



SFY 2027 State Cyber Crimes Grant (SCCG) Application Workshop

Missouri Department of Public
Safety/Office of Homeland Security

SFY 2027 SCCG Notice of Funding Opportunity (NOFO)

- The Missouri Department of Public Safety is pleased to announce the funding opportunity for the SFY 2027 State Cyber Crimes Grant (SCCG)
- The funding opportunity is made available through the Missouri Department of Public Safety's electronic WebGrants System, accessible online at: <https://dpsgrants.dps.mo.gov>
- The Notice of Funding Opportunity (NOFO) can be accessed at the following link: <https://dps.mo.gov/dir/programs/dpsgrants/sccg.php>
 - The NOFO contains information regarding the purpose/objectives of the program, eligibility, application requirements, allowable/unallowable costs, etc.



SCCG Goal

- The goal of SCCG 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 for the continued operation of multi-jurisdictional law enforcement cybercrime task forces



Key Dates

May 4, 2026:

SCCG funding opportunity opens in WebGrants:
<https://dpsgrants.dps.mo.gov/>

June 1, 2026:

SCCG applications due in WebGrants **5:00 pm CST**
**WebGrants will not accept any applications after
this time!**

June 1, 2026:

Project Start Date

May 31, 2027:

Project End Date



Eligible Applicants

- Any unit of state or local government within Missouri may apply for SCCG so as 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



Ineligible Applicants

- Nonprofit organizations
- For-profit organizations
- Agencies applying for a project that does not support a multi-jurisdictional task force



DPS Grants – State Requirements

- To be eligible for SCCG funding, the applicant agency must be compliant with the following statutes, as applicable and must maintain compliance throughout the grant period of performance.

Requirements below apply only to law enforcement agencies:

- **Section 590.650 RSMo – Vehicle Stops Report:** Pursuant to Section 590.650.3 RSMo, each law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.
 - *Faliure to submit the Vehicle Stops (Racial Profiling) Report will result in the automatic denial of the application.*
- **Section 590.700 RSMo – Written Policy on Recording of Custodial Interrogations:** Pursuant to Section 590.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2.



DPS Grants – State Requirements

- To be eligible for SCCG funding, the applicant agency must be compliant with the following statutes, as applicable and must maintain compliance throughout the grant period of performance.

Requirements below apply only to law enforcement agencies:

- **Section 43.544 RSMo** – **Written Policy on Forwarding Intoxication-Related Traffic Offenses:** Pursuant to Section 43.544.1 RSMo, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository as required by Section 43.503 RSMo.
- **Section 590.1265 RSMo** – **Police Use of Force Transparency Act of 2021:** Pursuant to Section 590.1265 RSMo, each law enforcement agency shall report data submitted under subsection 3 of this section to the department of public safety.
 - *For purposes of grant eligibility, law enforcement agencies will be considered non-compliant if they have not submitted Use of Force reports for three or more months in the previous 12 months.*
 - ***Agencies not compliant at the time of application will be ineligible for funding***



DPS Grants – State Requirements

- To be eligible for SCCG funding, the applicant agency must be compliant with the following statutes, as applicable and must maintain compliance throughout the grant period of performance.

Requirements below apply only to law enforcement agencies:

- **Section 43.505 RSMo – Uniform Crime Reporting (UCR):** Pursuant to Section 43.505.3 RSMo, each law enforcement agency in the state shall: (1) Submit crime incident reports to the department of public safety on forms or in the format prescribed by the department; and (2) Submit any other crime incident information which may be required by the department of public safety.
 - *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 in the previous 12 months.*
 - ***Applicants not compliant at the time of application will be ineligible for funding.***
- **Section 590.030 RSMo – Rap Back Program Participation:** Pursuant to Section 590.030 RSMo, 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. An officer shall submit to being fingerprinted at any law enforcement agency upon commissioning and for as long as the officer is commissioned with that agency.



Allowable Costs

- Requested items must have a direct effect on combating and/or preventing cybercrimes, meaning that the item(s) would be needed specifically to work such crimes
 - Flashlights, for example, may be used as an investigative tool during search warrants but are not deemed a tool specifically needed for investigation cybercrimes. This item should rather be provided by the officer's law enforcement agency
- Costs will be considered for funding based on justification for each item and its direct relation to the purpose of this funding opportunity



Allowable Costs

- Applicants may request funding under the following approved budget categories to support multi-jurisdictional law enforcement cybercrime task forces:
 - Personnel/Personnel Overtime
 - Salaries and/or overtime of detectives and forensic personnel whose focus is investigating internet sex crimes against children, including but not limited to, enticement of a child and possession or promotion of child pornography
 - Personnel Benefits/Personnel Overtime Benefits
 - Fringe benefits and/or overtime fringe benefits of detectives and forensic personnel whose focus is investigating internet sex crimes against children, including but not limited to, enticement of a child and possession or promotion of child pornography
 - Travel/Training
 - Training and travel related costs of law enforcement and forensic personnel as well as prosecuting attorneys, and consultants hired to provide training at the project agency
 - Reference Appendix A for training standards of cybercrime detectives and forensic personnel
 - Equipment
 - Equipment is tangible property having an acquisition cost of \$5,000 or more per unit and a useful life of more than one year
 - Supplies/Operations
 - Supplies are defined as property with an acquisition cost of less than \$5,000 per unit or a useful life of less than one year
 - Operations are defined as operational costs necessary to perform project activities, such as rent and phone expenses for example
 - Contractual
 - Costs directly associated with operating a cybercrime task force and its activities that are secured on a contractual nature



Unallowable Costs

- Unallowable costs include, but are not limited to, the following:
 - Bonuses or Commissions
 - Construction/Renovation Projects
 - Daily Subsistence within Official Domicile
 - Entertainment Expenses and Bar Charges
 - Finance Fees for Delinquent Payments
 - First Class Travel
 - Indirect Costs
 - Less-than-Lethal Weapons
 - Lobbying or Fundraising
 - Military-Type Equipment
 - Office Lease/Purchase
 - Personal Incentives for Employment
 - Pre-Paid Fuel/Phone Cards
 - Vehicles (Lease or Purchase)
 - Weapons and Ammunition



WebGrants Application

- Login or register as a new agency at:
<https://dpsgrants.dps.mo.gov>
 - If your agency is already registered in the system, someone with access will need to add new users

- Two-factor authentication: Enter the one-time passcode sent to your email by WebGrants and select, “Submit”

Enter your user id and password

User ID 

Password 

SIGN IN

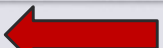
[Forgot User ID?](#) [Reset Password?](#)

Click here to Register 

Verify Email Address

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

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

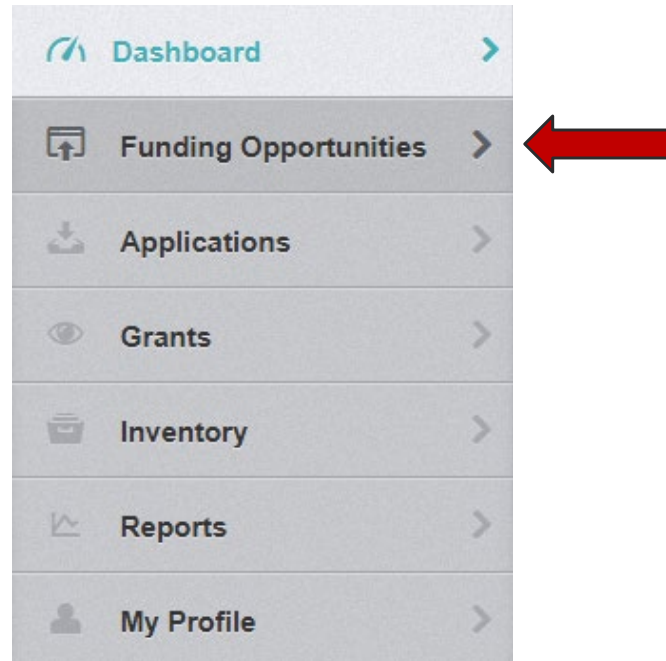
Enter your Passcode 

Submit



SFY 2027 SCCG Funding Opportunity

- Select “Funding Opportunities” and then select the “SFY 2027 State Cyber Crimes Grant (SCCG) funding opportunity




ID	Status	Agency	Program Area	Title	Posted Date	Final-Application Due Date
56154	Test	DPS Grants (CJLE)	State Cyber Crime Grant	SFY 2027 State Cyber Crime Grant (SCCG) TEST		Jun 1, 2026 5:00 PM



Funding Opportunity Details

- The Funding Opportunity Details contains the following information to assist in the application process:
 - Description
 - Attachments
 - SFY 2027 SCCG Notice of Funding Opportunity (NOFO)
 - SFY 2027 SCCG Certified Assurances
 - SFY 2027 SCCG Application Workshop
 - Website Links
 - [DPS SCCG Website](#)

 **Funding Opportunity Details**

 **Start New Application**



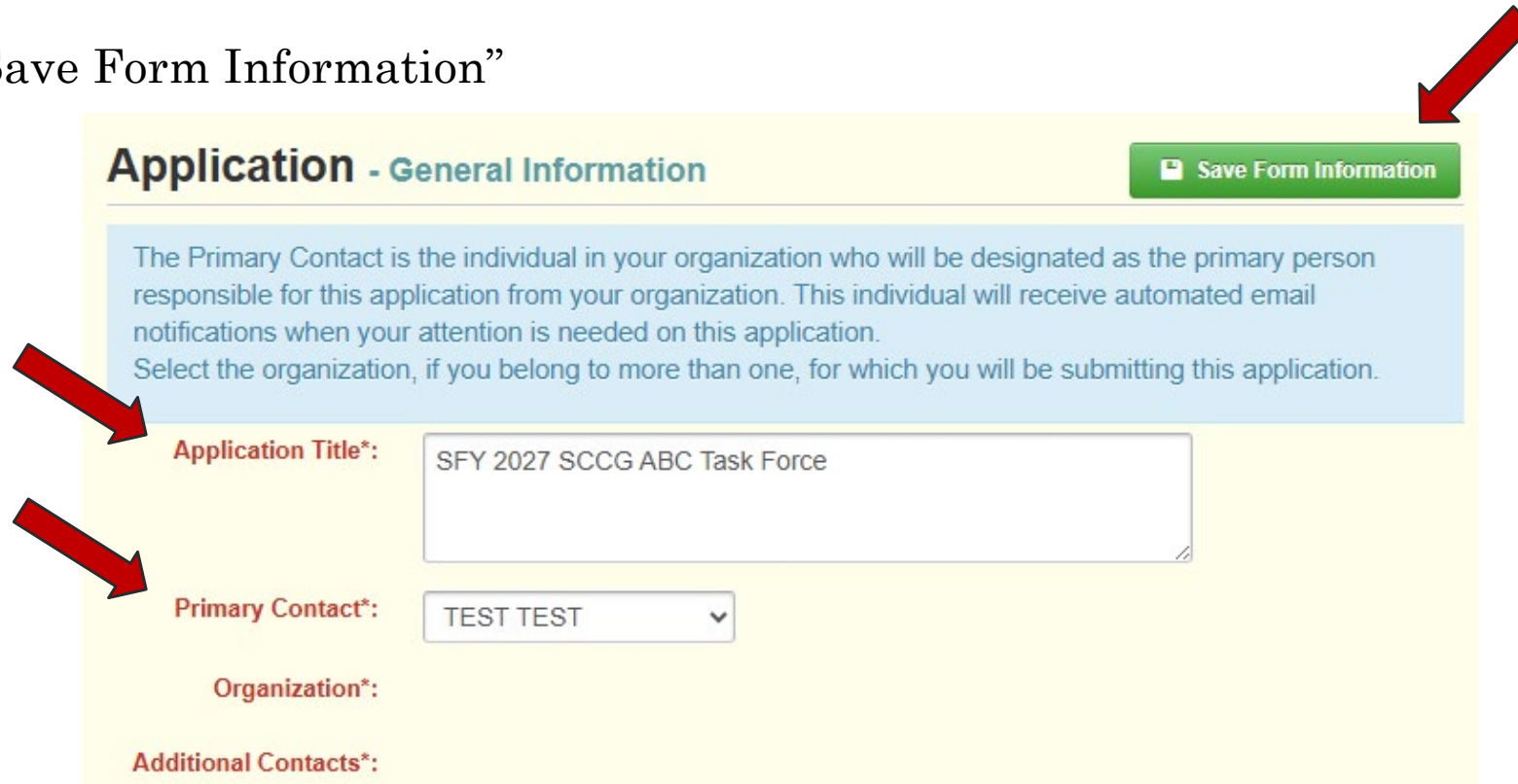
Start New Application

- Select “Start a New Application”



General Information

- Complete the General Information Component
 - Application Title: Enter SFY 2027 SCCG and name of the agency
 - Primary Contact: Select the primary contact for the application
- Select “Save Form Information”



Application - General Information [Save Form Information](#)

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.
Select the organization, if you belong to more than one, for which you will be submitting this application.

Application Title*:

Primary Contact*:

Organization*:

Additional Contacts*:



General Information

- Complete the General Information Component
 - Organization: Select the organization the application is being submitted for
 - Additional Contacts: Select additional contacts on the application
- Select “Save Form Information”

Application - General Information Save Form Information

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.
Select the organization, if you belong to more than one, for which you will be submitting this application.

Application ID: 56579

Program Area*: State Cyber Crime Grant

Funding Opportunity*: 56154-SFY 2027 State Cyber Crime Grant (SCCG) TEST

Application Stage*: Final Application




Application Status*: Editing

Application Title*:

Primary Contact*: TEST TEST

Organization*:

Additional Contacts*:



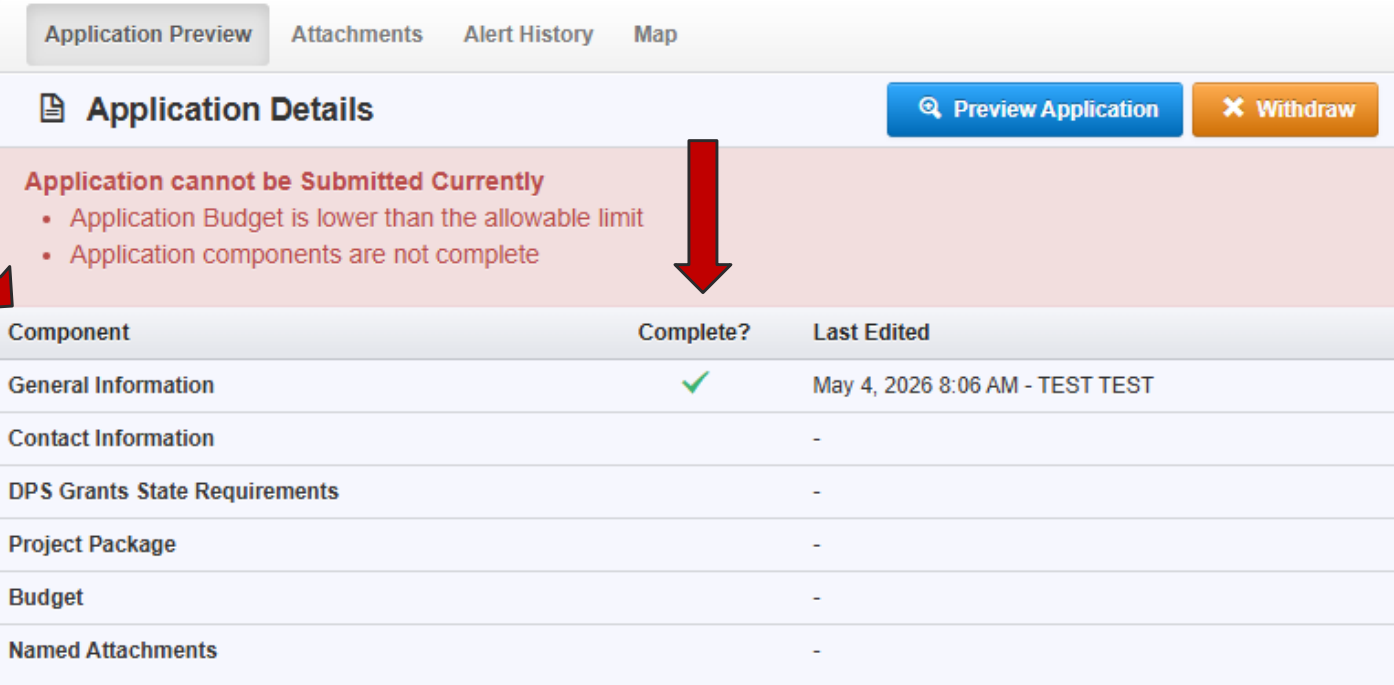
Application Forms

- The SFY 2027 SCCG Application will include 6 forms:
 - General Information
 - Contact Information
 - DPS Grants State Requirements
 - Project Package
 - Budget
 - Named Attachments



Application Forms

- After the “General Information” Component has been completed, the application forms will appear
 - Complete each of the application forms and select “Save” and “Mark as Complete”
 - **All forms MUST be marked complete to in order to “Submit” your application**



The screenshot shows a web interface for application management. At the top, there are tabs for "Application Preview", "Attachments", "Alert History", and "Map". Below these is a section titled "Application Details" with a "Preview Application" button and a "Withdraw" button. A red warning message states: "Application cannot be Submitted Currently" with two bullet points: "Application Budget is lower than the allowable limit" and "Application components are not complete". Below the warning is a table with three columns: "Component", "Complete?", and "Last Edited".

Component	Complete?	Last Edited
General Information	✓	May 4, 2026 8:06 AM - TEST TEST
Contact Information	-	-
DPS Grants State Requirements	-	-
Project Package	-	-
Budget	-	-
Named Attachments	-	-



Contact Information

- Select “Contact Information”
- Complete all contact information for:
 - Authorized Official
 - Project Director
 - Fiscal Officer Project Contact Person – if different than the Project Director
 - Project Contact Person – should be listed as the Task Force Commander

- Required fields are in **red**

Authorized Official*:

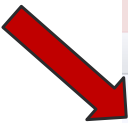
Job Title*:

Agency*:

Mailing Address*:

Street Address 1:

Street Address 2:



Application Preview Attachments Alert History Map

Application Details [Preview Application](#) [Withdraw](#)

Application cannot be Submitted Currently

- Application Budget is lower than the allowable limit
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	May 4, 2026 8:06 AM - TEST TEST
Contact Information	-	-
DPS Grants State Requirements	-	-
Project Package	-	-
Budget	-	-
Named Attachments	-	-



Contact Information

- 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 is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
 - If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
 - If the applicant agency is a State Department, the Director shall be the Authorized Official

The agency's correct Authorized Official must be designated in the "Contact Information" form and the "Certified Assurances" form

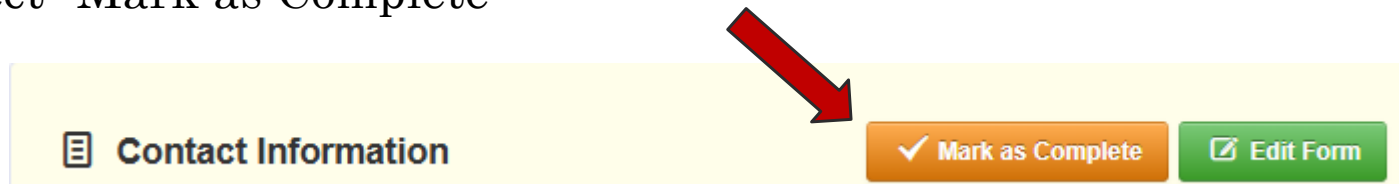


Contact Information

- When you have completed all contact information, select “Save Form”



- Select “Mark as Complete”



DPS Grants State Requirements

- Select “DPS Grants State Requirements

Application Preview Attachments Alert History Map

Application Details [Preview Application](#) [Withdraw](#)

Application cannot be Submitted Currently

- Application Budget is lower than the allowable limit
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	May 4, 2026 8:06 AM - TEST TEST
Contact Information	✓	May 4, 2026 8:09 AM - TEST TEST
DPS Grants State Requirements	-	-
Project Package	-	-
Budget	-	-
Named Attachments	-	-



DPS Grants State Requirements

- To be eligible for grant funding through the Missouri Department of Public Safety, agencies **must** be compliant with the requirements listed below (as applicable) at the time of application and if awarded funding, must maintain compliance throughout the grant period of performance
- Select “Yes” to Question 1 indicating your agency is a law enforcement agency
- Select “No” to Questions 2 and 3 that do not apply to your agency

1. Is the applicant a law enforcement agency?*

Yes No

2. Is the applicant a fire agency?*

Yes No

3. Is the applicant an EMS agency?*

Yes No



DPS Grants State Requirements

- Complete Questions 1a. – 1h. After selecting “Yes” to Question 1

1. Is the applicant a law enforcement agency?* Yes No

1a. Please provide the Originating Agency Identification Number (ORI):

1b. Is your agency in compliance with Section 590.650 RSMo - Vehicle Stops Report?: Yes No

1c. Is your agency in compliance with Section 590.700 RSMo - Written Policy on Recording of Custodial Interrogations? : Yes No

1d. Is your agency in compliance with Section 43.544 RSMo - Written Policy on Forwarding Intoxication-Related Traffic Offenses? : Yes No

1e. Is your agency in compliance with Section 590.1265 RSMo - Police Use of Force Transparency Act of 2021? : Yes No

1f. Is your agency in compliance with Section 43.505 RSMo - Uniform Crime Reporting?: Yes No



DPS Grants State Requirements

- Complete Questions 1a. – 1h. After selecting “Yes” to Question 1
 - Select “No” to 1h. as the application is not for Department of Justice Funds



1g. Is your agency in compliance with [Section 590.030 RSMo - Rap Back Program](#) Participation? :

Yes No




1h. Is this grant application for Department of Justice Funds?:

Yes No

- Select “Save Form”

 **DPS Grants State Requirements** 

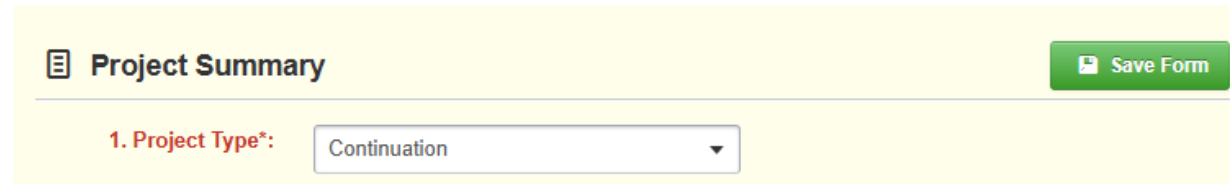
- Select “Mark as Complete”

 **DPS Grants State Requirements**  



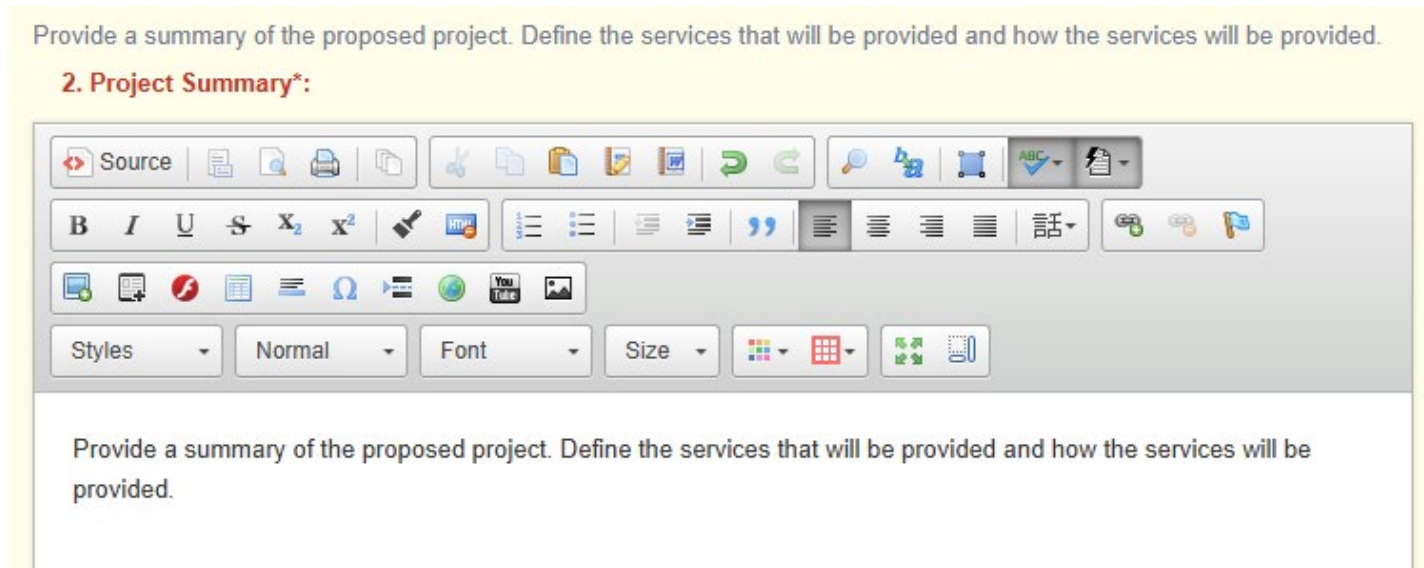
Project Package

- Complete the “**Project Summary**” section the Project Package
 1. Select the Project Type: New, Renewal, Continuation, or Expand/Enhance an Existing Project



The screenshot shows a form titled "Project Summary" with a "Save Form" button. Below the title, there is a dropdown menu labeled "1. Project Type*" with the value "Continuation" selected.

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



The screenshot shows a text area with a rich text editor. The text area contains the instruction: "Provide a summary of the proposed project. Define the services that will be provided and how the services will be provided." The rich text editor includes a toolbar with various icons for text formatting, alignment, and insertion. Below the toolbar, there are dropdown menus for "Styles" (set to "Normal"), "Font", and "Size".

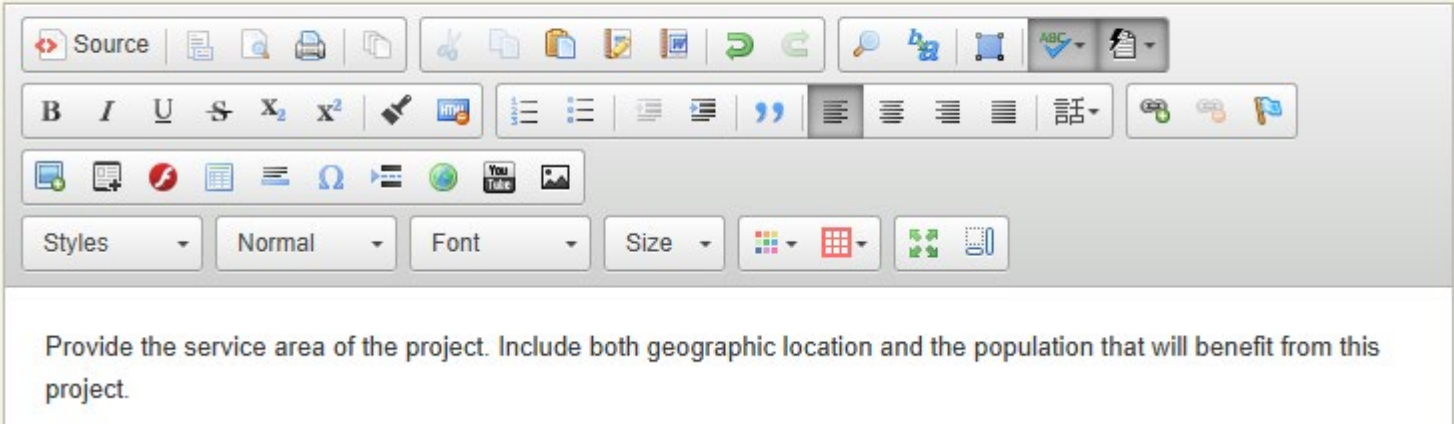


Project Package

- Complete the “**Project Summary**” section the Project Package
- 3. Provide the service area of the project: Include both geographic location and the population that will benefit from this project

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

3. Provide the service area of the project.*:



The screenshot shows a web form with a rich text editor toolbar. The toolbar includes buttons for Source, Undo, Redo, Bold, Italic, Underline, Strikethrough, Text Color, Background Color, Bulleted List, Numbered List, Indent Left, Indent Right, Link, Unlink, and a speech bubble icon. Below the toolbar are dropdown menus for Styles (Normal), Font, and Size, along with a color palette and a table icon. The text input field contains the instruction: "Provide the service area of the project. Include both geographic location and the population that will benefit from this project."

Provide the service area of the project. Include both geographic location and the population that will benefit from this project.

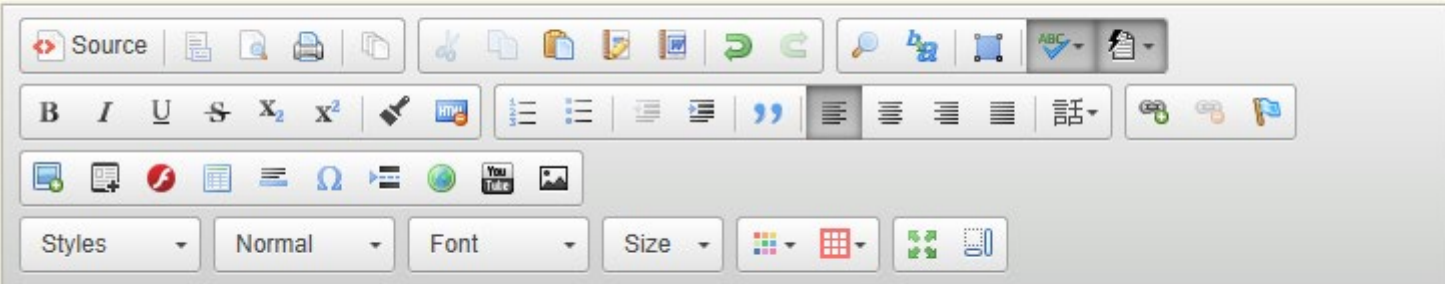


Project Package

- Complete the “**Project Summary**” section the Project Package
- 4. Why is the proposed project necessary: Include both the need in the community as well as the need for funding

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

4. Why is the proposed project necessary?*



Explain why the proposed project is necessary. Include both the need in the community as well as the need for funding.



Project Package

- Complete the “**Goal #1 Minimum Standards**” section the Project Package

- Objective 1.1 Minimum Training

1. Have all task force officers completed the online training of the ICAC Program Operation and Investigative standards?
Yes/No

If No:

1a. 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

Reference Appendix A of the Notice of Funding Opportunity for minimum and recommended training standards

Objective 1.1 Minimum Training

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

Yes

No

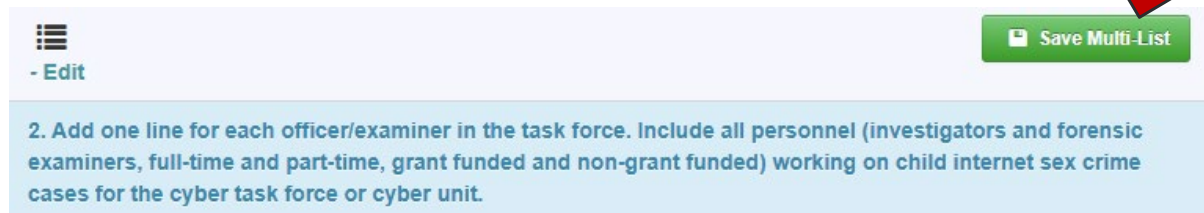
1a. Please list each task force officer/forensic personnel that have not yet completed the training, as well as the estimated time frame for them to complete the training.:

List each task force officer/forensic personnel that have not yet complete the training, as well as the estimated time frame for them to complete the training.




Project Package

- Complete the “**Goal #1 Minimum Standards**” section the Project Package
 - Objective 1.1 Minimum Training
 2. Add one line for each officer/examiner in the task force. 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.
 - Select “Save Multi-List”
 - Select “Add Row” to add each position



The screenshot shows a software interface with a light blue header bar. On the left, there is a hamburger menu icon and the text "- Edit". On the right, there is a green button with a white document icon and the text "Save Multi-List". Below the header bar, a light blue box contains the text: "2. Add one line for each officer/examiner in the task force. 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." A red arrow points from the top right towards the "Save Multi-List" button.



The screenshot shows a software interface with a light blue header bar. On the left, there is a hamburger menu icon and the text "- Multi-List". On the right, there are two buttons: an orange button with a white checkmark icon and the text "Mark as Complete", and a green button with a white plus icon and the text "Add Row". Below the header bar, a light blue box contains the text: "2. Add one line for each officer/examiner in the task force. 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." A red arrow points from the top right towards the "Add Row" button.



Project Package

- Complete the “**Goal #1 Minimum Standards**” section the Project Package
 - Objective 1.1 Minimum Training
 - 2. Add one line for each officer/examiner in the task force. 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.
 - After selecting “Add Row”, complete the following information:
 - Officer Name
 - Is this position grant funded? **Yes/No**
 - Employment Status: **Full-Time/Part-Time**
 - Is the officer/examiner POST Certified? **Yes/No**
 - Job Category(s): **Field Investigator, Mobile Device Extractor, Online Investigator, Computer Forensic Examiner, Mobile Forensic Examiner**
 - Select all the officer is responsible for
 - Has the task force officer completed the minimum required training as discussed in Appendix A of the NOFO? **Yes/No**
 - If **No**: 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? **Yes/No**
 - If **No**: Give a reason the recommended training was not completed
 - Select “Save Row”
 - Add additional officers/examiners by selecting “Add Row” until all have been added



Project Package

Officer Name*:

Is this position grant funded?*

Yes No

Employment Status*:

Full-Time ▾

Is the officer/examiner POST certified? (Missouri Peace Officer Certification)*:

Yes No

Select all categories this task force officer is responsible for. Categories are referenced in Appendix A of the NOFO.

Job Category(s) *:

- Field Investigator
- Mobile Device Extractor
- Online Investigator
- Computer Forensic Examiner
- Mobile Forensic Examiner

Has the task force officer completed the minimum required training as discussed in Appendix A of the NOFO?*

Yes No

Please indicate which training requirement has not been met and when the minimum training will be completed.:

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?*

Yes No

Please give a reason the recommended training has not been completed.:

Give a reason the recommended training has not been completed.



Project Package

- Complete the “Goal #1 Minimum Standards” section the Project Package

- 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**

If **No**:

3a. Explain the task force’s plan to implement a protocol or procedure to handle cyber tips received by the task force

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

If **No**:

4a. 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

Objective #1.2 Minimum Procedures Save Form

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 Explain the task force's plan to implement a protocol or procedure to handle cyber tips received by the task force.:

Explain the task force's plan to implement a protocol or procedure to handle cyber tips received by the task force.

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 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.:

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.



Project Package

- Complete the “**Goal #2 Task Force Activities**” section the Project Package

- Objective 2.1 Proactive Activities

1. Does the task force have the current manpower and resources to conduct ongoing proactive investigations? **Yes/No**
If No:

1a. 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 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

Objective #2.1 Proactive Activities

1. Does the task force have the current manpower and resources to conduct ongoing proactive investigations?*

Yes

No

1a. 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.:

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.



Project Package

- Complete the “**Goal #3 Educational Activities**” section the Project Package
 - Objective 3.1 Community Outreach
 1. Has the task force been involved in cyber safety educational programs throughout the task force service area during the prior calendar year? **Yes/No**

If **Yes:**

1a. Please describe the types of educational programs the task force was involved in and how often they participated

If **No:**

1a. 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

Objective #3.1 Community Outreach

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

Yes No

1a. Please describe the types of educational programs the task force was involved in and how often they participated.:

Please describe the types of educational programs the task force was involved in and how often they participated.

Objective #3.1 Community Outreach

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

Yes No

1a. 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.:

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.



Project Package

- Complete the “**Goal #3 Educational Activities**” section the Project Package

- Objective 3.2 Law Enforcement Outreach

2. 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

If Yes:

2a. Please describe the types of outreach that the task force was involved in and how often

If No:

2a. 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

Objective #3.2 Law Enforcement Outreach

2. 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

2a. Please describe the types of outreach that the task force was involved in and how often.:

Please describe the types of outreach that the task force was involved in and how often.

Objective #3.2 Law Enforcement Outreach

2. 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

2a. 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.:

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.



Project Package

- Complete the “**Goal #3 Educational Activities**” section the Project Package

- Objective 3.3 Prosecutorial Outreach

3. 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**

If **Yes:**

3a. 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

If **No:**

3a. 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

Objective #3.3 Prosecutorial Outreach

3. 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

3a. 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?:

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

3. 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

3a. 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:

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 Package

- Complete the “**Goal #3 Educational Activities**” section the Project Package

- Objective 3.4 Allied Professionals Outreach

4. 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**

If Yes:

4a. 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

If No:

4a. 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

Objective #3.4 Allied Professionals Outreach

4. 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

4a. 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? :

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

4. 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

4a. 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.:

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.



Project Package

- Complete the “**Goal #4 Collaboration with Other Agencies**” section the Project Package

- Objective 4.1 Information Sharing

1. 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

If Yes:

1a. Identify the type of information that is shared, and identify the agencies to which information is shared

If No:

1a. 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

Objective #4.1 Information Sharing

1. 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

1a. Identify the type of information that is shared, and identify the agencies to which information is shared.:

Identify the type of information that is shared, and identify the agencies to which information is shared.

Objective #4.1 Information Sharing

1. 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

1a. 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.:

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.



Project Package

- Complete the “**Goal #4 Collaboration with Other Agencies**” section the Project Package

- Objective 4.2 Investment

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

If **No**: 2a. Please explain why there is no committee and if there are any plans to establish a committee

3. Do all agencies signing the Memorandum of Understanding (MOU) contribute resources to the task force? **Yes/No**

Objective #4.2 Investment

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

 Yes No

2a. Please explain why there is no committee, and if there are any plans to establish a committee.:

Please explain why there is no committee, and if there are any plans to establish a committee.

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

 Yes No

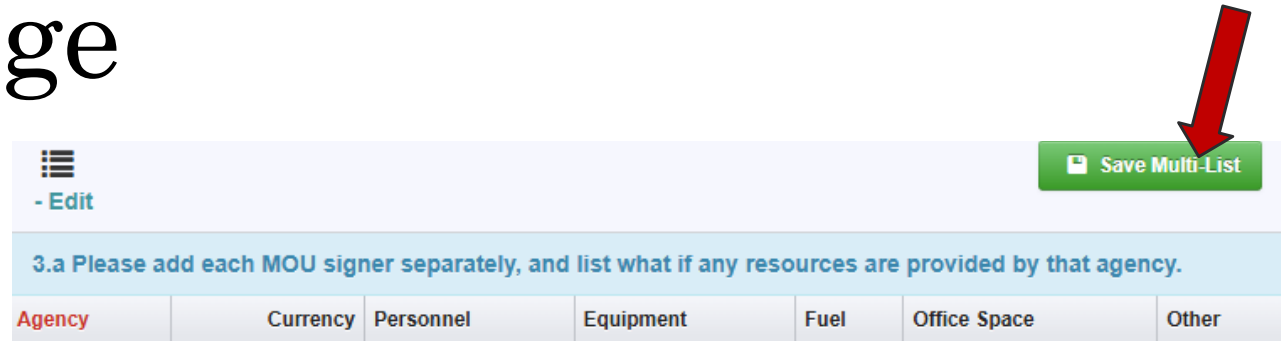
Project Package

- Complete the “**Goal #4 Collaboration with Other Agencies**” section the Project Package

- Objective 4.2 Investment

3a. Add each MOU signer separately and list what, if any resources are provided by that agency

- Select “Save Multi-List”
- Select “Add Row” to add each MOU signer

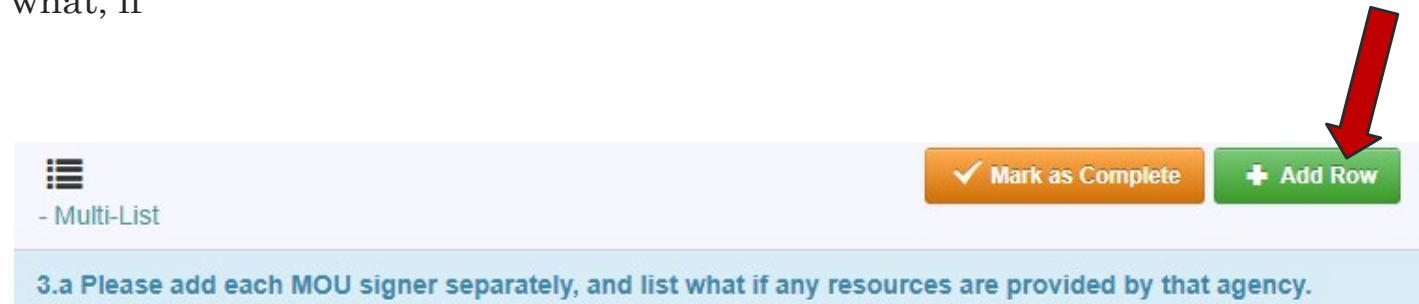


☰ - Edit

Save Multi-List

3.a Please add each MOU signer separately, and list what if any resources are provided by that agency.

Agency	Currency	Personnel	Equipment	Fuel	Office Space	Other
--------	----------	-----------	-----------	------	--------------	-------



☰ - Multi-List

Mark as Complete Add Row

3.a Please add each MOU signer separately, and list what if any resources are provided by that agency.



Project Package

- Complete the **“Goal #4 Collaboration with Other Agencies”** section the Project Package
 - Objective 4.2 Investment
 - 3a. Add each MOU signer separately and list what, if any resources are provided by that agency
 - After selecting “Add Row” complete the following information for each MOU signer:
 - Agency: List the name of the MOU agency
 - Currency: Provide actual currency provided by the MOU signer
 - Personnel: List all personnel and associated value provided by the MOU signer
 - Equipment: List all equipment and associated value provided by the MOU signer
 - Fuel: Indicate any fuel and associated value provided by the MOU signer
 - Office Space: Indicate the office space and associated value provided by the MOU signer
 - Other: List any additional resources and associated value provided by the MOU signer
 - Select “Save Row”
 - Add additional MOU signers by selecting “Add Row” until all have been added



Project Package

Agency*:

List name of MOU signer.

List the name of the MOU agency.

Currency:

\$5,000

Provide actual currency provided by the MOU signer.

Personnel:

List all personnel and associated value provided by the MOU signer.

List all personnel and associated value provided by the MOU signer.

Equipment:

List all equipment and associated value provided by the MOU signer.

List all equipment and associated value provided by the MOU signer.

Fuel:

Indicate any fuel and associated value provided by the MOU signer.

Indicate any fuel and associated value provided by the MOU signer.

Office Space:

Indicate the office space and associated value provided by the MOU signer.

Indicate the office space and associated value provided by the MOU signer.

Other:

List any additional resources and associated value provided by the MOU signer.

List any additional resources and associated value provided by the MOU signer.



Project Package

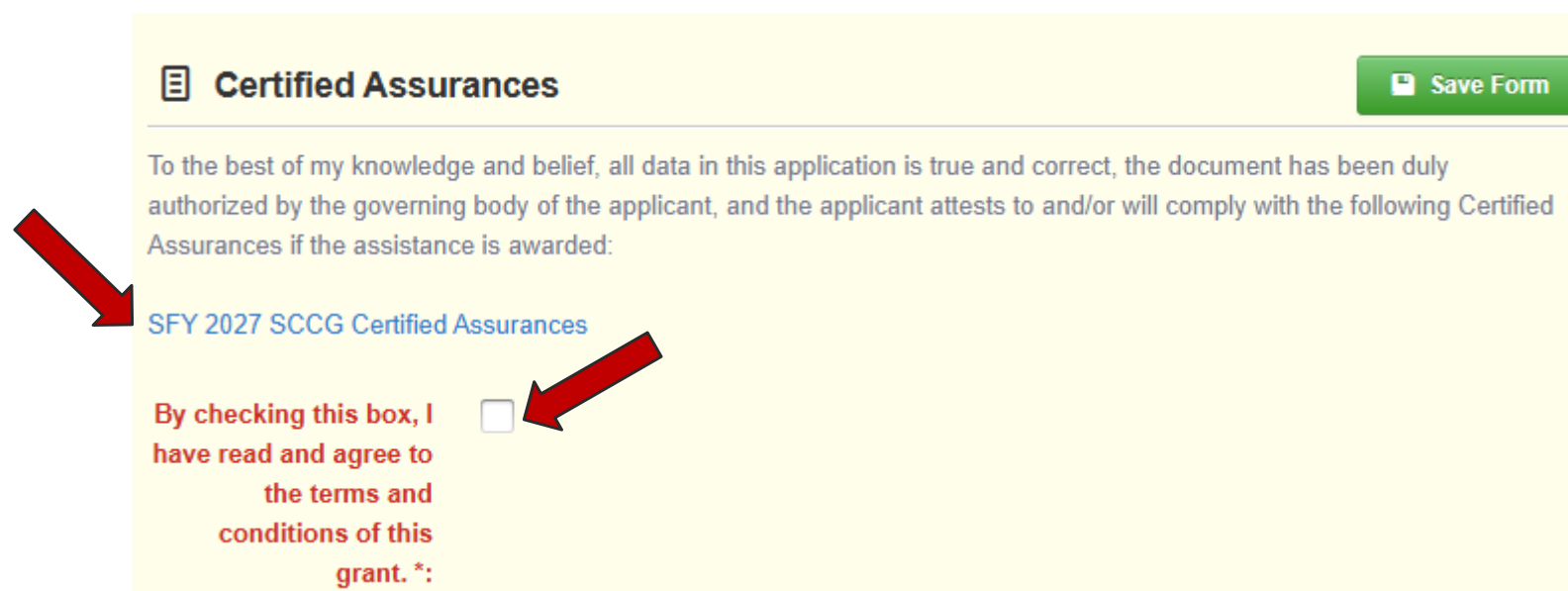
- Complete the “**Certified Assurances**” section of the Project Package
- The Certified Assurances section certifies:
 - Data in the application is true and correct
 - Document has been duly authorized by the governing body
 - Applicant attests to and/or will comply with the Certified Assurances if assistance is awarded
- Must be certified by the Authorized Official
 - 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 county, the Presiding County Commissioner or County Executive shall be the Authorized Official
 - If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
 - If the applicant agency is a State Department, the Director shall be the Authorized Official

The agency’s correct Authorized Official must be designated in the “Contact Information” form and the “Certified Assurances” section of the application



Project Package

- Select the “blue link” to review the Certified Assurances for SFY 2027 SCCG
- Check the box to certify the Authorized Official has read and agrees to the terms and conditions of the grant



Certified Assurances Save Form

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:

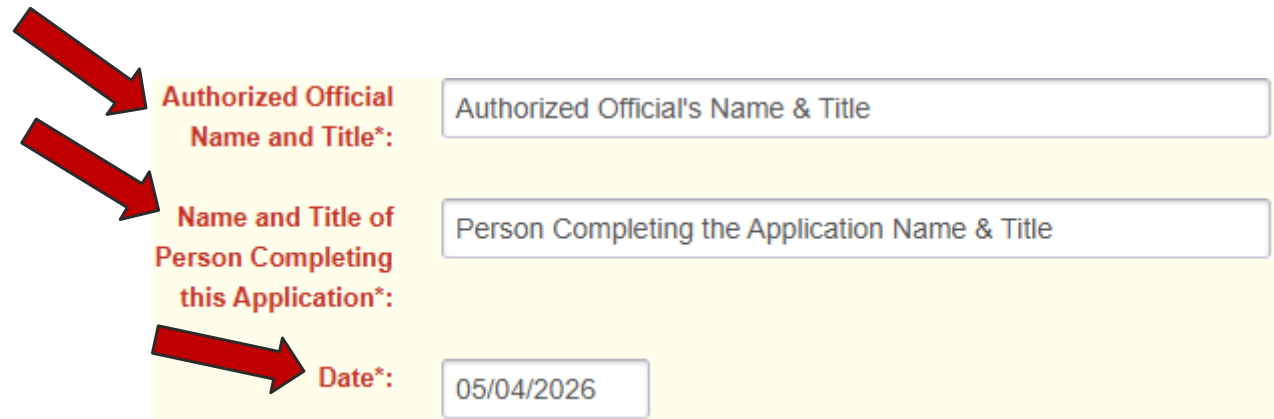
[SFY 2027 SCCG Certified Assurances](#)

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



Certified Assurances

- Complete the certification with the Authorized Official's name and title
- Complete with the name and title of the person completing the application
- Enter the date the application is being complete and submitted



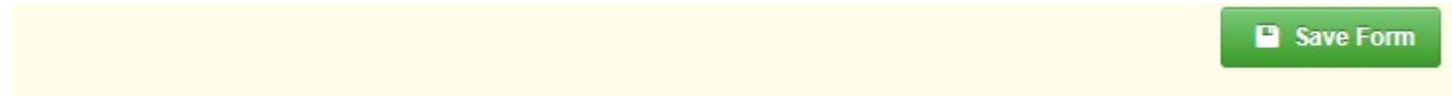
The screenshot shows a form with three input fields. Red arrows point from the text in the list above to each field:

- The first field is labeled "Authorized Official Name and Title*" and contains the text "Authorized Official's Name & Title".
- The second field is labeled "Name and Title of Person Completing this Application*" and contains the text "Person Completing the Application Name & Title".
- The third field is labeled "Date*" and contains the date "05/04/2026".

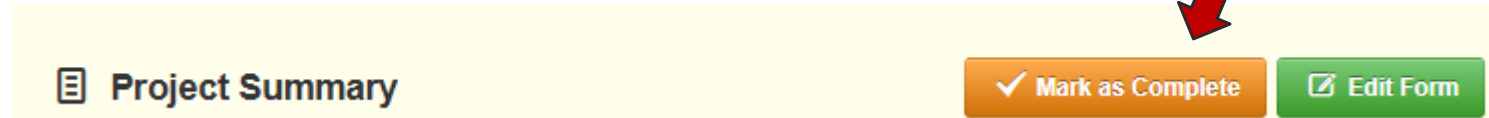


Certified Assurances

- Select “Save Form”



- Select “Mark as Complete”



Budget

- Select “Budget”

Application Preview Attachments Alert History Map

Application Details [Preview Application](#) [Withdraw](#)

Application cannot be Submitted Currently

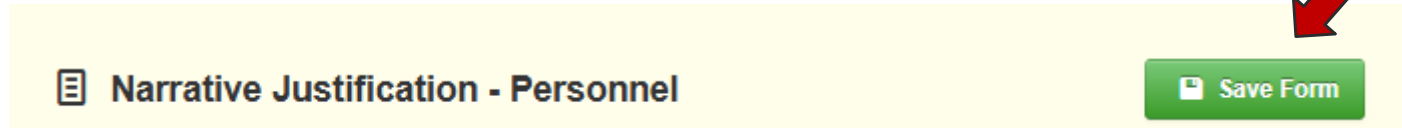
- Application Budget is lower than the allowable limit
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	May 4, 2026 8:06 AM - TEST TEST
Contact Information	✓	May 4, 2026 8:09 AM - TEST TEST
DPS Grants State Requirements	✓	May 4, 2026 8:10 AM - TEST TEST
Project Package	✓	May 4, 2026 10:57 AM - TEST TEST
Budget	-	-
Named Attachments	-	-



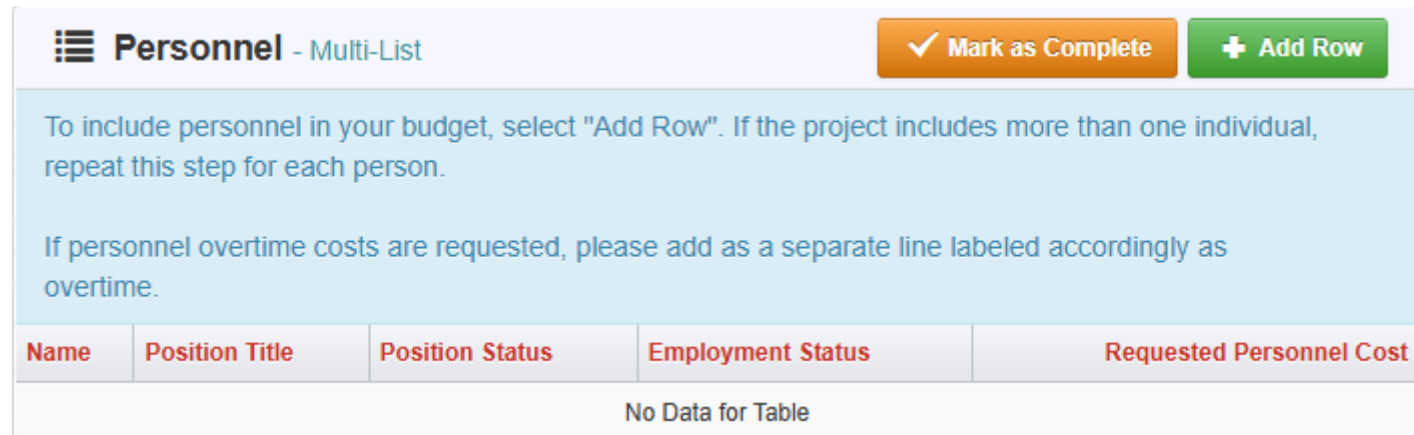
Budget

- Select “Save Form”



- Select “Add Row” under the budget section(s) you wish to add a budget line(s) for

- Personnel
 - Personnel Overtime
- Personnel Benefits
 - Benefits Overtime
- Travel/Training
- Equipment
- Supplies/Operations
- Contractual



Budget

- **Personnel Budget Lines**

- To include personnel in your budget, select “Add Row” in the “Personnel” budget section
 - If the project includes more than one individual, repeat this step for each person
 - **If personnel overtime costs are requested, please add as a separate line labeled accordingly as overtime**
- Name: Provide the name of the individual grant funding is requested for. If unknown, put TBD
- Position Title: Provide the title of the individual
- Position Status: Select “New” or “Existing”
- Employment Status: Select “Full” or “Part-Time”
- Requested Personnel Cost: Enter the amount of salary costs requested

- Select “Save Row”

Personnel Save Row

To include personnel in your budget, select "Add Row". If the project includes more than one individual, repeat this step for each person.

If personnel overtime costs are requested, please add as a separate line labeled accordingly as overtime.

Name*:
Provide the name of the individual for which grant funding is requested. If the name is unknown, put TBD.

Position Title*:
Provide the title of the individual.

Position Status*: Existing ▾

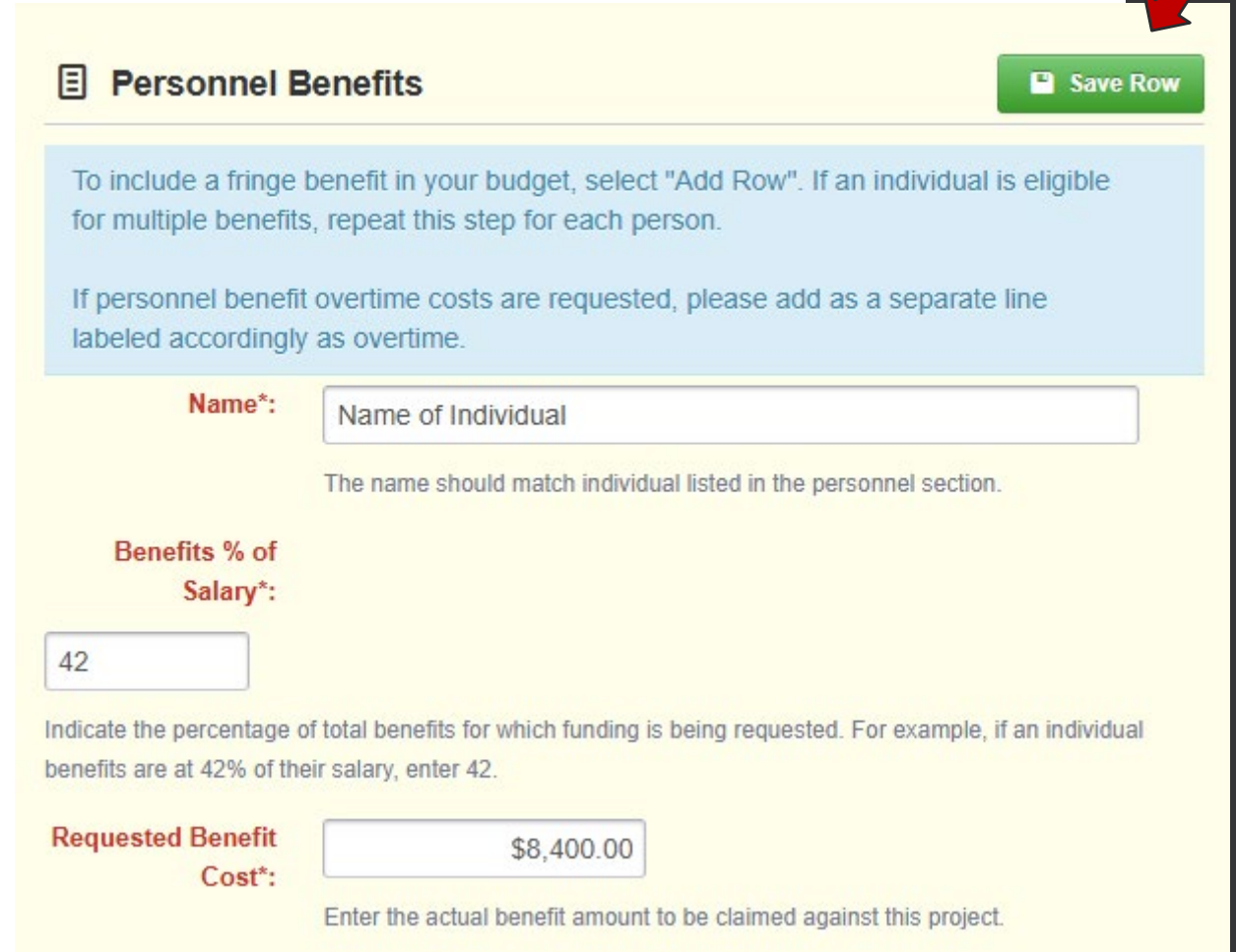
Employment Status*: Full Time ▾
Select the employment status based on the individual's status with the organization (not on this project).

Requested Personnel Cost*:
Enter the actual salary to be claimed against this project.



Budget

- **Personnel Benefits Budget Lines**
 - To include fringe benefits in your budget, select “Add Row” in the “Personnel Benefits” budget section
 - If the project includes more than one individual, repeat this step for each person
 - **If personnel overtime costs are requested, please add as a separate line labeled accordingly as overtime**
 - Name: The name should match the individual listed in the personnel budget section
 - Benefits % of Salary: Indicate the percentage of total benefits funding is requested for
 - Example: If benefits are 42% of the employee’s salary, enter 42
 - Requested Benefit Cost: Enter the amount of benefit costs requested
- Select “Save Row”



Personnel Benefits Save Row

To include a fringe benefit in your budget, select "Add Row". If an individual is eligible for multiple benefits, repeat this step for each person.

If personnel benefit overtime costs are requested, please add as a separate line labeled accordingly as overtime.

Name*:

The name should match individual listed in the personnel section.

Benefits % of Salary*:

Indicate the percentage of total benefits for which funding is being requested. For example, if an individual benefits are at 42% of their salary, enter 42.

Requested Benefit Cost*:

Enter the actual benefit amount to be claimed against this project.



Budget

• Travel/Training Budget Lines

- To include travel/training in your budget, select “Add Row” in the Travel/Training budget section
 - Enter the total cost for each item
 - Cost includes all categories for the expense item (i.e. Conferences may include registration, lodging, mileage, per diem, etc.)
 - Per diem is only allowed when in 12 hour travel status
 - Travel must be by the most direct, practical route
 - Mileage should not exceed state rates approved by Missouri Office of Administration (OA) found at: [Mileage Rates](#)
 - Lodging and meal expenses shall adhere to the state per diem rates which can be found at: [Per Diem Rates](#)
 - Incidentals are not allowed
 - Agency travel policy will apply if such is more restrictive than those mentioned herein
 - Item Name: Identify name of travel/training
 - Category: Select applicable travel-related costs
 - Ensure you select all that apply
 - Other: If you select “Other” in the “Category” field, provide a brief explanation of the “Other” Costs
 - Total Cost: Enter the amount requested for the travel/training
- Select “Save Row”

Travel/Training

Save Row

1. To include travel/training related costs in the budget, select "Add Row". Repeat this step to include each expense.
2. Enter total cost for each item. Cost includes all categories for the expense item. (ie. Conferences may include registration, hotel, mileage, per diem, etc.)
3. Per diem is only allowed when persons are on 12 hour travel status.
4. Travel must be by the most direct, practical route. The amount of mileage allowance shall not exceed the state rates approved by the Missouri Office of Administration found at [Mileage Rates](#).
5. Lodging and meal expenses shall adhere to the state per diem rates, which can be found at [Per Diem Rates](#). Incidentals will not be allowed.
6. Agency travel policy will apply if such is more restrictive than those mentioned herein.

Item Name*:

Identify the type of expense. For training/conferences, list the name and dates.

Category*:

Lodging Mileage

Per Diem/Meals Vehicle Rental

Other (Parking, taxi, airfare, etc.)

Select the applicable travel-related cost(s) to include in the budget. **NOTE:** You may select more than one category.

Explanation of Other Travel:

If you select "Other" in the Category field, provide a brief explanation of the "Other" costs.

Total Cost*:

Enter the amount requested for this travel/training budget line.



Budget

- **Equipment Budget Lines**

- To include equipment in your budget, select “Add Row” in the “Equipment” budget section
 - Repeat this step for each equipment item requested
 - **Equipment items are defined as tangible property having an acquisition cost of \$5,000 or more and a useful life of more than one year**
- Item Name: List the name of the equipment that is requested
- Quantity: Indicate the quantity of the equipment requested
- Unit Cost: No entry is required as WebGrants will calculate
- Total Cost: Enter the total amount requested for the equipment item

- Select “Save Row”

Equipment Save Row

To include equipment in your budget, select "Add Row". If the project includes more than one equipment item, repeat this step for each item.
Equipment items are defined as tangible property having an acquisition cost of \$5,000 or more, and a useful life of more than one year.

Item Name*:
List the name of the equipment that is requested.

Quantity*:

Unit Cost:

Total Cost*:
Enter the amount requested for the equipment budget line.

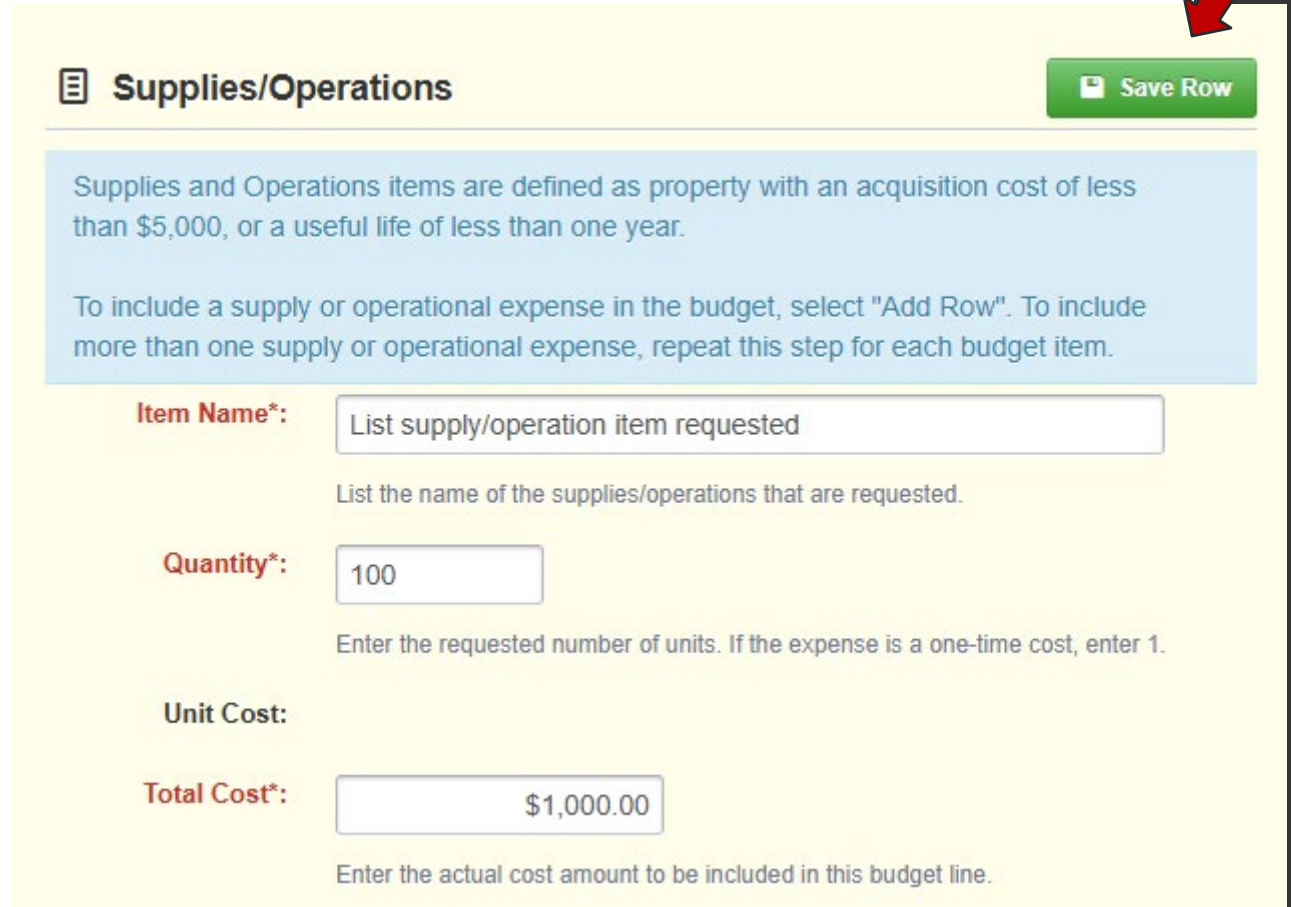


Budget

- **Supplies/Operations Budget Lines**

- To include supplies/operations in your budget, select “Add Row” in the “Supplies/Operations” budget section
 - Repeat this step for each supply/operation item that is requested
 - **Supplies and operations are defined as property with an acquisition cost of less than \$5,000 or a useful life of less than one year**
- Item Name: List the name of the equipment that is requested
- Quantity: Indicate the quantity of the equipment requested
- Unit Cost: No entry is required as WebGrants will calculate
- Total Cost: Enter the total amount requested for the supply/operation item

- Select “Save Row”



Supplies/Operations Save Row

Supplies and Operations items are defined as property with an acquisition cost of less than \$5,000, or a useful life of less than one year.

To include a supply or operational expense in the budget, select "Add Row". To include more than one supply or operational expense, repeat this step for each budget item.

Item Name*:
List the name of the supplies/operations that are requested.

Quantity*:
Enter the requested number of units. If the expense is a one-time cost, enter 1.

Unit Cost:

Total Cost*:
Enter the actual cost amount to be included in this budget line.

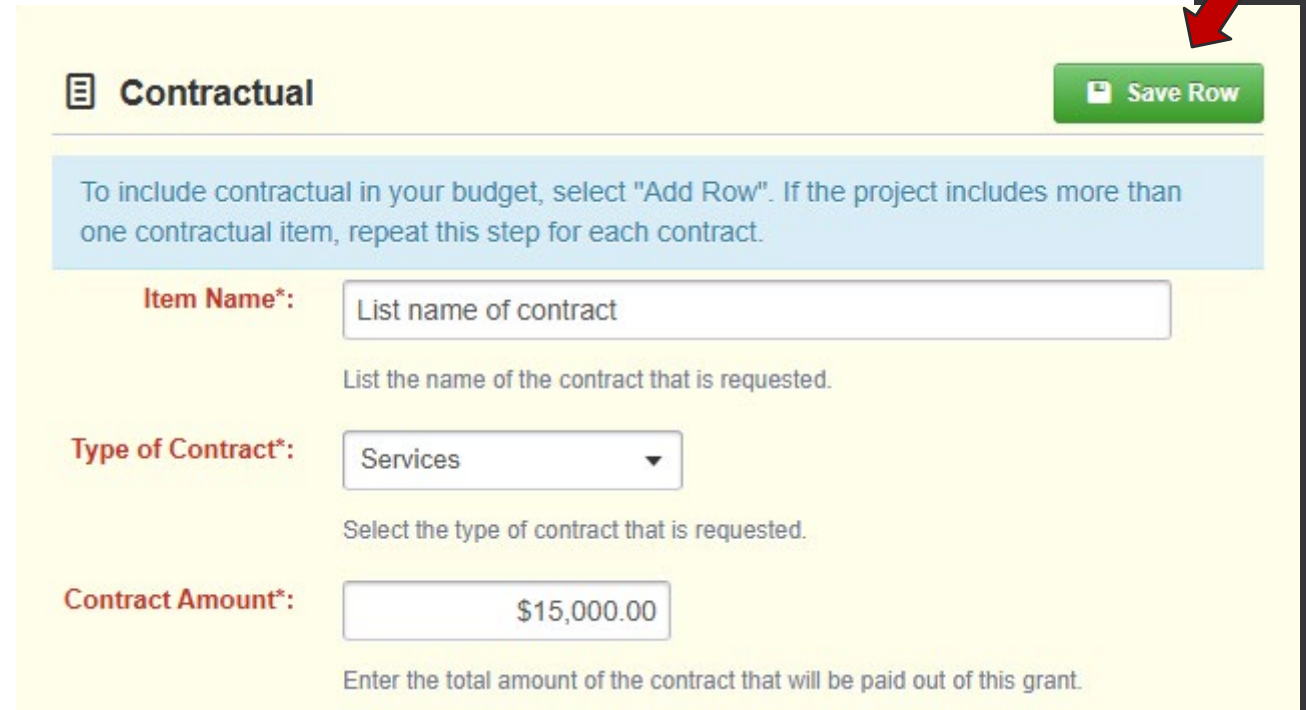


Budget

- **Contractual Budget Lines**

- To include contractual costs in your budget, select “Add Row” in the “Contractual” budget section
 - Repeat this step for each contract that is requested
- Item Name: List the name of the contract that is requested
- Type of Contract: Select the type of contract that is requested
 - Services
 - Maintenance
 - Item Acquisition
 - Contracted Personnel
 - Subscriber Fees
- Contract Amount: Enter the total amount requested for the contract

- Select “Save Row”



Contractual Save Row

To include contractual in your budget, select "Add Row". If the project includes more than one contractual item, repeat this step for each contract.

Item Name*:
List the name of the contract that is requested.

Type of Contract*:
Select the type of contract that is requested.

Contract Amount*:
Enter the total amount of the contract that will be paid out of this grant.



Budget

- After you have added budget lines, complete the narrative justification for each section costs are being requested in
- Select “Edit Form” in the “Narrative Justification” section for the budget category you wish to provide justification for
 - The “Narrative Justification” is located below each corresponding budget category

Personnel - Multi-List ✓ Mark as Complete + Add Row

To include personnel in your budget, select "Add Row". If the project includes more than one individual, repeat this step for each person.

If personnel overtime costs are requested, please add as a separate line labeled accordingly as overtime.

Name	Position Title	Position Status	Employment Status	Requested Personnel Cost
Name of Individual	Position Title	Existing	Full Time	\$20,000.00
				\$20,000.00

Last Edited By: TEST TEST - Apr 2, 2026 9:06 AM + Add Row

Narrative Justification - Personnel ✓ Mark as Complete ✎ Edit Form

Detailed narrative justification is required for all budget line(s). This justification should fully explain the need for acquisition. To provide the required justification for a budget line item(s), select "Edit Form".

If you request a new position or an increase for a current position, please explain why it is being requested.

Include a separate justification for each position requested as well as the name of the staff member filling the position, job duties and annual salary.



Budget

- **Personnel Narrative Justification**
 - Provide justification for each position requested to include the need of the position
 - Provide name of the employee filling the position, if unknown list TBD
 - Provide job duties
 - Provide annual salary
- **Personnel Benefits Narrative Justification**
 - Provide justification for each position requested
 - List all benefits that will be covered
 - Provide the cost of each benefit as a percentage of the employee's annual salary



Budget

- **Travel/Training Narrative Justification**
 - Provide justification for each travel/training requested
 - Address why the travel/training is necessary
 - Provide a schedule of travel, duration, location, frequency, and cost basis
 - Example: Mileage to travel to X meetings, estimated 3 trips from Jefferson City to St. Louis, estimated 780 miles @ state rate per mile established by the MO Office of Administration
 - For conferences or trainings, provide the name of the conference/training, anticipated date and location, number of staff requested to attend, include why it is necessary, and provide a cost basis for the amount that is requested
- **Equipment Narrative Justification**
 - Provide justification for each equipment item requested
 - Address why the equipment item is necessary
 - Indicate who will use the item, how it will be used, and where it will be housed
 - Provide a cost basis for the amount that is requested



Budget

- **Travel/Training Narrative Justification**
 - Provide justification for each travel/training requested
 - Address why the travel/training is necessary
 - Provide a schedule of travel, duration, location, frequency, and cost basis
 - Example: Mileage to travel to X meetings, estimated 3 trips from Jefferson City to St. Louis, estimated 780 miles @ state rate per mile established by the MO Office of Administration
 - For conferences or trainings, provide the name of the conference/training, anticipated date and location, number of staff requested to attend, include why it is necessary, and provide a cost basis for the amount that is requested
- **Equipment Narrative Justification**
 - Provide justification for each equipment item requested
 - Address why the equipment item is necessary
 - Indicate who will use the item, how it will be used, and where it will be housed
 - Provide a cost basis for the amount that is requested



Budget

- Supplies/Operations Narrative Justification
 - Provide justification for each supply/operation requested
 - Address why the supply/operation is necessary
 - Provide a cost basis for the amount that is requested
- Contractual Narrative Justification
 - Provide justification for each contract requested
 - Address the need for the contract
 - Provide the dates covered by the contract
 - Provide a cost basis for the amount that is requested



Budget

- The screenshot demonstrates an example of a completed budget section for “Equipment”

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

To include equipment in your budget, select "Add Row". If the project includes more than one equipment item, repeat this step for each item.
Equipment items are defined as tangible property having an acquisition cost of \$5,000 or more, and a useful life of more than one year.

Item Name	Quantity	Unit Cost	Total Cost
List equipment requested	2.00	\$6,000.00	\$12,000.00
			\$12,000.00

Last Edited By: TEST TEST - Apr 2, 2026 9:26 AM + Add Row

Narrative Justification - Equipment ✓ Mark as Complete Edit Form

Detailed narrative justification is required for all budget line(s). This justification should fully explain the need for acquisition. To provide the required justification for a budget line item(s), select "Edit Form".

Provide separate justifications for each line item being requested. Address why the requested item is necessary for the success of the proposed project. Indicate who will use the item, how the item will be used and where the item will be housed. Also provide a cost basis for the amount requested.

- Provide justification for each equipment item requested
- Address why the equipment item is necessary
- Indicate who will use the item, how it will be used, and where it will be housed
- Provide a cost basis for the amount that is requested

5000 Character Limit



Budget

- The “Total Budget” will reflect all costs requested in each budget category

☰ Total Budget		✓ Mark as Complete
Total Personnel:	\$20,000.00	
Total Benefits:	\$8,400.00	
Total Travel/Training:	\$10,000.00	
Total Equipment:	\$12,000.00	
Total Supplies/Operation:	\$1,000.00	
Total Contractual:	\$15,000.00	
Total Budget:	\$66,400.00	



Budget

- After you have entered all budget lines and narrative justifications, select “Mark as Complete”
 - All “Mark as Complete” options on form will work



The screenshot displays two sections of a budget form. The top section, titled "Personnel - Multi-List", has a light blue background and contains a red arrow pointing to an orange "Mark as Complete" button, which is positioned next to a green "Add Row" button. The bottom section, titled "Total Budget", has a light yellow background and contains a red arrow pointing to an orange "Mark as Complete" button.



Named Attachments

- Select “Named Attachments”

Application Preview Attachments Alert History Map

Application Details [Preview Application](#) [Withdraw](#)

Application cannot be Submitted Currently

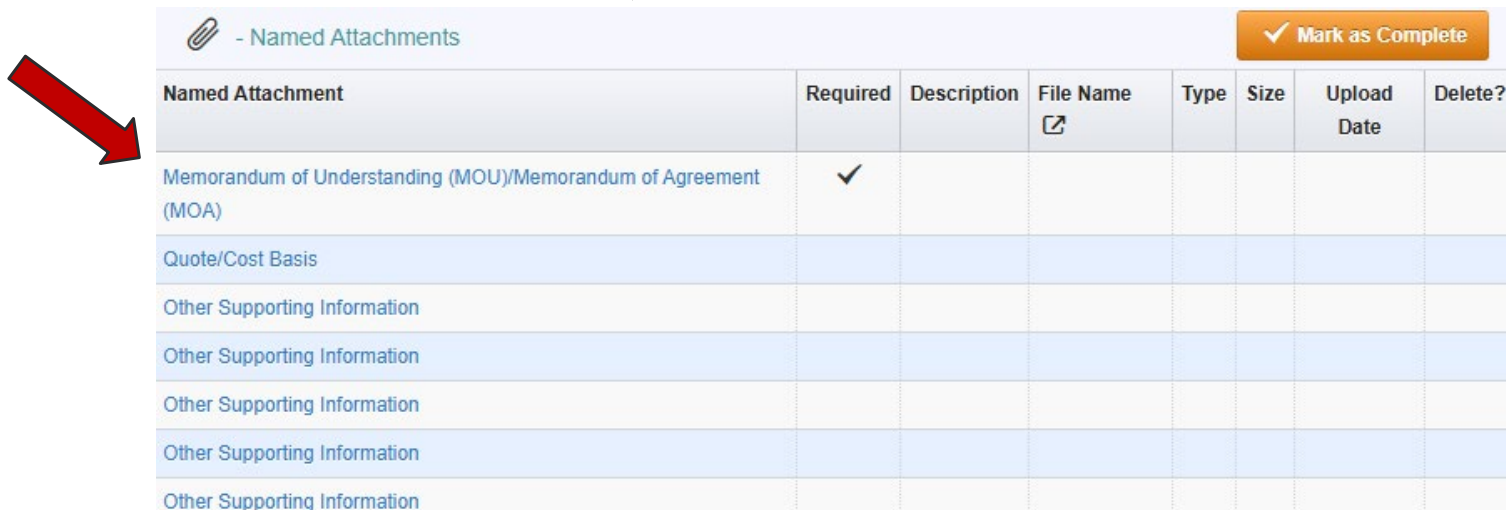
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	May 4, 2026 8:06 AM - TEST TEST
Contact Information	✓	May 4, 2026 8:09 AM - TEST TEST
DPS Grants State Requirements	✓	May 4, 2026 8:10 AM - TEST TEST
Project Package	✓	May 4, 2026 10:57 AM - TEST TEST
Budget	✓	May 4, 2026 11:13 AM - TEST TEST
Named Attachments	-	-



Named Attachments

- Attachments
 - Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) (Required) – An MOU or MOA signed by all participating jurisdictions must be submitted
 - Quote/Cost Basis – A quote or cost basis is recommended for all costs requested
 - Other Supporting Information – up to 5 attachments
- To add the attachment, select the name of the attachment



The screenshot shows a web interface for managing named attachments. At the top, there is a header with a paperclip icon, the text "- Named Attachments", and an orange button labeled "Mark as Complete". Below the header is a table with the following columns: "Named Attachment", "Required", "Description", "File Name", "Type", "Size", "Upload Date", and "Delete?". The first row of the table is highlighted in light blue and contains the text "Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA)" in the "Named Attachment" column, a checkmark in the "Required" column, and empty cells for the other columns. A red arrow points to this first row. The subsequent five rows of the table are also highlighted in light blue and contain the text "Quote/Cost Basis", "Other Supporting Information", "Other Supporting Information", "Other Supporting Information", and "Other Supporting Information" respectively in the "Named Attachment" column, with empty cells for the other columns.

Named Attachment	Required	Description	File Name	Type	Size	Upload Date	Delete?
Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA)	✓						
Quote/Cost Basis							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							



Named Attachments

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

Attach File

Upload File*: Select file

Description*: MOU
497 character(s) left

Save File Cancel

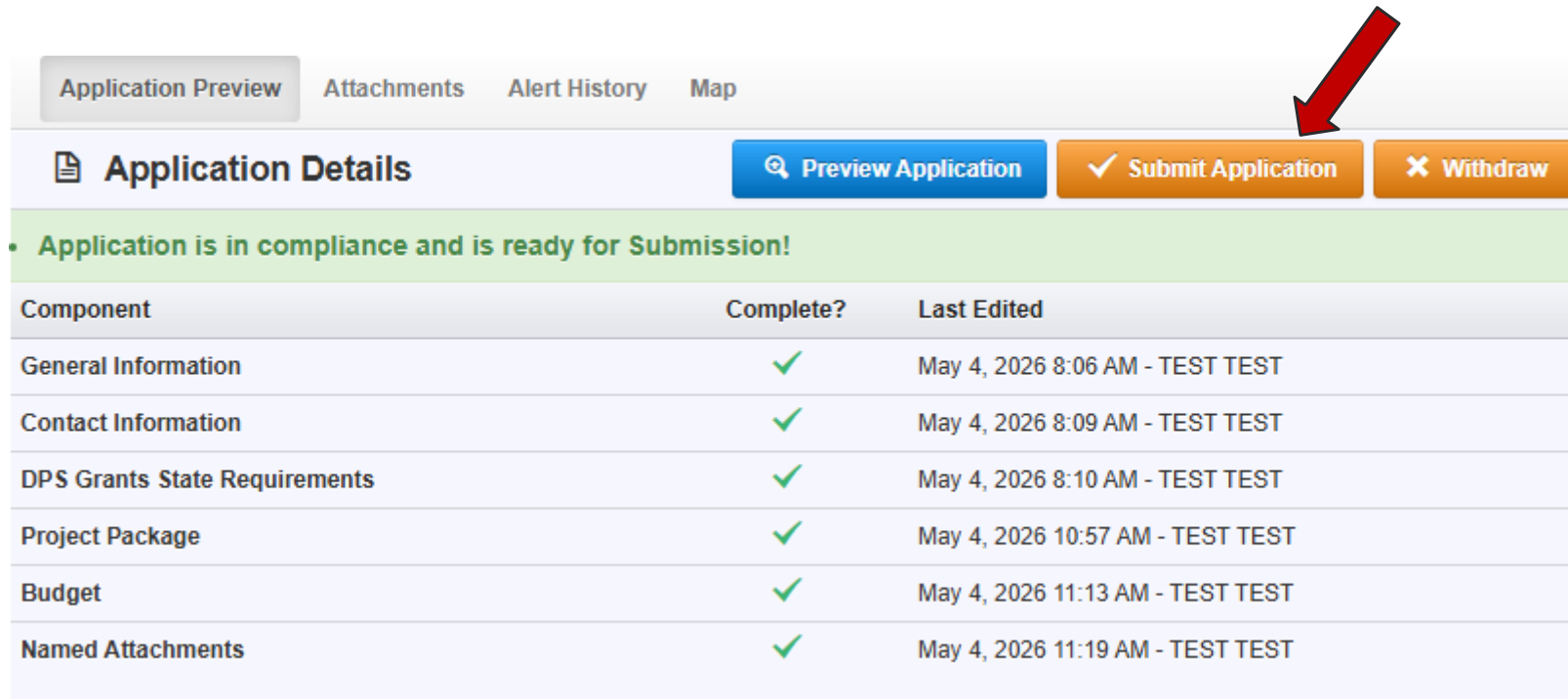
- Select “Mark as Complete”

- Named Attachments							✓ Mark as Complete
Named Attachment	Required	Description	File Name	Type	Size	Upload Date	Delete?
Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA)	✓	MOU	Test File.docx	docx	11 KB	05/04/2026 11:18 AM	Delete
Quote/Cost Basis		Quote	Test File.docx	docx	11 KB	05/04/2026 11:19 AM	Delete



Application Submission

- All forms **must be marked complete** in order to submit the application
- When all forms are complete, select “Submit Application”



Application Preview Attachments Alert History Map

Application Details

Preview Application Submit Application Withdraw

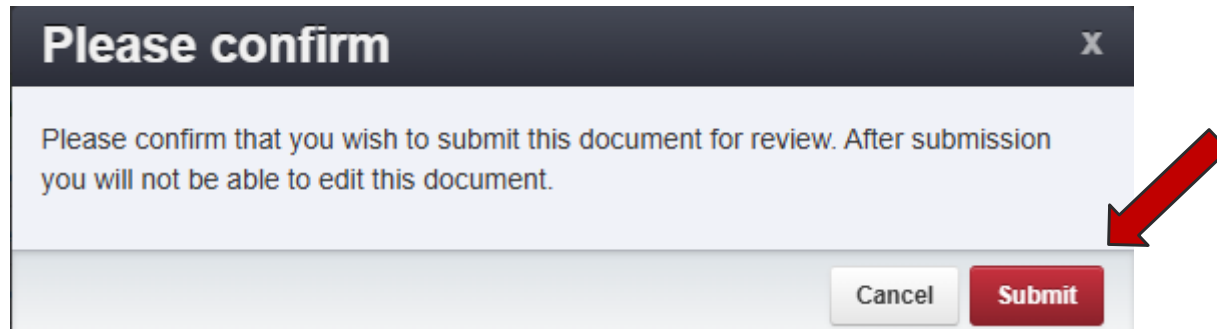
Application is in compliance and is ready for Submission!

Component	Complete?	Last Edited
General Information	✓	May 4, 2026 8:06 AM - TEST TEST
Contact Information	✓	May 4, 2026 8:09 AM - TEST TEST
DPS Grants State Requirements	✓	May 4, 2026 8:10 AM - TEST TEST
Project Package	✓	May 4, 2026 10:57 AM - TEST TEST
Budget	✓	May 4, 2026 11:13 AM - TEST TEST
Named Attachments	✓	May 4, 2026 11:19 AM - TEST TEST



Application Submission

- Select “Submit” to confirm the submission of your application



Application Submission

- The “Primary Contact” on the application will receive an email from WebGrants confirming the application submission

WebGrants - Missouri Department of Public Safety - Application - #56579 - Submitted



dpswebgrants@dps.mo.gov
To dpswebgrants



Mon 5/4/2026 11:22 AM

**** DO NOT RESPOND TO THIS EMAIL ****

The following Application has been submitted:

Application Number: 56579
Project Title: SFY 2027 SCCG ABC Task Force
Program Area: State Cyber Crime Grant
Applicant Agency: BaseLine Organization
Primary Contact: TEST TEST

If this email requires your attention, you may log into the WebGrants grants management system at <https://dpsgrants.dps.mo.gov>. You can view or print a copy of the submitted application under the "My Applications" module.

You may now log into the WebGrants system at the following location:
<https://dpsgrants.dps.mo.gov/>



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