

# SFY 2026 State Cyber Crime Grant Program (SCCG) Compliance Workshop

Missouri Department of Public Safety  
Office of Homeland Security  
DPS Grants



# General Grant Information



# 2026 SCCG Goal

- ▶ 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.

# Grant Requirements

- ▶ State Cyber Crime Grant (SCCG)
  - ▶ Funds come from Missouri's general revenue and are subject to legislative appropriation each year
  - ▶ Supports the continued operation of multi-jurisdictional law enforcement cyber crime task forces
  - ▶ Project Period: June 1, 2025, to May 31, 2026
    - ▶ Eligible budget categories:
      - ▶ Personnel
      - ▶ Personnel Benefits
      - ▶ Personnel Overtime
      - ▶ Personnel Overtime Benefits
      - ▶ Travel/Training
      - ▶ Equipment
      - ▶ Supplies/Operations
      - ▶ Contractual

# Grant Requirements cont.

- ▶ Financial & Administrative Guide for CJ/LE
  - ▶ <https://dps.mo.gov/dir/programs/dpsgrants/documents/financial-admin-guidelines.pdf>
- ▶ Information Bulletins
  - ▶ [CJ/LE-GT-2020-002](#), Policy on Claim Request Requirements including DPS Reimbursement checklist
  - ▶ [CJ/LE-GT-2020-003](#), Policy on Budget Modifications, Program Changes, Scope of Work Changes, Status Reports, and Return of Funds

**Note: The Information Bulletins are in the process of being revised. Updated links will be provided when the revisions are complete**

- ▶ Missouri State Statutes <http://revisor.mo.gov/main>

# Grant Requirements cont.

- ▶ Law Enforcement Agencies must comply with the following state statutes to be eligible for state funds, at the time of application and for the duration of the project period
  - ▶ [Section 43.505 RSMo](#): Uniform Crime Reporting (UCR)
  - ▶ [Section 590.650 RSMo](#): Vehicle Stops Report
  - ▶ [Section 513.653 RSMo](#): Federal Forfeiture Report
  - ▶ [Section 590.700 RSMo](#): Written Policy on Recording Custodial Interrogations
  - ▶ [Section 43.544 RSMo](#): Written Policy on Forwarding Intoxication-Related Traffic Offenses
  - ▶ [Section 590.1265 RSMo](#): Police Use of Force Transparency Act of 2021
  - ▶ [Section 590.030 RSMo](#): Rap Back Program Participation

# State Civil Rights Laws

- ▶ Agencies must comply with State Civil Rights
  - ▶ Section 213.055 RSMo - Unlawful Employment Practices
    - ▶ Recipient may not discriminate on the basis of race, color, religion, national origin, sex ancestry, age, or disability in its employment practices (e.g. hiring, compensation, conditions, or privileges)
  - ▶ Section 213.065 RSMo - Discrimination in Public Accommodations
    - ▶ Recipient may not discriminate on the basis of race, color, religion, national origin, sex ancestry, or disability in the use and enjoyment of any place or public accommodation
    - ▶ It is unlawful to refuse, withhold from, or deny any of the accommodations, advantages, facilities, services, or privileges made available in any place of public accommodations
  - ▶ Section 285.530.1 RSMo indicates that an agency will not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri

# Grant Life Cycle

- ▶ Recipient applies and gets approval of application
- ▶ Recipient will receive award documents
  - ▶ Once the signed documents are received and signed by the Director of Public Safety, the budget has been updated and approved, and the Compliance Workshop Acknowledgement has been returned, the grant will be marked “Underway”
- ▶ “Underway” Phase
  - ▶ Subrecipient can now order Equipment and /or Supplies
  - ▶ Claims may be submitted for Reimbursement
  - ▶ Quarterly Status Reports must be submitted
- ▶ Closeout
  - ▶ Once all Claims and Status Reports have been submitted and approved, the grant can be closed



# Grant Set-Up

- ▶ The award must be signed by the Authorized Official
- ▶ Each page of the Articles of Agreement must be initialed by the Authorized Official
- ▶ The signed award needs to be returned via email to Becky Block at [Rebecca.Block@dps.mo.gov](mailto:Rebecca.Block@dps.mo.gov)
- ▶ The fully executed grant Award Agreement will be available in WebGrants under Award Documents - Final

# Expending Grant Funding

- ▶ Funds must be obligated within the project period and should be expended & submitted for reimbursement within 10 days following the project period end date
- ▶ Project Period: June 1, 2025- May 31, 2026
- ▶ Final claim due June 10, 2026

# Procurement

- ▶ Subrecipient assures that all procurement transactions whether negotiated or competitively bid and without regard to dollar value shall be conducted in a manner to provide maximum open and free competition
- ▶ Subrecipient assures that all procurement transactions will meet the minimum standards set forth by the “DPS Financial and Administrative Guidelines”
  - ▶ All quotes/bids and the rationale behind the selection of source of supply must be retained
  - ▶ Purchases to a single vendor that is less than \$10,000 may be purchased with prudence on the open market
  - ▶ Purchases estimated to be between \$10,000 but less than \$100,000 to a single vendor, must be competitively bid
  - ▶ Purchases with an estimate of \$100,000 or more to a single vendor must be advertised for bids in at least 2 daily newspapers of general circulation in places as are most likely to reach prospective bidders at least 5 days before bids for such purposes are to be opened
  - ▶ Where 1 bid or positive proposal is received, it is deemed to be sole source procurement
    - ▶ Sole sources procurement on purchases to a single vendor of \$10,000 and over requires PRIOR approval from the Missouri Department of Public Safety

# Travel Policy/Mileage/Per Diem Rate

- ▶ The Department of Public Safety Subrecipient Travel Guidelines can be found
  - ▶ <https://dps.mo.gov/dir/programs/dpsgrants/sccg.php>
- ▶ Mileage Reimbursement
  - ▶ <https://acct.ao.mo.gov/state-employees/travel-portal/mileage>
  - ▶ Effective January 1, 2025 - June 30, 2025, the State of Missouri mileage rate is \$0.65.5 per mile
  - ▶ Effective July 1, 2025 - December 31, 2025, the State of Missouri mileage rate is \$0.70 per mile
- ▶ The State of Missouri Per Diem rates can be found:
  - ▶ <https://acct.ao.mo.gov/state-employees/travel-portal/meals-per-diem>
  - ▶ Verify the per diem rate before reimbursement requests
- ▶ DPS will reimburse based on the most restrictive travel policy (i.e., State of Missouri or local)
- ▶ GSA lodging rates will be reimbursed
  - ▶ [Per Diem Rates | GSA](#)

# Grant Requirements

- ▶ Claims must be submitted at least every 3 months
  - ▶ Claims may be submitted as needed
  - ▶ Claims must be in “**Paid**” status before the next claim is submitted
  - ▶ Personnel Cost must be supported with official payroll records and time sheets/payroll certification, benefit rate sheets
  - ▶ Proof of Payment is required for all expenses (i.e., Cancelled check, credit card statements)
  - ▶ Requesting Advanced Payment
- ▶ Status Reports must be submitted every Quarter

# WebGrants



# WebGrants cont.

- ▶ General Information (where to locate grant contacts)
- ▶ Budget
- ▶ Claims
  - ▶ Reimbursement Requirements
- ▶ Correspondence
- ▶ Subaward Adjustments
  - ▶ Program
  - ▶ Budget
- ▶ Status Reports
- ▶ Monitoring

# Budget

Component
General Information
Attachments
Award Documents - Final
Budget ←
Claims
Closeout
Contact Information
Correspondence
Site Visits
Status Reports
Subaward Adjustments
Funding Opportunity
Application



# Budget, cont.

- ▶ View your budget for approved item(s)
- ▶ View your budget for line-item number(s)


# Budget, cont.

- ▶ Budgets may be adjusted to 1 line per category, (i.e., all Personnel on 1 line, all Personnel Benefits on 1 line, etc.), except for Equipment. Each piece of Equipment requested will have its own individual budget line, **Equipment is defined as \$5,000 per unit cost and a useful life of more than one year.**
  - ▶ Justification will include detail of the budget lines

<div> <div></div> <div>Budget - Multi-List</div> </div>				
To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.				
Line Item Code	Budget Line Category	Line Name	Description	Amount of Grant Funds Requested
0	1. Personnel	Investigator (2)	Salary -Full-- Time 100%	\$138,944.00
	Subtotal			\$138,944.00
0	2. Personnel Benefits	Benefits	FICA/MEDICARE/Medicare, Medical Insurance, Pension/Retirement, WC	\$30,000.00
	Subtotal			\$30,000.00
0	5. Travel/Training	Travel/Training	ICAC Conference in Orlando, Florida	\$8,059.00
0	5. Travel/Training	Travel/Training	Dallas CAC 2 TFO to attend conference	\$3,100.00
	Subtotal			\$11,159.00
0	6. Equipment	Equipment	Server for Forensic Workstation	\$15,334.00
0	6. Equipment	Equipment	Forensic Computer	\$6,000.00
	Subtotal			\$21,334.00
0	7. Supplies/Operations	Supplies	Registration and Renewals - Hardware/software & Internet Services	\$51,873.00
	Subtotal			\$51,873.00
				\$253,310.00

# Budget, cont.

- Justification should include detail of the budget lines

 **Budget Justification**

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

The Justification for each line should include the following:

1. Justify why each requested budget line is necessary for the success of the proposed project.
2. Cost Basis for the budget line request.
3. Justify how each requested budget line item has a direct effect on combating and/or preventing cybercrimes.

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

**Personnel and Overtime Personnel** - Description of job responsibilities the individual will be expected to perform for this project/program.

**Benefit and Overtime Benefits** - List which benefits are included and the rate of each benefit.

**Travel/Training** – List each training separately in the budget and in the justification provide the cost breakdown for the training (Registration, hotel, per diem, etc.)

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

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

# Claim Entry

- ▶ From Grant Components, select “Claims”

Component
General Information
Attachments
Award Documents - Final
Budget
Claims ←
Closeout
Contact Information
Correspondence
Site Visits
Status Reports
Subaward Adjustments
Funding Opportunity
Application

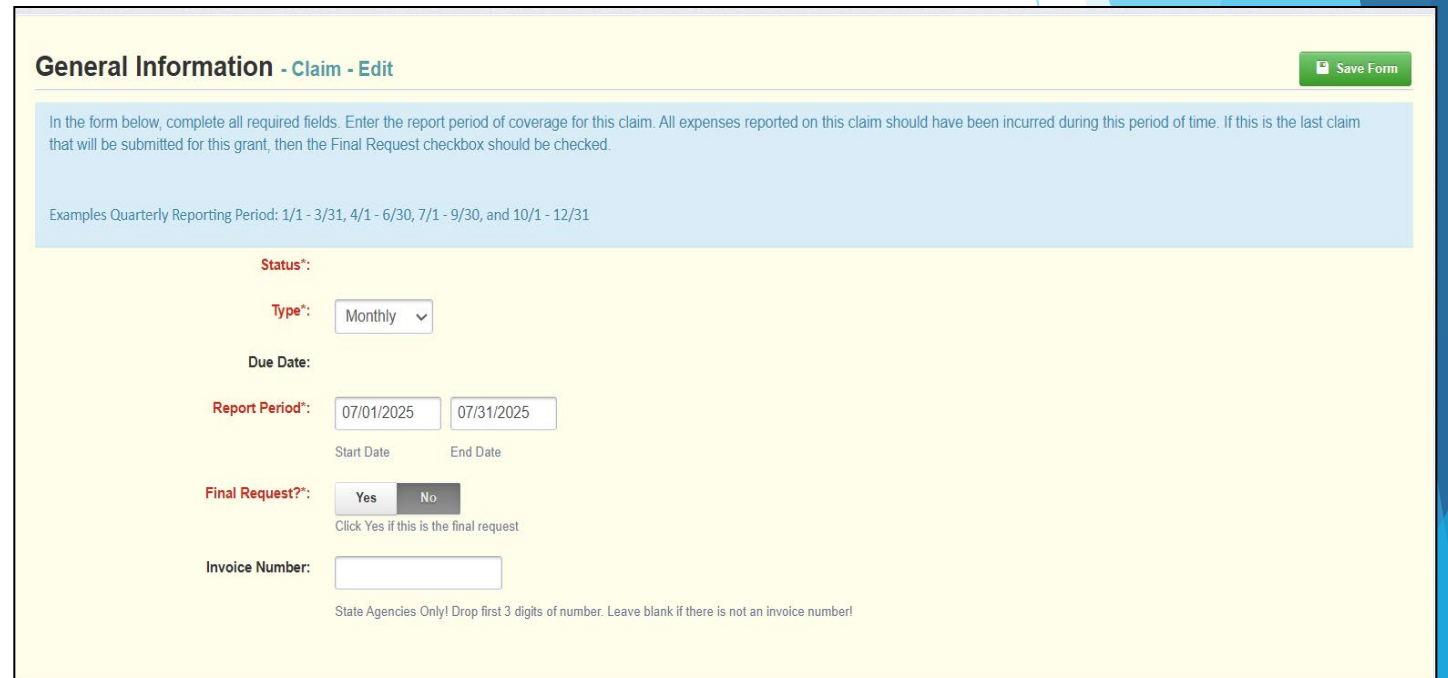
# Claim Entry cont.

- ▶ Select “Add Claim” at the top of the screen



# Claims Entry cont.

- ▶ Complete the Claim General Information
- ▶ Claim Type
- ▶ Claim Status - Editing
- ▶ Reporting Period - Timeframe covered by the claim
- ▶ Due Date - \*LEAVE BLANK\*
- ▶ Invoice Number - \*LEAVE BLANK\*
- ▶ Is this your Final Report - Select “No” on all claims until the final claim, then select “Yes”
- ▶ Select “Save Form”



**General Information - Claim - Edit** Save Form

In the form below, complete all required fields. Enter the report period of coverage for this claim. All expenses reported on this claim should have been incurred during this period of time. If this is the last claim that will be submitted for this grant, then the Final Request checkbox should be checked.

Examples Quarterly Reporting Period: 1/1 - 3/31, 4/1 - 6/30, 7/1 - 9/30, and 10/1 - 12/31

**Status\*:**

**Type\*:** Monthly ▾

**Due Date:**

**Report Period\*:** 07/01/2025 07/31/2025  
Start Date End Date

**Final Request?\*** Yes No  
Click Yes if this is the final request

**Invoice Number:**   
State Agencies Only! Drop first 3 digits of number. Leave blank if there is not an invoice number!

# Detail of Expenditure Form

- ▶ Select “Detail of Expenditure” from the Components Section

Claim PreviewAttachmentsAlert HistoryMap

Claim Details

Preview Claim

A Claim Report consists of the following components: 1) General Information, 2) Expenditures, 3) Equipment Inventory, and 4) Attachments. All components of the Claim report must be marked complete before the Claim may be submitted. A form which has been marked complete can still be edited though up until the time the Claim is submitted.


Claim cannot be Submitted Currently



• Claim components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 7, 2025 1:05 PM - TEST TEST
Detail of Expenditure ←	-	-
Equipment Inventory	-	-
Attachments	-	-


# Detail of Expenditure Form cont.

- ▶ For each expenditure, select “Add Row” at the top right side to add a line to the Detail of Expenditures Form

 **Detail of Expenditure** - Current Version

 **Detail of Expenditures** - Multi-List → 

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 Label	Payee	Description	Quantity	Unit Cost	Expense Total	Federal Amount Requested	Invoice #	Invoice Date	Check/EFT Number	Check Date
No Data for Table										
										



# Detail of Expenditure Form cont.

- ▶ Complete each line of the Detail of Expenditures Form
- ▶ Line Number - this is a drop-down section, which will show each line of the approved 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 Label:**

**Budget Line\*:** Budget-Salary

**Payee\*:** Budget-Salary

**Description\*:** Budget-Benefits

**Quantity\*:** Budget-Travel/Training

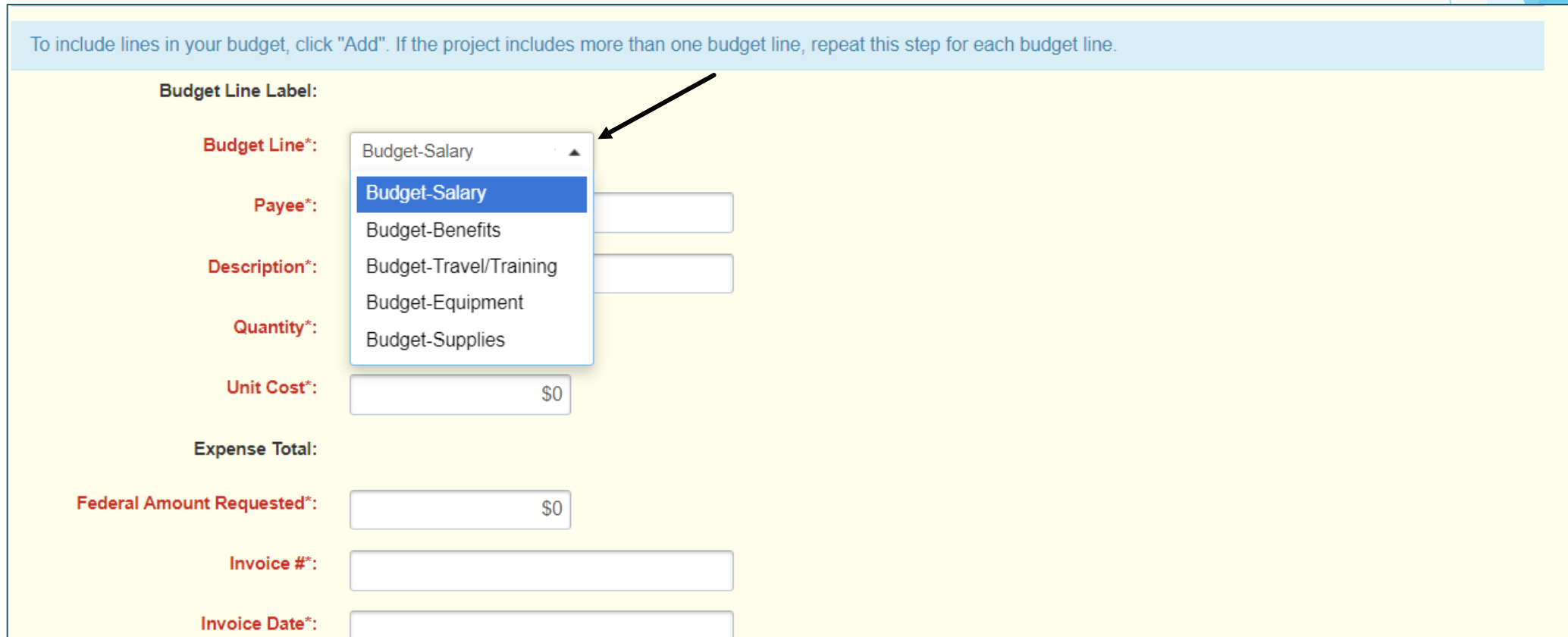
**Unit Cost\*:** Budget-Equipment

**Expense Total:** Budget-Supplies

**Federal Amount Requested\*:** \$0

**Invoice #\*:**

**Invoice Date\*:**



# Detail of Expenditure Form cont.

- ▶ Line Number
  - ▶ Select the corresponding budget line (i.e., Personnel, Benefits, etc.)
- ▶ Payee
  - ▶ Add the name of the **Individual or Company** that is receiving the payment from your agency
- ▶ Description
  - ▶ Payroll and Benefits should include the dates of the Payroll Period for the person listed in Payee (i.e., Employee name Payroll (07/01/2025-07/31/2025); or Employee name with Benefit Type and Benefits Date (i.e., Health, Dental, Vision) (07/01/25-07/30/25)
  - ▶ Description of item purchased for other categories (i.e., computers; hardware)
- ▶ Quantity
  - ▶ Quantity for a pay period should be 1
  - ▶ When purchasing equipment it should list the actual number. Unit cost of item (this needs to be the amount if multiplied by the Quantity will equal the Amount Requested)
  - ▶ The Amount Requested for each line will then auto-transfer to the Reimbursement form

# Detail of Expenditure Form cont.

## ▶ Federal Amount Requested

- ▶ This is the total amount of funds being requested
- ▶ NOTE: The number in Unit Cost multiplied by the Quantity that is added needs to be equal to the Amount requested

## ▶ Invoice #

- ▶ For payroll and benefits you may use the number of the claim being submitted, or the month(s), (i.e., 1 or July), can also be listed as N/A
- ▶ For other items, the invoice number from the vendor should be entered

## ▶ Invoice Date

- ▶ For payroll, the date that the employee is paid should be used
- ▶ For purchases it should be the date listed on the invoice

## ▶ Check/EFT Number

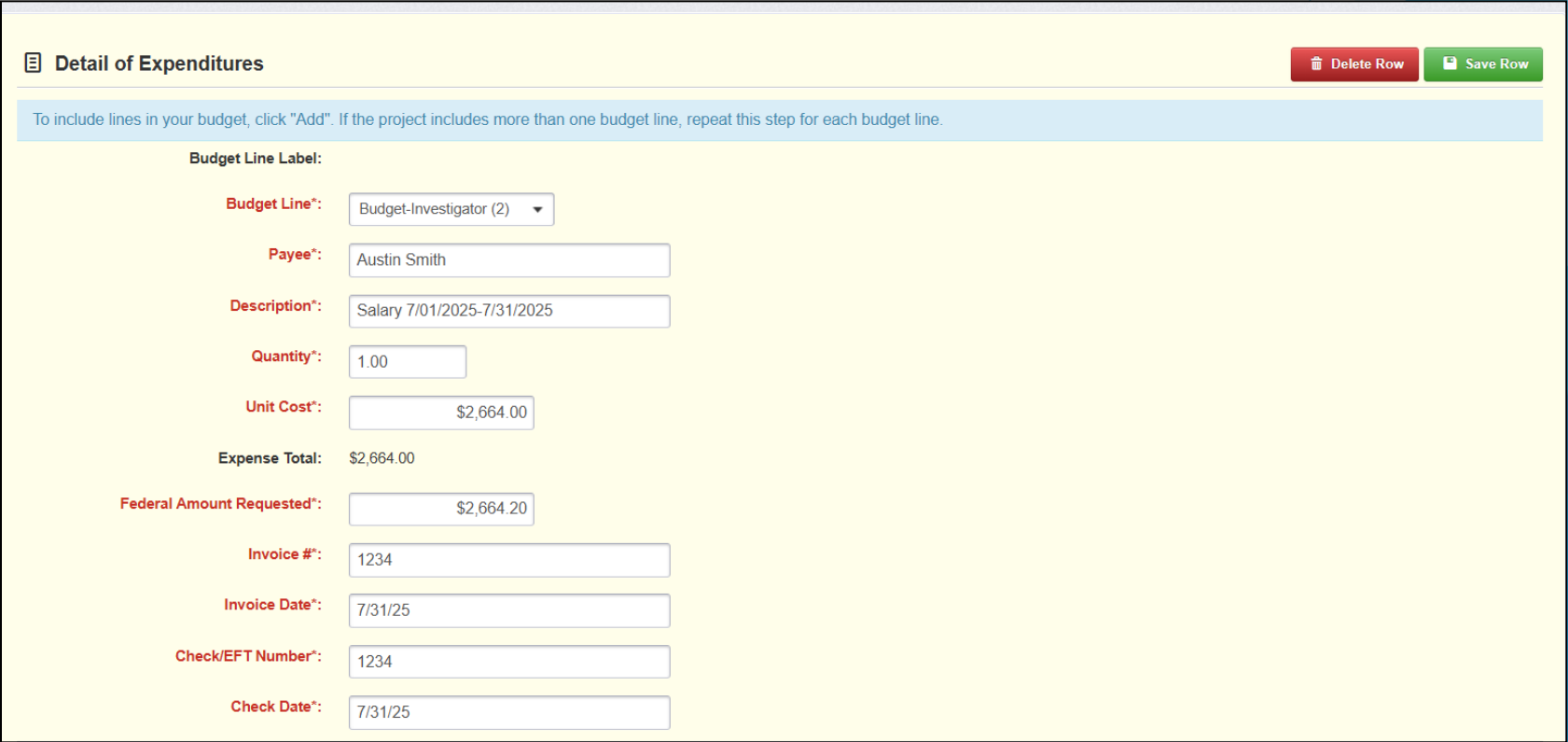
- ▶ Number of the check used for payment(s) to the employee or the vendor

## ▶ Check/EFT Date

- ▶ Date of the check used for the payment(s) to the employee or the vendor Check/EFT

# Detail of Expenditure cont.

- ▶ Example Payroll
  - ▶ Select “Save Row”



**Detail of Expenditures** Delete Row Save Row

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 Label:**

**Budget Line\*:** Budget-Investigator (2) ▼

**Payee\*:** Austin Smith

**Description\*:** Salary 7/01/2025-7/31/2025

**Quantity\*:** 1.00

**Unit Cost\*:** \$2,664.00

**Expense Total:** \$2,664.00

**Federal Amount Requested\*:** \$2,664.20

**Invoice #\*:** 1234

**Invoice Date\*:** 7/31/25

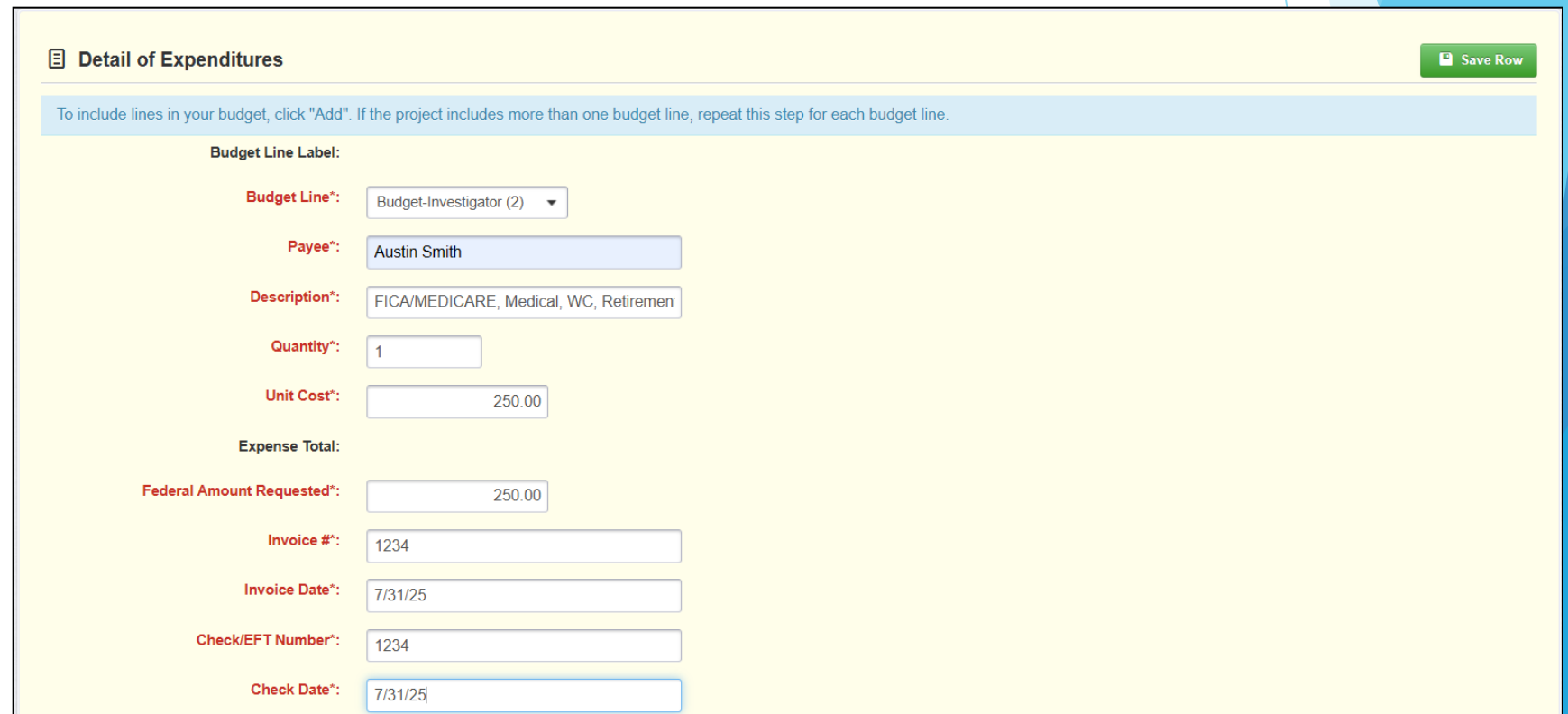
**Check/EFT Number\*:** 1234

**Check Date\*:** 7/31/25

An arrow points to the "Save Row" button in the top right corner of the form.

# Detail of Expenditure cont.

- ▶ Example Benefit Payroll
  - ▶ Select “Save Row”



**Detail of Expenditures** Save Row

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 Label:**

**Budget Line\*:** Budget-Investigator (2) ▼

**Payee\*:** Austin Smith

**Description\*:** FICA/MEDICARE, Medical, WC, Retirement

**Quantity\*:** 1

**Unit Cost\*:** 250.00

**Expense Total:**

**Federal Amount Requested\*:** 250.00

**Invoice #\*:** 1234

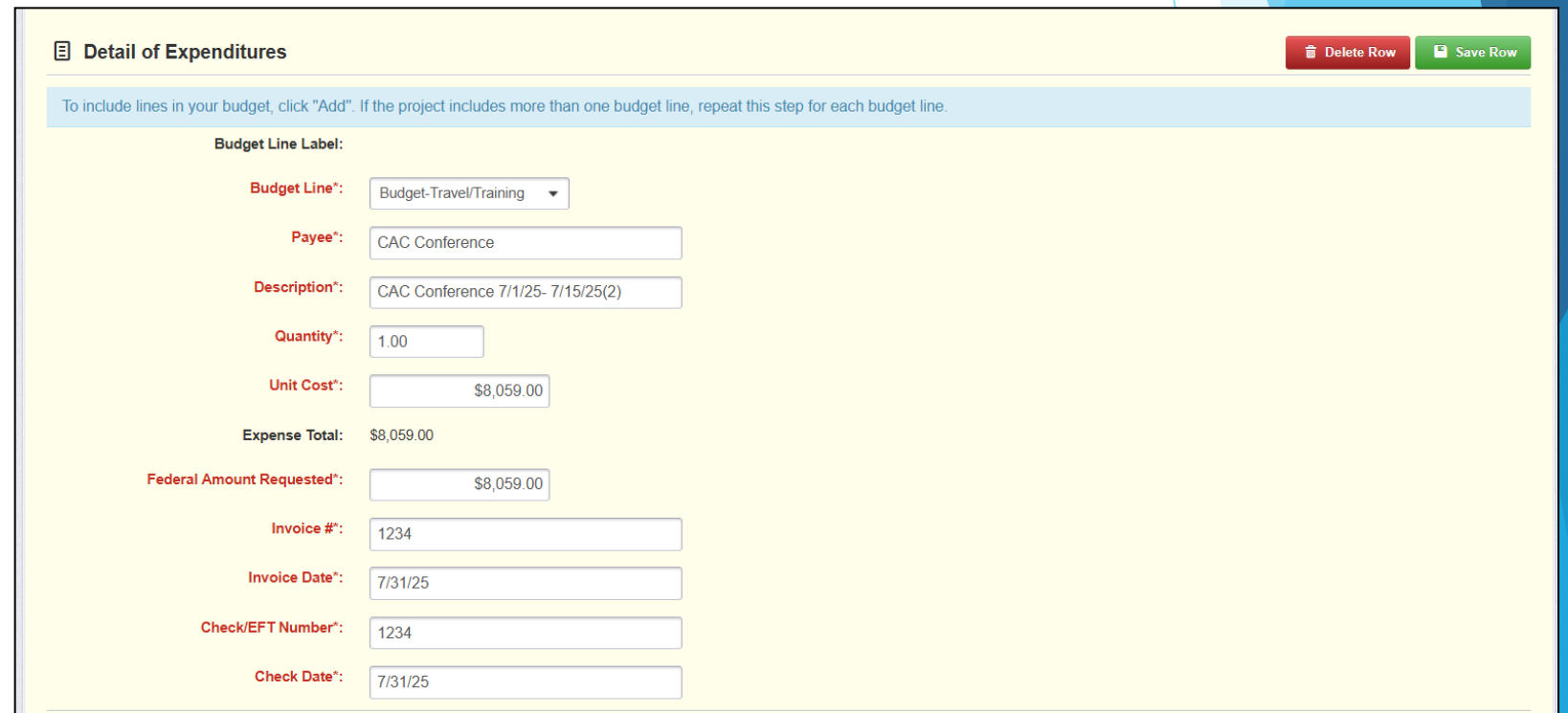
**Invoice Date\*:** 7/31/25

**Check/EFT Number\*:** 1234

**Check Date\*:** 7/31/25

# Detail of Expenditure cont.

- ▶ Example Travel
  - ▶ Select “Save Row”



**Detail of Expenditures** Delete Row Save Row

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 Label:**

**Budget Line\*:** Budget-Travel/Training ▼

**Payee\*:** CAC Conference

**Description\*:** CAC Conference 7/1/25- 7/15/25(2)

**Quantity\*:** 1.00

**Unit Cost\*:** \$8,059.00

**Expense Total:** \$8,059.00

**Federal Amount Requested\*:** \$8,059.00

**Invoice #\*:** 1234

**Invoice Date\*:** 7/31/25

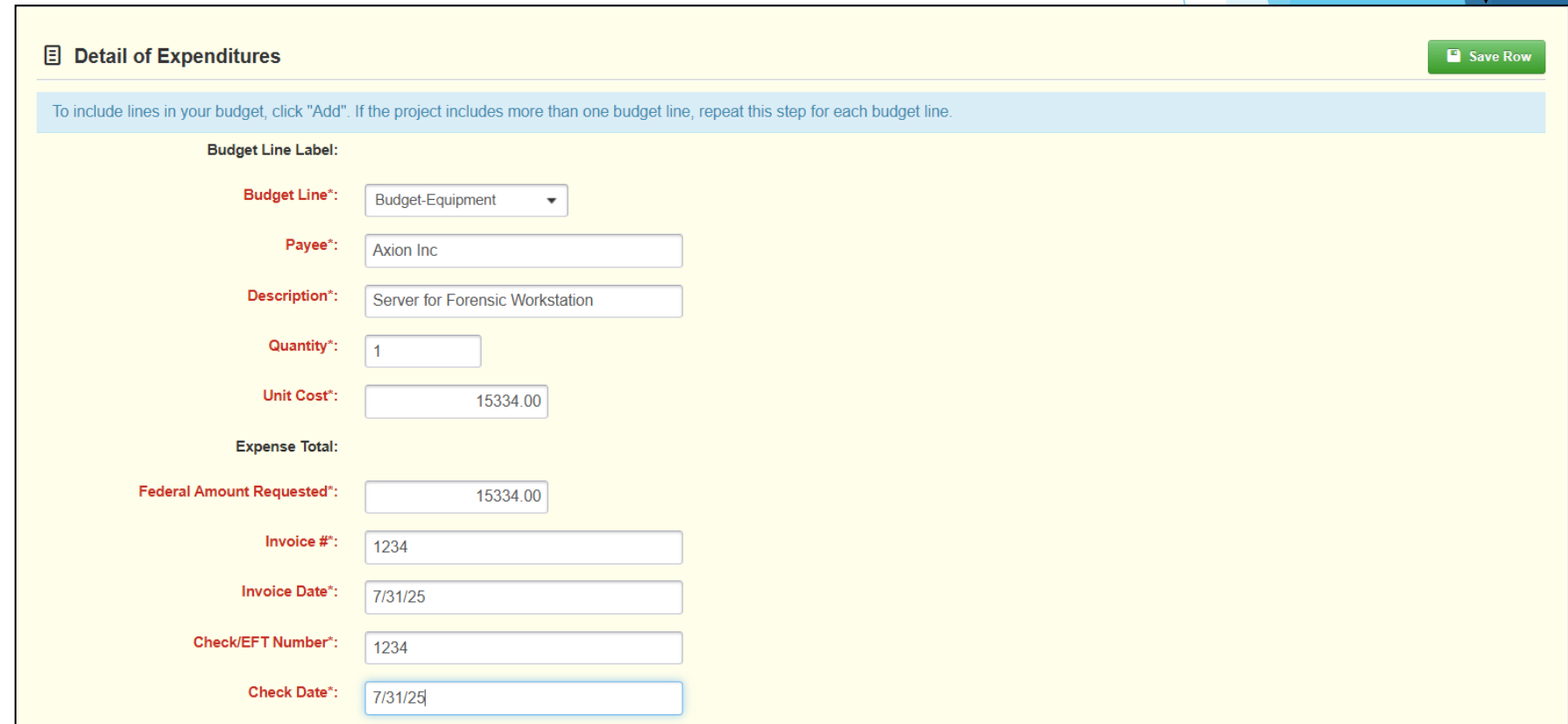
**Check/EFT Number\*:** 1234

**Check Date\*:** 7/31/25

An arrow points to the "Save Row" button in the top right corner of the form.

# Detail of Expenditure cont.

- ▶ Example Equipment
  - ▶ Select “Save Row”



**Detail of Expenditures** Save Row

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 Label:**

**Budget Line\*:** Budget-Equipment ▼

**Payee\*:** Axion Inc

**Description\*:** Server for Forensic Workstation

**Quantity\*:** 1

**Unit Cost\*:** 15334.00

**Expense Total:**

**Federal Amount Requested\*:** 15334.00

**Invoice #\*:** 1234

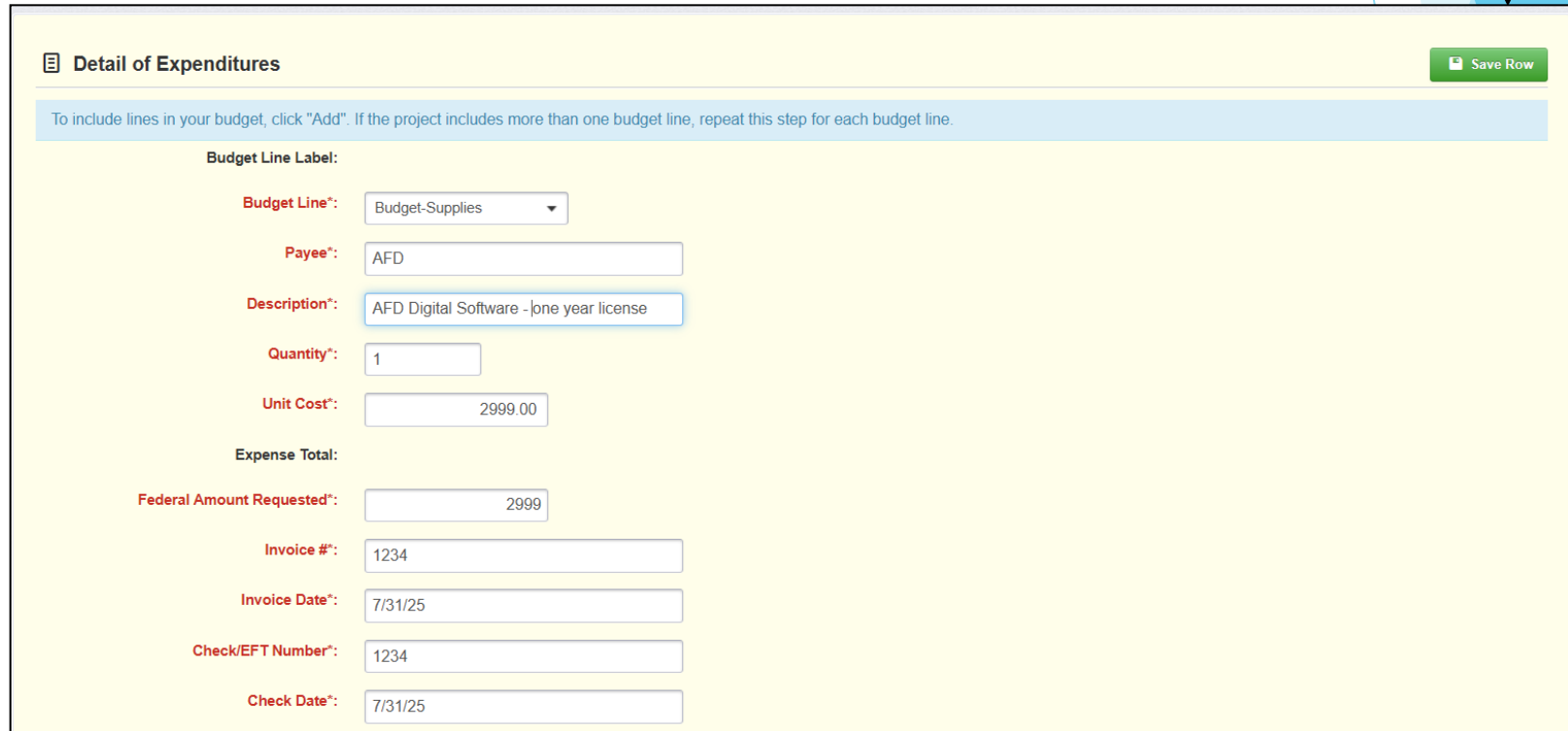
**Invoice Date\*:** 7/31/25

**Check/EFT Number\*:** 1234

**Check Date\*:** 7/31/25

# Detail of Expenditure cont.

- ▶ Supplies Example
  - ▶ Select “Save Row”



**Detail of Expenditures** Save Row

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 Label:**

**Budget Line\*:** Budget-Supplies ▼

**Payee\*:** AFD

**Description\*:** AFD Digital Software - one year license

**Quantity\*:** 1

**Unit Cost\*:** 2999.00

**Expense Total:**

**Federal Amount Requested\*:** 2999

**Invoice #\*:** 1234

**Invoice Date\*:** 7/31/25

**Check/EFT Number\*:** 1234

**Check Date\*:** 7/31/25



# Expenditures cont.

- ▶ When all the Detail of Expenditure lines have been entered, select “Mark as Complete”



☰

Detail of Expenditures - Multi-List

✓ Mark as Complete

+ Add Row

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 Label	Payee	Description	Quantity	Unit Cost	Expense Total	Federal Amount Requested	Invoice #	Invoice Date	Check/EFT Number	Check Date
Budget-Investigator (2)	Austin Smith	Salary 7/01/2025-7/31/2025	1.00	\$2,664.00	\$2,664.00	\$2,664.20	1234	7/31/25	1234	7/31/25
Budget-Investigator (2)	Austin Smith	FICA/MEDICARE, Medical, WC, Retirement 7/1/25-7/31/25	1.00	\$250.00	\$250.00	\$250.00	1234	7/31/25	1234	7/31/25
						\$2,914.20				
Budget-Travel/Training	CAC Conference	CAC Conference 7/1/25- 7/15/25(2)	1.00	\$8,059.00	\$8,059.00	\$8,059.00	1234	7/31/25	1234	7/31/25
						\$8,059.00				
Budget-Equipment	Axion Inc	Server for Forensic Workstation	1.00	\$15,334.00	\$15,334.00	\$15,334.00	1234	7/31/25	1234	7/31/25
						\$15,334.00				
Budget-Supplies	AFD	AFD Digital Software - one year license	1.00	\$2,999.00	\$2,999.00	\$2,999.00	1234	7/31/25	1234	7/31/25
						\$2,999.00				
						\$29,306.20				

Last Edited By: TEST TEST - Apr 7, 2025 2:06 PM

+ Add Row

☰

Reimbursement

✓ Mark as Complete

Budget Category	Details	Subaward Budget	Expenses This Period	Prior Expenses (Paid)	Total	Available Balance (Unpaid)
Budget						
Investigator (2)	0 Investigator (2)	\$138,944.00	\$2,914.00	\$0.00	\$2,914.00	\$136,030.00
Benefits	0 Benefits	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00
Travel/Training	0 Travel/Training	\$8,059.00	\$8,059.00	\$0.00	\$8,059.00	\$0.00
Travel/Training	0 Travel/Training	\$3,100.00	\$0.00	\$0.00	\$0.00	\$3,100.00
Equipment	0 Equipment	\$15,334.00	\$15,334.00	\$0.00	\$15,334.00	\$0.00
Equipment	0 Equipment	\$6,000.00	\$0.00	\$0.00	\$0.00	\$6,000.00
Supplies	0 Supplies	\$51,873.00	\$2,999.00	\$0.00	\$2,999.00	\$48,874.00
		\$253,310.00	\$29,306.00	\$0.00	\$29,306.00	\$224,004.00

# Advanced Payment

- ▶ Information Bulletin #1: Policy on Advanced Payment and Cash Advances
  - ▶ Advance Payment can be requested on \$2,500 or more **per Vendor invoice**, not per claim invoice
- ▶ If your agency does not have funding to make payment upfront, Advanced Payment may be requested
  - ▶ Required documentation:
    - ▶ Invoice
    - ▶ Signed Proof of Delivery
- ▶ Advance Payment Receipts are required to submit Proof of Payment due to DPS Grants within (30) days of the claim being paid in WebGrants through the “Correspondence” component
- ▶ Contact your Grants Specialist prior to if you are needing Advanced Payment

# Advanced Payment cont.

- ▶ Example on how to report Advanced Payment
- ▶ Advanced Payment must be stated in the Check Number & Check Date fields of the Expenditure
- ▶ Payee must be reported as Vendor that is receiving the payment

Detail of Expenditures

Save Row

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 Label:

Budget Line\*: Budget-Equipment

Payee\*: SHI Missouri State Vendor

Description\*: Desk Top Workstation

Quantity\*: 2

Unit Cost\*: 2063.50

Expense Total:

Federal Amount Requested\*: 4127.00

Invoice #: 1231

Invoice Date\*: 6/8/24

Check/EFT Number\*: Advance Payment

Check Date\*: Advance Payment

# Equipment Inventory

- ▶ Select “Equipment Inventory”

Claim PreviewAttachmentsAlert HistoryMap

Claim Details

✕ Withdraw

🔍 Preview Claim

A Claim Report consists of the following components: 1) General Information, 2) Expenditures, 3) Equipment Inventory, and 4) Attachments. All components of the Claim report must be marked complete before the Claim may be submitted. A form which has been marked complete can still be edited though up until the time the Claim is submitted.

Claim cannot be Submitted Currently

- Claim components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 7, 2025 1:05 PM - TEST TEST
Detail of Expenditure	✓	Apr 7, 2025 2:06 PM - TEST TEST
Equipment Inventory ←		Apr 7, 2025 2:08 PM - TEST TEST
Attachments		-

# Equipment Inventory cont.

- ▶ If no Equipment is requested for reimbursement select “Mark as Complete”
- ▶ If Equipment is requested, (enter each piece of equipment on a separate line):
  - ▶ Requesting Organization - Subrecipient's Organization
  - ▶ County - Subrecipient's County
  - ▶ Year - Grant year that Equipment was purchased: 2026
  - ▶ Manufacturer - Who made the Equipment purchased
  - ▶ Model - Model Number of Equipment purchased
  - ▶ Description - What the Equipment is (i.e. Mobile Radio, Laptop or MDT)
  - ▶ Identification # (s) - Unique string of characters used for identification, such as, serial number or vehicle identification number. If there is not unique identification number for the equipment, N/A should be annotated in the box. When reporting multiple identification numbers please enter them into one cell and separate them with a comma.
  - ▶ Source of Funding -2026 SCCG
  - ▶ Title Holder - Grantee Organization
  - ▶ Date of Delivery - Date that Equipment was delivered
  - ▶ Quantity - 1 (may only have 1 equipment item per entry)
  - ▶ Individual Items Cost - Cost of each individual Item
  - ▶ Current Physical Location - Place (address) where the equipment is located. A post office box address is not a physical location for the purpose of inventory.
  - ▶ Use - Local, regional, statewide, national. This is a progressive scale. If national use is indicated, it is assumed it is available at the other levels as well.
  - ▶ Readiness Condition - Mission capable = material condition of equipment indicating it can perform at least one and potentially all of it is designated missions. Not mission capable = material condition indicating that equipment is not capable of performing any of its designated missions.

# Equipment Inventory cont.

- ▶ Answer the question then select “Save Form”
  - ▶ If yes, select “Add Row” if no equipment is being requested, select “Mark as Complete”
- ▶ Add each piece of equipment
- ▶ Example
  - ▶ Each piece of equipment that is being requested for reimbursement must be listed and completed separately

**Equipment** Save Form

Do you have any equipment in your claim?\*

Yes No

Save Form

**Equipment Detail - Edit** Save Multi-List

Requesting Organization	County	Year	Manufacturer	Model	Description	Identification # (s)	Source of Funding	Title Holder	Date of Delivery	Quantity	Individual Item Costs	% of Federal Participation in the cost	Current Physical Location	Use	Readiness Condition
-------------------------	--------	------	--------------	-------	-------------	----------------------	-------------------	--------------	------------------	----------	-----------------------	--	---------------------------	-----	---------------------

**Equipment Detail - Multi-List** ✓ Mark as Complete + Add Row

Requesting Organization	County	Year	Manufacturer	Model	Description	Identification # (s)	Source of Funding	Title Holder	Date of Delivery	Quantity	Individual Item Costs	% of Federal Participation in the cost	Current Physical Location	Use	Readiness Condition
-------------------------	--------	------	--------------	-------	-------------	----------------------	-------------------	--------------	------------------	----------	-----------------------	--	---------------------------	-----	---------------------

# Equipment Inventory cont.


## ► Example of completed Equipment Form

Requesting Organization	County	Year	Manufacturer	Model	Description	Identification # (s)	Source of Funding	Title Holder	Date of Delivery	Quantity	Individual Item Costs	% of Federal Participation in the cost	Current Physical Location	Use	Readiness Condition
SCCG Agency	Cole	2026	SHI	Model	Workstation for Forensic Use	1234	SCCG	SCCG Agency	07/21/2025	1	\$6,000.00	100%	12345 Main Street	Local	Mission Capable

# Attachments

- ▶ Select “Attachments”

[Claim Preview](#) [Attachments](#) [Alert History](#) [Map](#)

 **Claim Details**

[Withdraw](#) [Preview Claim](#)

A Claim Report consists of the following components: 1) General Information, 2) Expenditures, 3) Equipment Inventory, and 4) Attachments. All components of the Claim report must be marked complete before the Claim may be submitted. A form which has been marked complete can still be edited though up until the time the Claim is submitted.

**Claim cannot be Submitted Currently**

- Claim components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 7, 2025 1:05 PM - TEST TEST
Detail of Expenditure	✓	Apr 7, 2025 2:06 PM - TEST TEST
Equipment Inventory	✓	Apr 7, 2025 2:11 PM - TEST TEST
Attachments ←		-

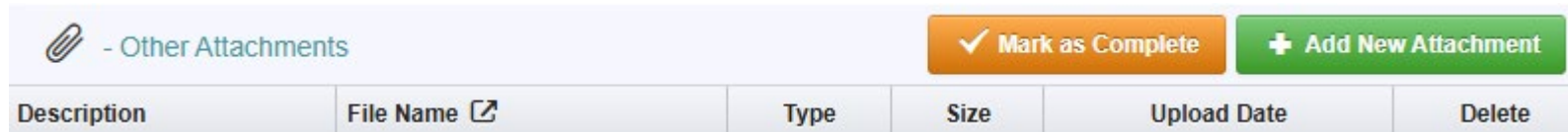


# Attachments, cont.

- ▶ Follow the Instructions in the WebGrants System to attach the appropriate backup documentation, which could include:
  - ▶ Payroll documentation (paycheck stubs)
  - ▶ Timesheets or Payroll Certification form
  - ▶ Current fringe benefit rate sheets
  - ▶ Additional documentation (i.e., cancelled checks, invoices, and signed proof of delivery)
  - ▶ See the CJ/LE Information Bulletin for additional information

# Attachments cont.

- ▶ To add an attachment, Select “Add New Attachment”



# Attachments cont.

- ▶ Browse your computer to select a document, by selecting “Select File”
- ▶ Provide a description and Select “Save File”



The screenshot shows a dialog box titled "Attach File" with a close button (X) in the top right corner. Inside the dialog, there is a header section with a paperclip icon and the text "Attach File". Below this, there are two main input areas:

- Upload File\*:** A text input field with a "Select file" button to its right. An arrow points from the "Select File" button in the top right to this "Select file" button.
- Description\*:** A text input field containing the placeholder text "Description". An arrow points from the left towards this field.

At the bottom right of the description field, it says "500 character(s) left". In the top right corner of the dialog, there are two buttons: a green "Save File" button and a red "Cancel" button. An arrow points from the "Save File" button to the "Save File" button in the top right corner.

# Submit Claim

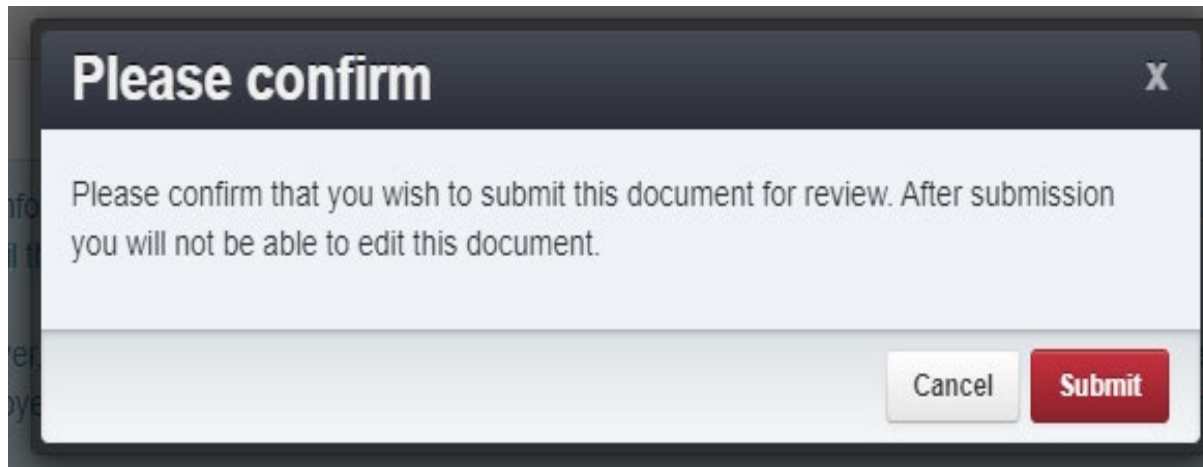
- ▶ After all forms on the claim have been “Marked as Complete,” Select “Submit Claim”
- ▶ A component can still be edited even if it is “Marked Complete”
- ▶ The claim cannot be submitted until each component is “Marked Complete”
- ▶ “Preview Claim” will allow users to preview, save, and/or print a copy of the claim report
- ▶ “Submit Claim” will allow users to submit the claim report

The screenshot displays the 'Claim Details' page with a navigation bar at the top containing 'Claim Preview', 'Attachments', 'Alert History', and 'Map'. Below the navigation bar, there are three buttons: 'Submit Claim' (orange with a checkmark), 'Withdraw' (orange with an X), and 'Preview Claim' (blue with a magnifying glass). A green banner message states: 'Claim is in compliance and is ready for Submission!'. Below this is a table with the following data:

Component	Complete?	Last Edited
General Information	✓	Apr 7, 2025 1:05 PM - TEST TEST
Detail of Expenditure	✓	Apr 7, 2025 2:06 PM - TEST TEST
Equipment Inventory	✓	Apr 7, 2025 2:11 PM - TEST TEST
Attachments	✓	Apr 7, 2025 2:13 PM - TEST TEST

# Submit Claim, cont.

- ▶ You will then receive a confirmation pop-up



# Correspondence

- ▶ All approval requests, (i.e., special conditions, single feasible source) must be submitted through Correspondence in the Grant component of the WebGrants System
  - ▶ Cancelled Check from any advanced payment requests
  - ▶ Request for approval will be sent through Correspondence as well

Grant Components		Preview Grant
The grant forms appear below.		
Your grant award details are saved here, as well as many forms which may be used to manage your grant.		
Component	Last Edited	
General Information	Apr 7, 2025 8:30 AM - Becky Block	
Budget		
Claims		
Correspondence		
Subaward Adjustments		
Status Reports		
Subaward Documents - Need Signatures		
Subaward Documents - Final		
Site Visits		
Attachments		
Closeout		
Funding Opportunity		
Application		




# Correspondence cont.

- ▶ To reply to a correspondence
  - ▶ Select message you want to reply to



## Inter-System Grantee Correspondence



Search:

Flag	Sent/Received	From	To	Subject	Message	Attachment 1	Attachment 2	Attachment 3	Attachment 4	Attachment 5
	Sep 24, 2025 12:35 PM	TEST TEST	Chelsey Call	TEST	Test					

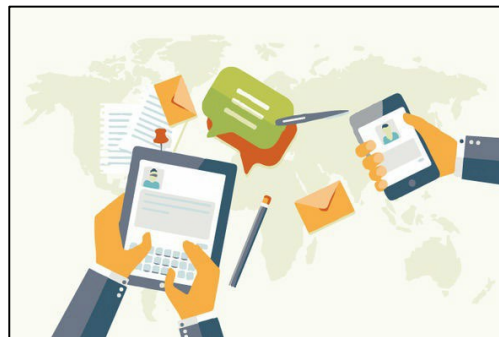
- ▶ In the open correspondence select “Reply to Message”


**Inter-System Grantee Correspondence**
[← Reply to Message](#)
[→ Forward Message](#)



# Correspondence cont.

- ▶ The person(s) selected in the “To” & “CC” will receive an email alert when you send correspondence through the WebGrants System
- ▶ When you receive correspondence, it will be sent to your email from [dpswebgrants@dpsgrants.dps.mo.gov](mailto:dpswebgrants@dpsgrants.dps.mo.gov)
- ▶ Use the WebGrants System to reply to correspondence
  - ▶ **\*\*\*DO NOT REPLY TO CORRESPONDENCE FROM YOUR EMAIL\*\*\***
    - ▶ If you reply from your email, the correspondence will go to a generic email box instead of your Grant Specialist and will delay the response.



# Subaward Adjustments

Component
General Information
Attachments
Award Documents - Final
Budget
Claims
Closeout
Contact Information
Correspondence
Site Visits
Status Reports
Subaward Adjustments ←
Funding Opportunity
Application

# Subaward Adjustments cont.

- ▶ Subaward Adjustments are required for:
  - ▶ Budget Modifications
    - ▶ Prior written approval from DPS is required for budget modifications. A budget modification is a transfer amount existing budget lines within the grant budget (i.e., transferring funds from an existing budget line to another existing budget line)
    - ▶ A request for a budget modification must be submitted through WebGrants as a subaward adjustment and must be approved by DPS prior to the subrecipient obligating or expending the grant funds

# Subaward Adjustments cont.

## ▶ Program Changes

- ▶ A request for program changes must be submitted through WebGrants as a subaward adjustment and must be approved by DPS
- ▶ Program changes include changes in recipient grant paid staff, authorized officials, project directors, fiscal officers or officers in charge
  - ▶ Additional changes may include address, phone number or email changes in the organization component in WebGrants

# Subaward Adjustment cont.

## ▶ Scope of Work Changes

- ▶ A subrecipient requesting changes to the scope of work described in its grant award, must contact DPS for approval to make this change. A change to a recipient's scope of work means:
  - ▶ Adding new line items to the approved budget
  - ▶ Changes in the quantity of an existing line item in the approved budget
  - ▶ Changes to the specifications of an existing line item in the approved project budget (i.e., an equipment line item on the approved budget line lists a Forensic Workstation, to purchase a Forensic Laptop instead of the listed equipment, prior approval would be required)
  - ▶ Changes to the budget justification (i.e., different supplies other than what was listed)

# Subaward Adjustment cont.

- ▶ To create a new Subaward Adjustment, Select “Add Amendment”
- ▶ Subaward Adjustment will be listed in the Subaward Adjustment section

Grant List General Budget Claims Corres **Subawa** Status Subawa Subawa Site V Attach Closeo

Subrecipients shall submit a **Subaward Adjustment** request to the MO Department of Public Safety for any program revisions or budget revisions at least 30 days prior to the proposed change taking effect, and at least 30 to 60 days prior to the end of the subaward (depending on the program area).

**Program revisions** may include, but not be limited to:

- 1) Change in project site or service area
- 2) Change in scope of programmatic activities or purpose of the project
- 3) Change in applicant agency
- 4) Other changes that may affect the approved program

**Budget revisions** may include, but not be limited to:

- 1) Changes that increase or decrease the cost and/or number of units of an item within a budget category
- 2) Addition of a new line item in any budget category
- 3) Change in expenditure amounts from budget category to budget category

There are multiple forms to complete for a Subaward Adjustment. All applicable forms must be marked complete before the request may be submitted. Once the request is submitted, the appropriate person(s) at DPS will be notified to review the request. Follow-up action will depend on the type of request submitted but the Subrecipient will be notified accordingly.

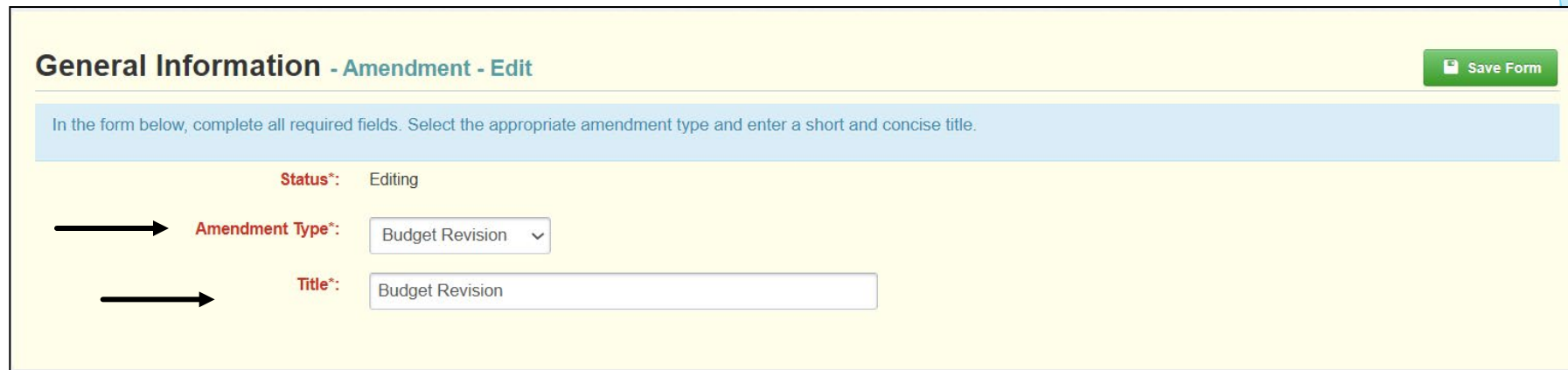
**Prior approval** in the form of a *Subaward Adjustment Notice* form must be received from the MO Department of Public Safety for any program or budget revisions. Final, signed Subaward Adjustment Notices will be uploaded under the **Subaward Adjustment Notice** component of WebGrants.

**Subaward Adjustments** + Add Amendment

ID	Type	Status	Title	Last Submitted Date
41668 - 001	Budget Revision	Editing	Budget Revision	

# Subaward Adjustments cont.

- ▶ General Information
  - ▶ Provide a brief title
  - ▶ Choose which type of Adjustment is being requested, Budget or Program Revision
  - ▶ Select “Save Form” when complete



**General Information - Amendment - Edit** Save Form

In the form below, complete all required fields. Select the appropriate amendment type and enter a short and concise title.

**Status\*:** Editing

**Amendment Type\*:** Budget Revision ▼

**Title\*:** Budget Revision

# Subaward Adjustments cont.

- ▶ Subaward Components
  - ▶ General Information
  - ▶ Justification
  - ▶ Budget (will not show for a program revision)
  - ▶ Confirmation
  - ▶ Attachments
- ▶ Each component must have a “Check Mark” in the “Complete” column

Amendment Preview Attachments Alert History Map

**Amendment Details** [Preview Amendment](#)

For all Budget Adjustment Requests, please provide a full justification of why you are requesting the changes. Please also fill out the Subaward Adjustment Spreadsheet to show the amount of funds you are requesting to move.

For all Programmatic Requests, please provide a full justification regarding the requested changes to the grant. Programmatic Changes include all personnel and grant contact changes.

**Amendment cannot be Submitted Currently**

- Amendment components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 7, 2025 2:23 PM - TEST TEST
Justification	-	-
Budget - NEW Form	-	-
Confirmation	-	-
Attachments	-	-

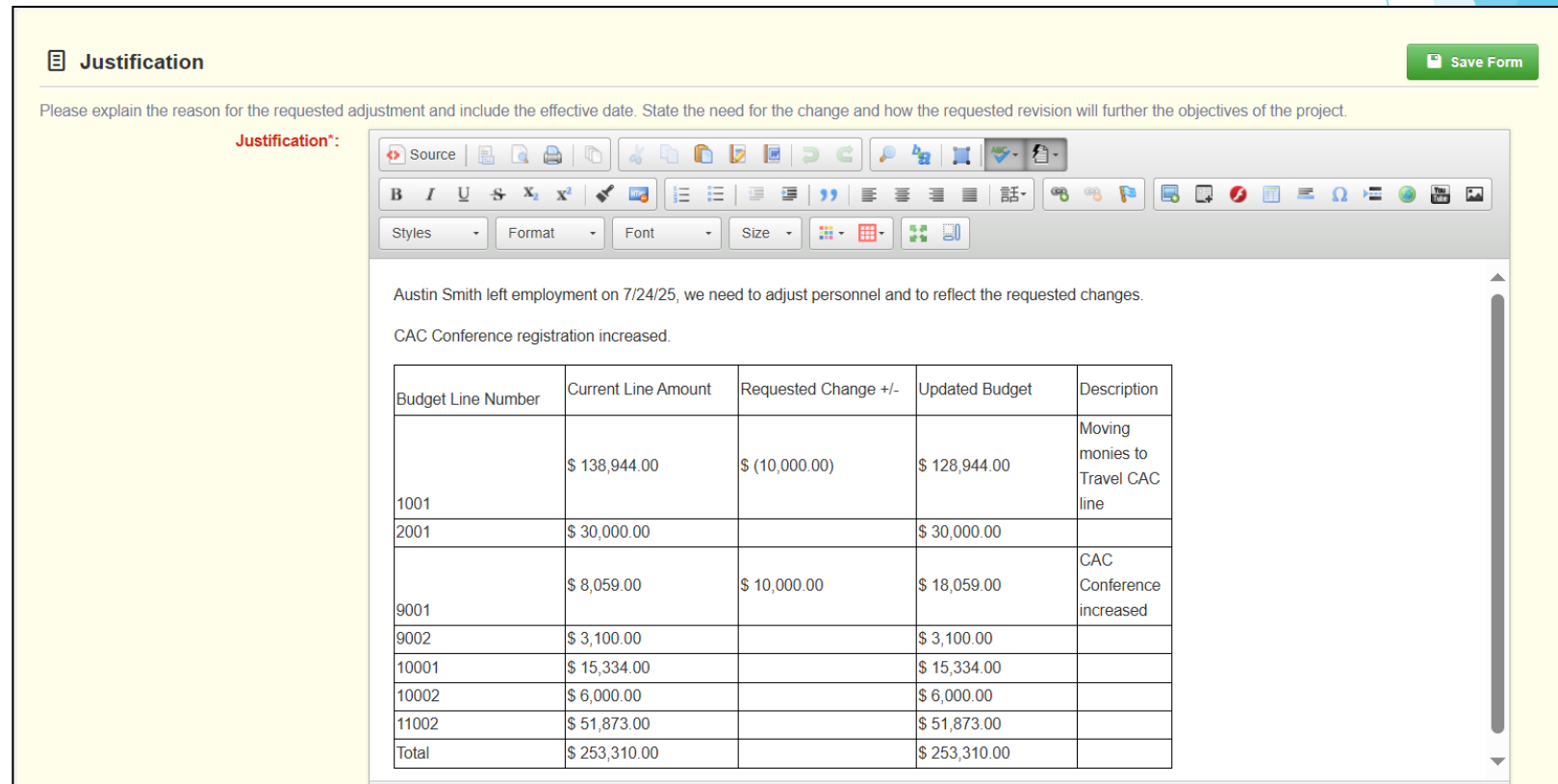


# Subaward Adjustments cont.

- ▶ Justification
  - ▶ For all Budget Adjustment requests, please provide a full justification of why you are requesting the changes:
    - ▶ Cost Basis for the budget line request (i.e., Attached Quote)
    - ▶ If requesting Equipment, include if the item is new or a replacement item and who will be using the item
    - ▶ Provide the dates of service for any computer license or contracted services.
    - ▶ Travel/Training - List each training separately in the budget and in the justification provide the cost breakdown for the training
  - ▶ The **Subaward Adjustment Spreadsheet** is required and will be sent with the Compliance Workshop
- ▶ For all Program Revision requests, please provide a full justification regarding the requested changes to the grant (no spreadsheet is required)
- ▶ Program Revisions include all personnel and grant contact changes

# Budget Modifications/Scope of Work Changes cont.

- ▶ Justification
  - ▶ Once completed Select “Save Form”



**Justification** Save Form

Please explain the reason for the requested adjustment and include the effective date. State the need for the change and how the requested revision will further the objectives of the project.

**Justification\*:**

Austin Smith left employment on 7/24/25, we need to adjust personnel and to reflect the requested changes.

CAC Conference registration increased.

Budget Line Number	Current Line Amount	Requested Change +/-	Updated Budget	Description
1001	\$ 138,944.00	\$ (10,000.00)	\$ 128,944.00	Moving monies to Travel CAC line
2001	\$ 30,000.00		\$ 30,000.00	
9001	\$ 8,059.00	\$ 10,000.00	\$ 18,059.00	CAC Conference increased
9002	\$ 3,100.00		\$ 3,100.00	
10001	\$ 15,334.00		\$ 15,334.00	
10002	\$ 6,000.00		\$ 6,000.00	
11002	\$ 51,873.00		\$ 51,873.00	
Total	\$ 253,310.00		\$ 253,310.00	

# Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Budget”

Amendment PreviewAttachmentsAlert HistoryMap

Amendment Details

Withdraw

Copy

Preview Amendment

For all Budget Adjustment Requests, please provide a full justification of why you are requesting the changes. Please also fill out the Subaward Adjustment Spreadsheet to show the amount of funds you are requesting to move.

For all Programmatic Requests, please provide a full justification regarding the requested changes to the grant. Programmatic Changes include all personnel and grant contact changes.

Amendment cannot be Submitted Currently

Amendment components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 7, 2025 2:23 PM - TEST TEST
Justification	✓	Apr 7, 2025 2:36 PM - TEST TEST
Budget - NEW Form		-
Confirmation		-
Attachments		-

# Budget Modifications/Scope of Work Changes cont.

- ▶ Adjust the budget line to mirror the changes
  - ▶ Make sure to update the Total Federal/State Share Amounts
  - ▶ Select “Mark as Complete”



**Budget - Grid**

✓ Mark as Complete Edit Grid

- The **Current Budget** column represents the total cost of the current subaward. Enter the total cost of each budget category as it is reflected in the current version of the Budget component. The sum of the Current Budget column should equal your current budget total.
- The **Revised Amount** column represents the requested, revised total cost of the budget as a result of the Subaward Adjustment. Therefore, enter the total cost of each budget category as it will be reflected in the revised version of the Budget component. The sum of the Revised Amount column should equal your revised budget total.

Category	Current Budget	Revised Amount	Net Change
Personnel	\$138,944.00	\$128,944.00	\$-10,000.00
Personnel Benefits	\$30,000.00	\$30,000.00	\$0.00
Personnel Overtime	\$0.00	\$0.00	\$0.00
Personnel Overtime Benefits	\$0.00	\$0.00	\$0.00
Volunteer Match	\$0.00	\$0.00	\$0.00
Travel/Training	\$11,159.00	\$21,159.00	\$10,000.00
Equipment	\$21,334.00	\$21,334.00	\$0.00
Supplies/Operations	\$51,873.00	\$51,873.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Renovation/Construction	\$0.00	\$0.00	\$0.00
Indirect Costs	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$253,310.00</b>	<b>\$253,310.00</b>	<b>\$0.00</b>

Last Edited By: TEST TEST - Apr 7, 2025 3:07 PM Edit Grid

**Federal/State and Local Match Share - Grid**

✓ Mark as Complete Edit Grid

- The **Current Budget** column represents the current subaward. Enter the total federal/state share and total local match share as it is reflected in the current version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Current Budget column above.
- The **Revised Amount** column represents the requested, revised total of the budget as a result of the Subaward Adjustment. Therefore, enter the total federal/state share and the total local match share as it will be reflected in the revised version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Revised Amount column above.

Category	Current Budget	Current Percent	Revised Amount	Revised Percent	Net Change
Total Federal/State Share	\$253,310.00	100.00%	\$253,310.00	100.00%	\$0.00
Total Local Match Share	\$0.00	0.00%	\$0.00	0.00%	\$0.00

# Budget Modifications/Scope of Work Changes cont.

## ► Budget Example

Category	Current Budget	Revised Amount	Net Change
Personnel	\$138,944.00	\$128,944.00	\$-10,000.00
Personnel Benefits	\$30,000.00	\$30,000.00	\$0.00
Personnel Overtime	\$0.00	\$0.00	\$0.00
Personnel Overtime Benefits	\$0.00	\$0.00	\$0.00
Volunteer Match	\$0.00	\$0.00	\$0.00
Travel/Training	\$11,159.00	\$21,159.00	\$10,000.00
Equipment	\$21,334.00	\$21,334.00	\$0.00
Supplies/Operations	\$51,873.00	\$51,873.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Renovation/Construction	\$0.00	\$0.00	\$0.00
Indirect Costs	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$253,310.00</b>	<b>\$253,310.00</b>	<b>\$0.00</b>

Last Edited By: TEST TEST - Apr 7, 2025 3:04 PM [Edit Grid](#)

[Federal/State and Local Match Share - Grid](#) [Mark as Complete](#) [Edit Grid](#)

# Budget Modifications/Scope of Work Changes cont.

► Select “Confirmation”

Amendment Details

✕ Withdraw

Copy

Preview Amendment

For all Budget Adjustment Requests, please provide a full justification of why you are requesting the changes. Please also fill out the Subaward Adjustment Spreadsheet to show the amount of funds you are requesting to move.

For all Programmatic Requests, please provide a full justification regarding the requested changes to the grant. Programmatic Changes include all personnel and grant contact changes.

Amendment cannot be Submitted Currently

- Amendment components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 7, 2025 2:23 PM - TEST TEST
Justification	✓	Apr 7, 2025 3:01 PM - TEST TEST
Budget - NEW Form	✓	Apr 7, 2025 3:07 PM - TEST TEST
Confirmation ←	-	-
Attachments	-	-

# Budget Modifications/Scope of Work Changes cont.

- ▶ Complete the form
  - ▶ Ensure that your Authorized Official is aware of the changes, and you are approved to submit the request
  - ▶ Select “Save Form”
    - ▶ Select “Mark as Complete”

**Confirmation** Save Form

Your typed name as the applicant authorized official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of the veracity of the representations made in this subaward adjustment. You must include your title, full legal name, and the current date.

**Authorized Official Name\*:**

**Title\*:**

**Date\*:**

---

**Confirmation** ✓ Mark as Complete Edit Form

Your typed name as the applicant authorized official, in lieu of signature, represents your legally binding acceptance of the terms of this subaward adjustment and your statement of the veracity of the representations made in this subaward adjustment. You must include your title, full legal name, and the current date.

**Authorized Official Name\*:** Becky Block

**Title\*:** DPS Grant Officer

**Date\*:** 07/25/2025

---

Last Edited By: TEST TEST - Apr 7, 2025 3:15 PM Edit Form

# Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Attachments”
  - ▶ Could include new quotes

[Amendment Preview](#) [Attachments](#) [Alert History](#) [Map](#)

**Amendment Details**

[Withdraw](#) [Copy](#) [Preview Amendment](#)

For all Budget Adjustment Requests, please provide a full justification of why you are requesting the changes. Please also fill out the Subaward Adjustment Spreadsheet to show the amount of funds you are requesting to move.

For all Programmatic Requests, please provide a full justification regarding the requested changes to the grant. Programmatic Changes include all personnel and grant contact changes.

**Amendment cannot be Submitted Currently**

- Amendment components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 7, 2025 2:23 PM - TEST TEST
Justification	✓	Apr 7, 2025 3:01 PM - TEST TEST
Budget - NEW Form	✓	Apr 7, 2025 3:07 PM - TEST TEST
Confirmation	✓	Apr 7, 2025 3:15 PM - TEST TEST
Attachments ←		-




# Budget Modifications/Scope of Work Changes cont.


- ▶ Answer the question if you have documentation to attach, Yes or No
- ▶ Select “Save Form”

 Documentation Save Form

Do you have any documentation?\*:

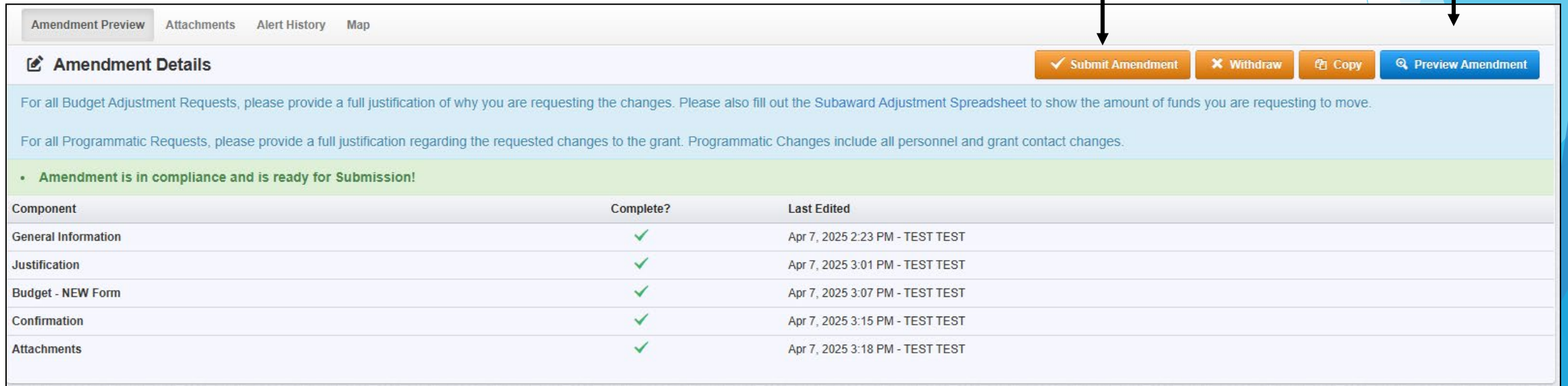
- ▶ Once completed Select “Mark as Complete”

 Other Attachments - Other Attachments ✓ Mark as Complete + Add New Attachment

Description	File Name 	Type	Size	Upload Date	Delete
No files attached.					

# Budget Modifications/Scope of Work Changes cont.

- ▶ Select “Submit Amendment” to submit the Subaward Adjustment

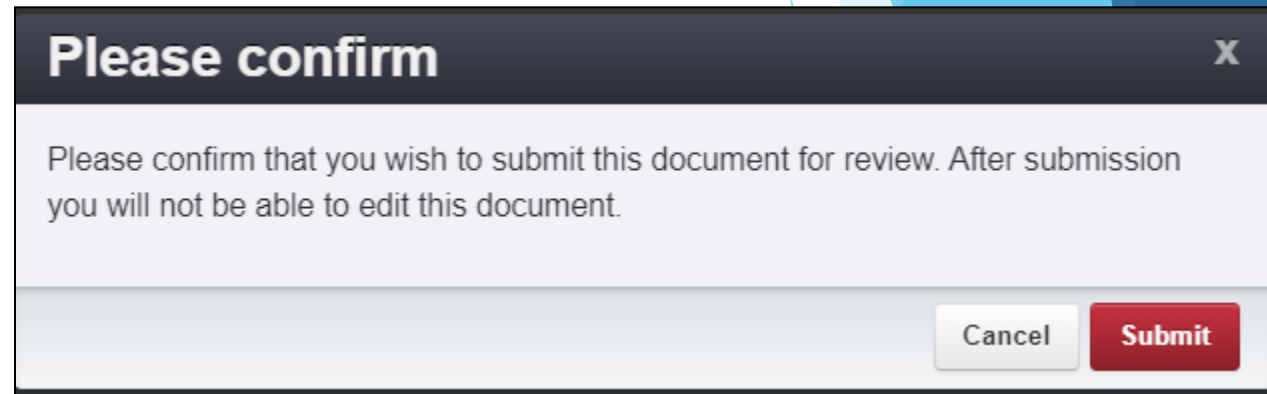


The screenshot shows the 'Amendment Details' form. At the top, there are tabs: 'Amendment Preview' (selected), 'Attachments', 'Alert History', and 'Map'. Below the tabs, the title 'Amendment Details' is followed by four buttons: 'Submit Amendment' (orange), 'Withdraw' (orange), 'Copy' (orange), and 'Preview Amendment' (blue). Two black arrows point to the 'Submit Amendment' and 'Preview Amendment' buttons respectively. Below the buttons, there are two paragraphs of instructions. The first paragraph states: 'For all Budget Adjustment Requests, please provide a full justification of why you are requesting the changes. Please also fill out the Subaward Adjustment Spreadsheet to show the amount of funds you are requesting to move.' The second paragraph states: 'For all Programmatic Requests, please provide a full justification regarding the requested changes to the grant. Programmatic Changes include all personnel and grant contact changes.' Below the instructions, there is a green banner with the text: '• Amendment is in compliance and is ready for Submission!'. At the bottom, there is a table with three columns: 'Component', 'Complete?', and 'Last Edited'.

Component	Complete?	Last Edited
General Information	✓	Apr 7, 2025 2:23 PM - TEST TEST
Justification	✓	Apr 7, 2025 3:01 PM - TEST TEST
Budget - NEW Form	✓	Apr 7, 2025 3:07 PM - TEST TEST
Confirmation	✓	Apr 7, 2025 3:15 PM - TEST TEST
Attachments	✓	Apr 7, 2025 3:18 PM - TEST TEST

# Budget Modifications/Scope of Work Changes cont.

- ▶ A component can still be edited even if it is “Marked Complete”
- ▶ The Subaward Adjustment cannot be submitted until each component is “Marked Complete”
- ▶ “Preview Amendment” will allow users to preview, save, and or print a copy of the Subaward Adjustment
- ▶ “Submit Amendment” will allow users to submit the Subaward Adjustment
- ▶ Once submitted, a confirmation screen will appear, and an email will be sent to all grantee contacts when the Subaward Adjustment is submitted
- ▶ Your Grant Specialist will receive notification that your revision has been submitted



# Status Reports

Component
General Information
Attachments
Award Documents - Final
Budget
Claims
Closeout
Contact Information
Correspondence
Site Visits
Status Reports ←
Subaward Adjustments
Funding Opportunity
Application

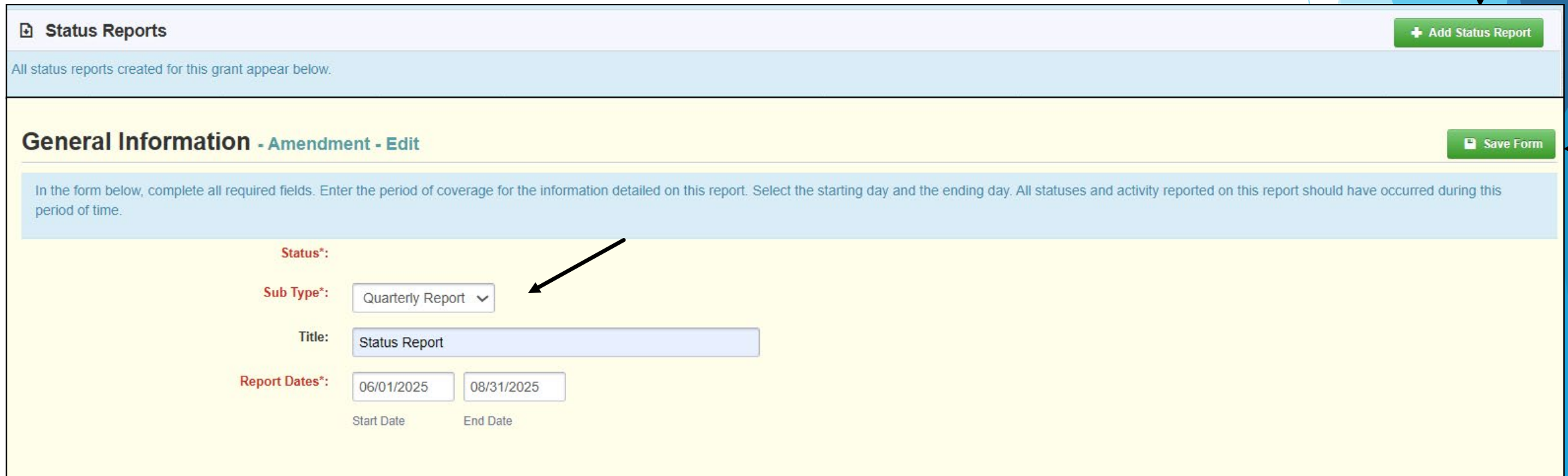
# Status Reports cont.

## ▶ Status Reports

- ▶ Each Status Report must be completed through the WebGrants System
- ▶ Each Subrecipient must submit a Quarterly Status Report
- ▶ Due Dates:
  - ▶ Status Report #01: 06/01-11/30: due 12/10
  - ▶ Status Report #02: 12/01-02/28: due 3/10/
  - ▶ Status Report #03: 03/01-05/31: due 6/10

# Status Reports cont.

- ▶ To create a Status Report, Select “Add Status Report”
- ▶ Complete the General Information
  - ▶ Select “Save Form”



The screenshot displays a web interface for creating status reports. At the top, a header bar contains a 'Status Reports' title and a '+ Add Status Report' button, which is indicated by a black arrow. Below this, a light blue banner states, 'All status reports created for this grant appear below.' The main section is titled 'General Information - Amendment - Edit' and includes a 'Save Form' button, also pointed to by a black arrow. A light blue instruction box reads: 'In the form below, complete all required fields. Enter the period of coverage for the information detailed on this report. Select the starting day and the ending day. All statuses and activity reported on this report should have occurred during this period of time.' The form fields include: 'Status\*' (a red label with no visible dropdown), 'Sub Type\*' (a dropdown menu showing 'Quarterly Report', indicated by a black arrow), 'Title' (a text box containing 'Status Report'), and 'Report Dates\*' (two date boxes: '06/01/2025' for 'Start Date' and '08/31/2025' for 'End Date').

**Status Reports** + Add Status Report

All status reports created for this grant appear below.

**General Information - Amendment - Edit** Save Form

In the form below, complete all required fields. Enter the period of coverage for the information detailed on this report. Select the starting day and the ending day. All statuses and activity reported on this report should have occurred during this period of time.

**Status\*:**

**Sub Type\*:** Quarterly Report ▼

**Title:** Status Report


**Report Dates\*:** 06/01/2025 08/31/2025

Start Date End Date

# Status Report cont.



- ▶ Complete the “Cyber Crime Task Force” component
  - ▶ Select “Save Form”

→

 **Cyber Crime Task Force** - Current Version

All data should correspond to activities occurring within the reporting period, unless specifically stated otherwise. Do not duplicate statistical data that has or will be reported by another agency.

**NOTE:** None of the fields are marked 'required' in an effort to allow you to save the form without having each field completed; however, you are asked to enter data in EVERY field prior to submission.

 **ORGANIZATION/INVESTMENT** 

The following question pertains to the current reporting period. Report the total number of cities, counties, state agencies, and federal agencies within the task force's direct service area, regardless if they are a MOU signer and/or contribute resources. The intent of this question is merely to establish the total possible number of cities, counties, state agencies, and federal agencies that exist within the task force's direct service area.

**Number of agencies within the task force's direct service area during the reporting period:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	County	State	Federal

The following question pertains to the current reporting period and/or continuously from previous reporting periods of the current grant. The reported count should agree with the MOU on file with DPS for the current grant. (NOTE: A Subaward Adjustment for a program revision may be necessary if the MOU signers change at any point during the grant period.)

For City, report each city/town/village subdivision MOU signer. Multiple MOU signers within a city constitute as 1 city agency. Colleges/universities should be reported as a separate city subdivision (for lack of a better category).

For County, report each county subdivision MOU signer. Multiple MOU signers within a county (i.e. Sheriff's Office, Prosecutor's Office, etc.) constitute as 1 county agency.

For State, report each state agency MOU signer. Multiple state agency MOU signers (i.e. Highway Patrol, Social Services, etc.) constitute as separate state agencies.

For Federal, report each federal agency MOU signer. Multiple federal agency MOU signers (i.e. FBI, DHS, etc.) constitute as separate federal agencies.

**Number of agencies within the task force area signing a MOU with the task force:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	County	State	Federal

The following question pertains to the current reporting period and/or continuously from previous reporting periods of the current grant.

For City, report each city/town/village subdivision contributor. Multiple contributors within a city constitute as 1 city agency. Colleges/universities should be reported as a separate city subdivision contributor (for lack of a better category).

For County, report each county subdivision contributor. Multiple contributors within a county (i.e. Sheriff's Office, Prosecutor's Office, etc.) constitute as 1 county agency.

For State, report each state agency contributor. Multiple state agency contributors (i.e. Highway Patrol, Social Services, etc.) constitute as separate state agencies.

↓

# Status Report cont.

- ▶ Once completed Select “Mark as Complete”
- ▶ To make edits Select “Edit Form” be sure to save the form and to “Mark as Complete” when finished

All data should correspond to activities occurring within the reporting period, unless specifically stated otherwise. Do not duplicate statistical data that has or will be reported by another agency.

**NOTE: None of the fields are marked 'required' in an effort to allow you to save the form without having each field completed; however, you are asked to enter data in EVERY field prior to submission**

**ORGANIZATION/INVESTMENT** ✓ Mark as Complete ✎ Edit Form

The following question pertains to the current reporting period. Report the total number of cities, counties, state agencies, and federal agencies within the task force's direct service area, regardless if they are a MOU signer and/or contribute resources. The intent of this question is merely to establish the total possible number of cities, counties, state agencies, and federal agencies that exist within the task force's direct service area.

**Number of agencies within the task force's direct service area during the reporting period:**

City	County	State	Federal	0
				Total

The following question pertains to the current reporting period and/or continuously from previous reporting periods of the current grant. The reported count should agree with the MOU on file with DPS for the current grant. (NOTE: A Subaward Adjustment for a program revision may be necessary if the MOU signers change at any point during the grant period.)

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For Federal, report each federal agency MOU signer. Multiple federal agency MOU signers (i.e. FBI, DHS, etc.) constitute as separate federal agencies.

**Number of agencies within the task force area signing a MOU with the task force:**

City	County	State	Federal	0
				Total

The following question pertains to the current reporting period and/or continuously from previous reporting periods of the current grant.

For City, report each city/town/village subdivision contributor. Multiple contributors within a city constitute as 1 city agency. Colleges/universities should be reported as a separate city subdivision contributor (for lack of a better category).

For County, report each county subdivision contributor. Multiple contributors within a county (i.e. Sheriff's Office, Prosecutor's Office, etc.) constitute as 1 county agency.

For State, report each state agency contributor. Multiple state agency contributors (i.e. Highway Patrol, Social Services, etc.) constitute as separate state agencies.

For Federal, report each federal agency contributors. Multiple federal agency contributors (i.e. FBI, DHS, etc.) constitute as separate federal agencies.

**Number of agencies within the task force area providing resources (personnel, currency, equipment, etc) to the task force:**

City	County	State	Federal	0
				Total

The following question is automatically calculated and pertains to the current reporting period and/or continuously from previous reporting periods of the current grant based on the number of agencies identified in the task force's direct service area minus those agencies that have contributed resources to the task force.

**Number of agencies within the task force area not providing resources (personnel, currency, equipment, etc) to the task force:**

City	County	State	Federal	Total
0	0	0	0	0



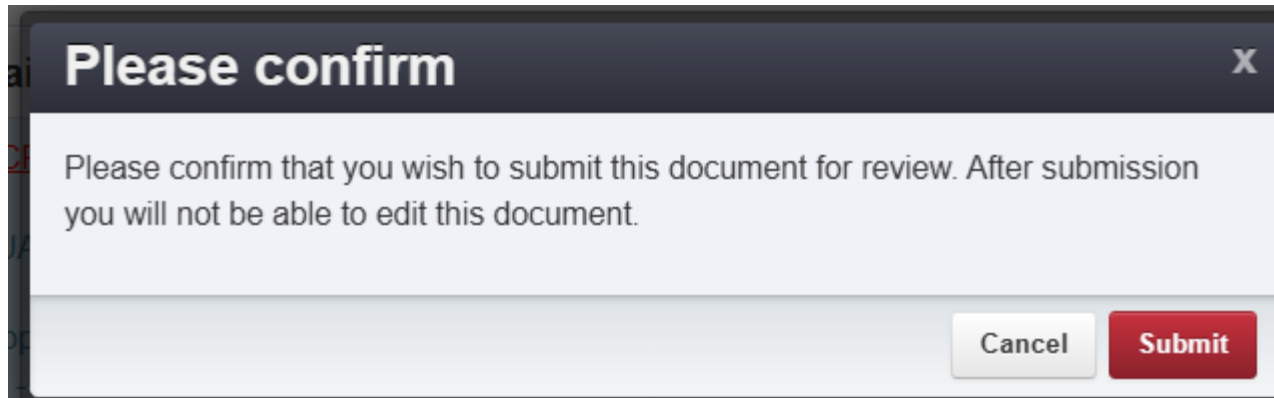
# Status Report cont.

- ▶ Submit Status Report
  - ▶ Select Submit Status Report



# Status Report cont.

- ▶ After the Status Report has been submitted a pop-up screen will appear to confirm your submission



# Monitoring

- ▶ We will no longer be Site Visiting 100% of subrecipients every year
- ▶ You will be notified when your agency is chosen for Site Visit Monitoring
- ▶ Key Things to remember
  - ▶ Monitoring is NOT an audit
  - ▶ DPS Grants is here to help correct areas of noncompliance to prevent audit findings
  - ▶ Change to provide technical assistance and answer questions

# What Documents Guide Monitoring

- ▶ Applicable State of Missouri statutes and regulations
- ▶ DPS Financial and Administrative Guidelines
- ▶ CJ/LE Information Bulletins
- ▶ SFY 2026 SCCG Notice of Funding
- ▶ SFY 2026 Award Agreement & Articles of Agreement

# What to Expect During Monitoring

- ▶ DPS Grants is required to monitor the following, as applicable
  - ▶ Equipment(inventory control, tags/labels)
  - ▶ Policies and Procedures
  - ▶ Project Implementation
  - ▶ State Civil Rights Compliance

# What to Expect During Monitoring - LEA Statutory Requirements

- ▶ Section 43.505 RSMo - Uniform Crime Reporting (UCR)
  - ▶ DPS will receive the report from MSHP
- ▶ Section 590.650 RSMo - Vehicle Stops Report
  - ▶ DPS/OHS will verify with the Attorney General's Office
- ▶ Section 590.700 RSMo - Written Policy on Recording of Custodial Interrogations
  - ▶ Must present DPS/OHS with a copy of the written policy
- ▶ Section 590.1265 RSMo - Police Use of Force Transparency Act of 2021
  - ▶ DPS/OHS will receive the report from MSHP
- ▶ Section 43.544 RSMo - Written Policy on Forwarding Intoxication-Related Offences
  - ▶ Must present DPS/OHS with a copy of the written policy

# What to Expect During Monitoring - Programmatic

- ▶ Project Implementation
- ▶ Personnel/Standard Operating Procedures Manual, if applicable
- ▶ Equipment inventory control list, if applicable

# What to Expect During Monitoring- Financial

- ▶ Local procurement/purchasing policy, if applicable
- ▶ Bid/quote records, if applicable
- ▶ Sole Source documentation, if applicable



# What to Expect During Monitoring- State Civil Rights

- ▶ Non-Discrimination Policies and Procedures
- ▶ Subrecipients are required by federal and state law to display labor poster regarding these statutes, which can be found at <https://labor.mo.gov/posters>

# Common Areas of Non-Compliance and Recommendations

- ▶ LEA Statutory Requirements
  - ▶ Missing report submissions
  - ▶ Missing copies of written policies
- ▶ Equipment
  - ▶ Missing equipment inventory information
  - ▶ Equipment items missing tags/labels
  - ▶ Usage logs not containing all required information

# Common Areas of Non-Compliance and Recommendations cont.

- ▶ State Civil Rights
  - ▶ No display of labor posters
  - ▶ Missing policies

# Contact

For assistance, please contact your Grant Specialist

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