont.

▶ Completed Budget Example

Budget			Mark as Complete | Go to Application Forms | Add
To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.			
Budget Line Category:	**Line Name:**	**Description:**	**Amount of Grant Funds Requested:**
1. Personnel	Salary	(2) Salary - Full-time Examiners,(2) Full-time Investigators	$225,551.34
			$225,551.34
2. Personnel Benefits	Benefits	(4) FICA/Medicare/ Medical, Retirement, Workers Comp	$90,813.85
			$90,813.85
5. Travel/Training	Travel/ Training	CAC Conference	$1,600.00
			$1,600.00
6. Equipment	Equipment	(1) Forensic Disc Reader	$12,995.00
6. Equipment	Equipment	Desk Top Workstation (2)	$4,127.00
6. Equipment	Equipment	Storage (1)	$2,770.00
			$19,892.00
7. Supplies/Operations	Supplies	(1) PCIe Write Blocker (5) USB3 External Hard Drives (2) USB SATA Write Blockers	$2,387.00
			$2,387.00
			$340,244.19

▶ To Edit a budget line, select the hyperlink of the line you wish to edit, or select "Edit" for a mass edit of all lines as well as the budget justification.

Budget Form, Cont.

▶ **Budget Justification**

(For each budget line requested please provide a separate justification.)

  ▶ **The Justification for each line should include the following:**

   ▶ Justify why each requested budget line is necessary for the success of the proposed project.

   ▶ Cost Basis for the budget line request, *(i.e. attached quote, prior year expenses, etc.).*

   ▶ Justify how each requested budget line has a direct effect on combating and/or preventing cybercrimes.

  Specific information for budget lines in these categories should also include:

▶ **Personnel & Personnel Overtime** - 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 or percentage 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** – List each and 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 Form cont.

- Budget Justification cont.
  - To add the Justification(s), select "Edit" in the top right corner.

Budget Form, Cont.

- Budget Justification cont.
  - Justification Example:
    - Personnel
    - Personnel Benefits

Personnel:

Personnel - Detective John Adams is an Investigator with Whoville Police Department and has been an investigator most of his career. He has been investigating Internet Crimes Against Children since 2010. Current Annual Salary is $50273.60

Personnel - Detective Adam Smith - has been in law enforcement with Whoville Police Department. He has been working Internet Crimes Against Children. He is responsible for all forensic evidence intake and storage. Current Annual Salary is $48,509.88

Personnel - Investigator Scott Smith has been in law enforcement with Whoville Police Department. He has been working Internet Crimes Against Children. He is responsible for all forensic evidence intake and storage. Current Annual Salary is $48,509.88

Personnel - Investigator Chris Smith-has been in law enforcement with Whoville Police Department. He has been working Internet Crimes Against Children. He is responsible for all forensic evidence intake and storage. Current Annual Salary is $48,509.88

Personnel Benefits:

FICA/Medicare- All personnel rate is standard (7.65%) Cost basis see attached county current rate sheet

Medical Insurance - Chris Smith Medical Insurance is provided by City of Whoville $300.00 for 24 periods. Cost basis see attached county medical benefit sheet

Medical Insurance - For Investigator John Adams Medical Insurance is provided by City of Whoville $200.00 for 24 periods. Cost basis see attached Medical rate benefit sheet.

Pension - Retirement - All personnel Pension- Retirement is provided by City of Whoville at (16.4%) Cost basis see attached current county rate sheet

Workers Comp - All personnel Workers Comp is provided by the City of Whoville at (4.55%) Cost basis see attached county current rate sheet

Budget Form, Cont.

▶ Budget Form, cont.

▶ Justification Example:

    ▶ Equipment

    ▶ Supplies

Equipment:

Equipment - Disc System - This is a replacement will be used by Investigator Scott Smith. This piece of equipment hashes and reports on CD's, DVDs and Blu-Ray discs that are seized during child exploitation search warrants. Cost Estimate $13,028.47 see attached vendor quote.
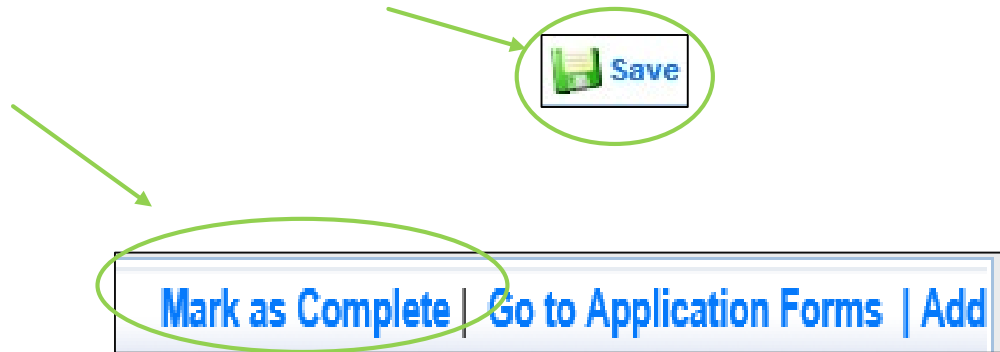
Equipment - Desk Top Workstation -This is a replacement. It will be used by Examiner Adam Smith. Cost Estimate $12.900.00 see attached vendor quote.

Supplies:

Supplies/Operations - PCIe Write Blockers - This write blocker will be used by Examiner Adam Smith. Write blockers are required to isolate the suspect's storage media from the forensic workstation of the imaging equipment. So that no changes are made to the evidence. This write blocker is a new addition, Cost Estimate $459.00 Cost basis see attached vendor quote.

Budget Form, Cont.

▶ When all lines of the budget have been added and a separate justification has been provided for each budget line, select "Save" and "Mark as Complete"

Save

Mark as Complete | Go to Application Forms | Add

Application Forms

- Select Attachments

Attachments Form

- Signed MOU/MOA, should have **current** signatures
- Audit
- Vendor quotes
- Other Supporting documentation

Attachments Form, Cont.

▶ To attach a document, select the hyperlink for that attachment.

Required Attachments Form, Cont.

▶ Select "Browse" to search your computer for the file.

  ▶ Provide a brief description for the file.

▶ When complete, select "Save".

NOTE: Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

Upload File: [   ] Browse...

Description:* [   ]
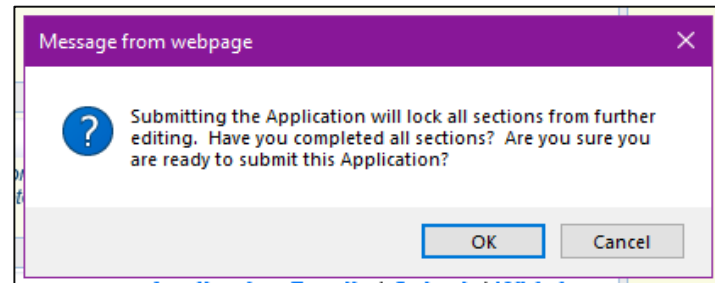
Required Attachments Form, Cont.

▶ After all attachments have been uploaded, "Mark as Complete"

Submit Application

▶ When all forms are marked complete, select "Submit".

▶ A pop-up box will ask if you are sure you are ready to submit, if you are sure, select "OK"

Message from webpage ✕

? Submitting the Application will lock all sections from further editing. Have you completed all sections? Are you sure you are ready to submit this Application?

OK   Cancel

▶ After submission is complete, WebGrants will show Application Submitted Confirmation

Application Submitted Confirmation

You have successfully submitted your 2024 SCCG (task Force name) Application with Application ID: 154062.

Important Dates

- Application Period:

- April 17, 2023 – May 10, 2023 4:00 p.m. (CST)

- Application Instructions PowerPoint, and Notice of Funding Opportunity, Available online: April 17, 2023.

- Compliance Workshop: June 28, 2023

- Program Start Date: June 1, 2023

- Program End Date: May 31, 2024

Contacts

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