2022-2023 LCCIP Purpose

- The Missouri Department of Public Safety's primary objective in awarding LCCIP funding is to partner with courts to fund local efforts to prevent or reduce crime and violence with particular focus on gun related violence and programs and initiatives that target the risk factors that are likely to lead to violence.

LCCIP Programs and Initiatives

- Funding may be used for court-based, behavioral health deflection, and gun related safety programs and initiatives not limited to:
  - Specialized court-based programs such as drug, mental health, and veterans treatment courts, including those that specifically accept clients with firearm violations:
    - Violence recovery courts that connect clients in crisis with community resources
    - Technology analysis, or information-sharing solutions for ensuring law enforcement, probation, prosecutors, the courts, and public defenders are informed when a prohibited person attempts to purchase a firearm
    - The cost to develop and implement systems to assess the risks and needs of clients and connect them to critical services to mitigate their risk of violence and enhance their access to effective interventions (i.e, validated violence risk assessment tools, service case management, and navigation programs)
    - Expanding the capacity of existing drug, mental health, and veterans treatment courts to assist clients who are most likely to commit or become victims of crime, including those involving gun related violence
- Funding for LCCIP Program utilizes the "less than $10,000" allocation

LCCIP Eligible Applicants

- Eligible Applicants
  - Local governmental agencies including:
  - Law Enforcement (See Appendix A for law enforcement eligibility requirements)
  - Prosecutors Offices
  - Court Systems
  - Public Defenders Offices
  - Public Health Agencies
- If you have questions about your agency's eligibility please contact the Missouri Department of Public Safety. Contact information provided at the end of the workshop.

LCCIP Ineligible Applicants

- Ineligible Applicants
  - Applicants that are not applying on behalf of a Missouri state/local court that provides criminal justice and civil justice services for the eligible jurisdictions
  - Units of Government included on Appendix A "List of Ineligible Applicants"

LCCIP Grant Dates

- Application Dates
  - Application Start Date: March 20, 2023
  - Application Submission Deadline: April 17, 2023, 4:00 pm CST

- Period of Performance 13 months
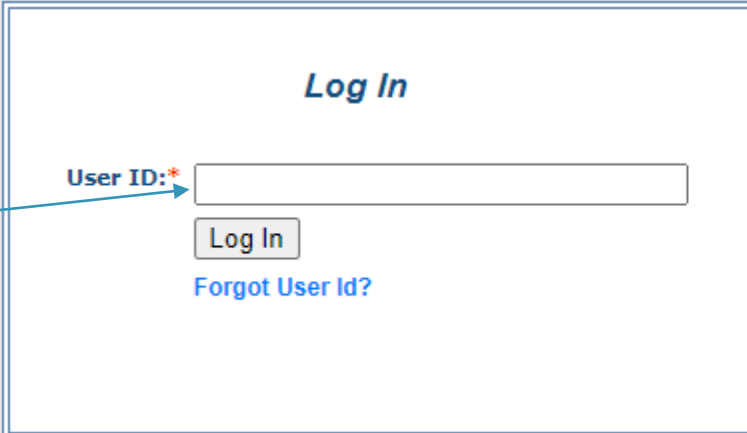 - Start Date: June 1, 2023
  - End Date: July 31, 2024

How To Apply

- Applications will only be accepted through the Missouri Department of Public Safety (DPS) online WebGrants System

  - https://dpsgrants.dps.mo.gov/index.do

- All applications must be submitted before the deadline of April 17, 2023, 4:00 pm CST

  - The system will stop accepting applications right at the deadline

  - Please reach out to our staff for assistance, contact information is provided at the end of the workshop

  Please do not wait until the last 10 minutes to submit your application in case you have missed some data that must be entered prior to submission

DPS WebGrants System

▶ To begin an application login to the WebGrants System

    ▶ Returning users or Organizations

        ▶ Enter User ID under Log In

    ▶ New Users select Register Here

Returning Users

New Users

Two-Step Verification

▶ Type in your Password

▶ Type in your One-Time Passcode

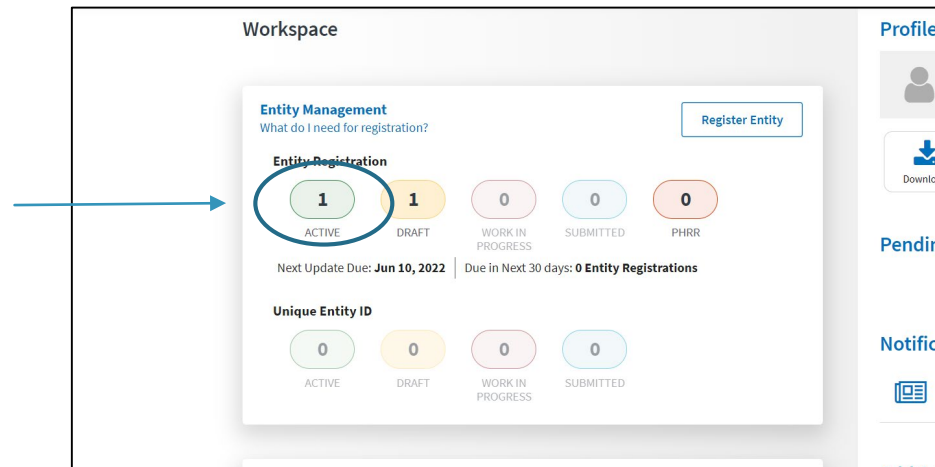   ▶ A one-time passcode will be sent to the email address that is registered with the User ID

UEI Updates

- Effective April 4, 2022 all organizations applying for federal funds must have a UEI number
  - UEI numbers are found at SAM.gov

How To Find Your UEI

▶ Log into SAM.gov

▶ In your Workspace, select the numbered bubble above Active in the Entity management widget

How To Find Your UEI cont.

▶ You should then see your records appear, and the UEI number appear on the left side of each record

How To Get a UEI

▶ If your organization does not have a DUNS Number:

  ▶ Sign into your SAM.gov account and the system will navigate you to your Workspace. On the "Entity Management" widget, select the "Get Started" button to began the request for your Unique Entity ID.

  ▶ **NOTE:** If you require a Unique Entity Identifier for SAM.gov entity registration or an update to your entity name or address, go to SAM.gov on or after 04/04/2022 to complete the process

Funding Opportunity for LCCIP

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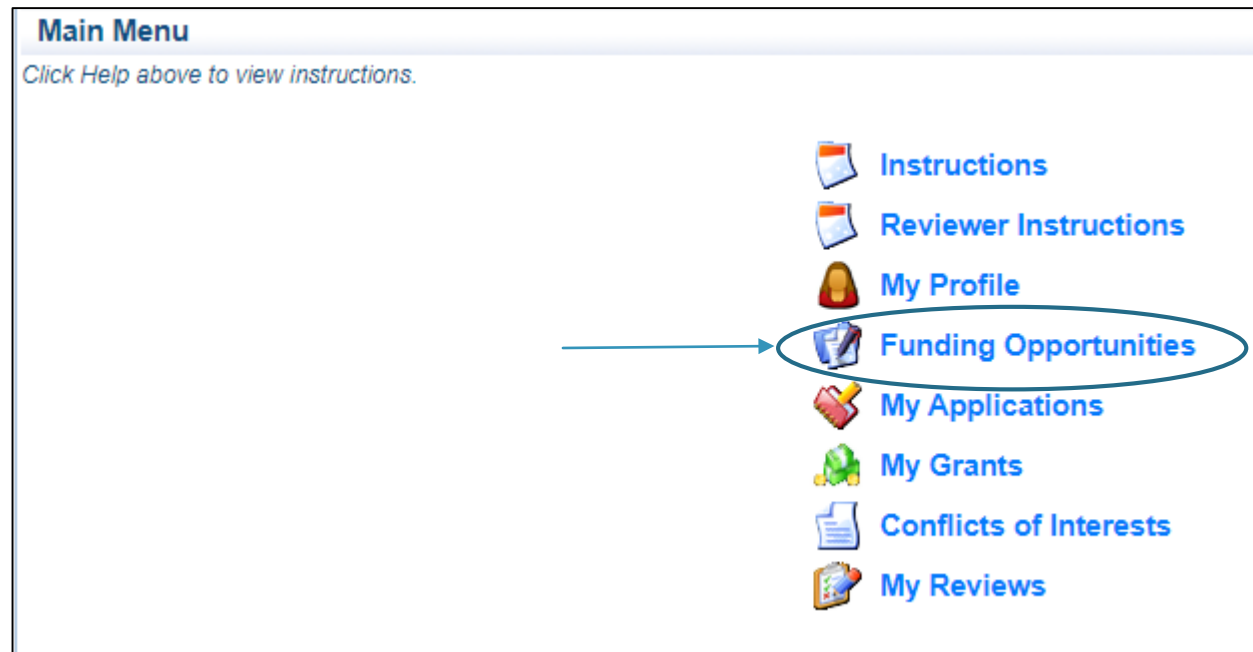
Funding Opportunities

▶ Select the funding opportunity #153098 2022/2023 Local Court Crisis Intervention Program Grant (LCCIP)

153098   Editing   2022/2023 LCCIP Local Court Crisis Intervention Program Grant   State Crisis Intervention Program (SCIP)

▶ Review the Funding Opportunity details including:

  ▶ Description

  ▶ Attachments

    ▶ Notice of Funding Opportunity

    ▶ Certified Assurances

    ▶ Application Workshop

  ▶ Website Links

    ▶ DPS LCCIP Webpage

Funding Opportunity, cont.

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

▶ All grant forms are new for this funding opportunity so "Copy Existing Application" will not save time, as all of the forms will be blank

Application Forms

- The Application will include forms:
  - General Information
  - Contact Information
  - Project Description Form
  - Interoperable Communications
  - Budget
  - Attachments

Application Forms		Application Details | Submit | Withdraw
Form Name	Complete?	Last Edited
General Information	✓	03/20/2023
Contact Information		
SCIP Project Form		
Interoperable Communications		
Budget		
Attachments		

General Information

▶ Complete the entire form as indicated:

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

  ▶ **Project Title:** Enter CIPG-Agency Name(i.e. CIPG – Baseline County Sheriff's Office)

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

▶ When complete select "Save"

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

Instructions

This page must be completed and saved before proceeding with the rest of the application process.

General Information

Primary Contact: TEST TEST

Project Title: LCCIP-Agency Name
(limited to 250 characters)*

Organization: BaseLine Organization

Application Forms

▶ When the General Information is complete, select "Contact Information"

Contact Information

▶ This form will collect information for the applicant agency contacts

  ▶ **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, etc.)

  In order for the application to be considered for funding the correct Authorized Official must approve the application. Details are provided in the application forms.

  ▶ **Project Director:** (Sheriff, Chief of Police/Colonel, Division/Department Director)

  ▶ **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty)

  ▶ **Point of Contact:** (primary contact for day-to-day questions, not required if this is the same person as the Project Director)

▶ Complete all required fields

  ▶ Required fields have a red asterisk *

Contact Information cont.

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:
• If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
• If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
• If the applicant agency is a State Department, the Director shall be the Authorized Official
• If the applicant agency is a college/university, the President shall be the Authorized Official
• If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts
• If the applicant agency is under the supervision of a board, the Board Chair or Board President shall be the Authorized Official
• If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official
THIS IS NOT AN ALL-INCLUSIVE LIST. IF YOUR AGENCY DOES NOT FALL INTO ONE OF THE CATEGORIES LISTED ABOVE OR YOU ARE UNSURE OF WHO THE AUTHORIZED OFFICIAL SHOULD BE FOR YOUR AGENCY, PLEASE CONTACT THE MISSOURI OFFICE OF HOMELAND SECURITY DPS GRANTS AT (573) 751-5289

Authorized Official:*

Test	Test	Test
Title (Mr.Ms.etc)	First Name	Last Name

Job Title:* Presiding Commissioner

Agency:* Baseline County

Mailing Address:* 123 Test St.

Street Address 1:

Street Address 2:

*

Test	Missouri	11111
City	State	Zip Code

Email:* test@test.com

Phone:*

111-111-1111		
Office	Ext.	Cell

Fax:

Contact Information cont.

- When all required fields have been completed select "Save" at the top of the form
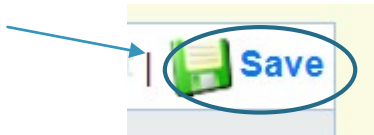
- After the form has saved, select "Mark as Complete"

Application Forms

▶ When the Contacts Information Form has been completed, select "SCIP Project Form"

Application Forms	Application Details | Submit | Withdraw	
Form Name	Complete?	Last Edited
General Information	✓	03/20/2023
Contact Information	✓	03/20/2023
SCIP Project Form		
Interoperable Communications		
Budget		
Attachments		
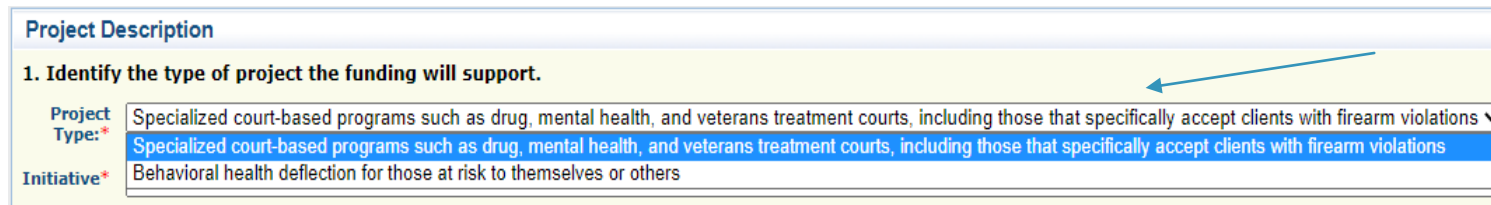
SCIP Project Form

- The Project Form has 6 Sections:
  - Project Description
  - Project Narrative
  - Goals
  - Objectives
  - Risk Assessment Information
  - Certified Assurances

Project Description

▶ Section 1: Project Summary Description

  ▶ Select Project Type from the drop down box

Project Description
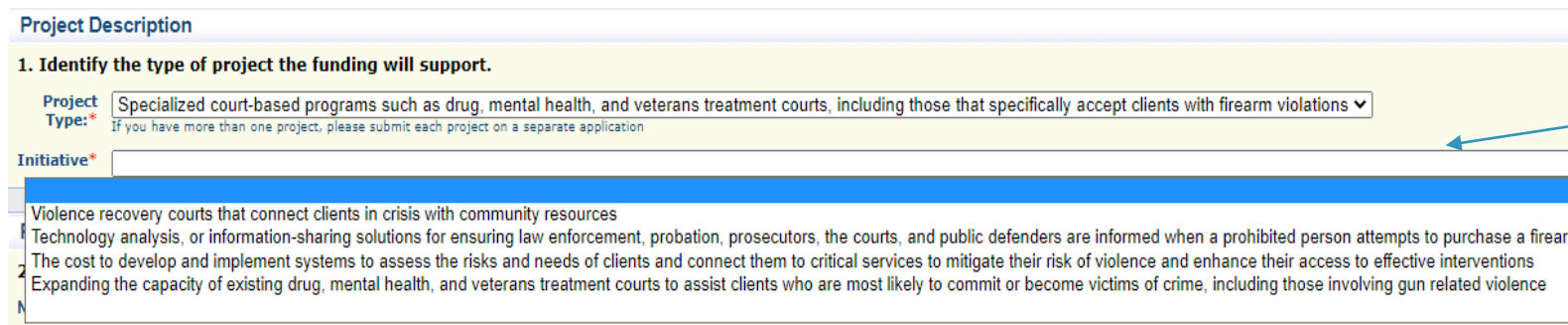
1. Identify the type of project the funding will support.

Project Type:* [Specialized court-based programs such as drug, mental health, and veterans treatment courts, including those that specifically accept clients with firearm violations ▾]
Specialized court-based programs such as drug, mental health, and veterans treatment courts, including those that specifically accept clients with firearm violations
Behavioral health deflection for those at risk to themselves or others

Initiative*

  ▶ After selecting the Project Type, select the Initiative from the next drop down box

Project Description

1. Identify the type of project the funding will support.

Project Type:* [Specialized court-based programs such as drug, mental health, and veterans treatment courts, including those that specifically accept clients with firearm violations ▾]
If you have more than one project, please submit each project on a separate application

Initiative* [   ]

Violence recovery courts that connect clients in crisis with community resources
Technology analysis, or information-sharing solutions for ensuring law enforcement, probation, prosecutors, the courts, and public defenders are informed when a prohibited person attempts to purchase a firearm
The cost to develop and implement systems to assess the risks and needs of clients and connect them to critical services to mitigate their risk of violence and enhance their access to effective interventions
Expanding the capacity of existing drug, mental health, and veterans treatment courts to assist clients who are most likely to commit or become victims of crime, including those involving gun related violence

Project Narrative

▶ The Project Narrative section is made up of Questions 2-5

▶ Question 2

Project Narrative

2. Provide a Project Narrative:

Narrative*

- *Summarize the project including the purpose of the project and primary activities*

[editor toolbar: Source B I U ... Font ... Size]

In this section please provide a summary of your project

Provide a purpose for the project (why is this project necessary)

Provide the primary activities of the project

body p

Characters: 166/500000

Project Narrative cont.

▶ Question 3 select response from the drop down box

3. Is this a new project, or an expansion to an existing project?

New ▾

New
Expansion

Project Narrative cont.

▶ Question 4 If you answered "Expansion" in question 3 enter your response in the text box for question 4, if you answered "New" move on to Question 5

4. If the project is an expansion, describe any current activities your agency is already performing and how this funding will be used to coordinate and supplement those activities.

If this request is to expand an existing project complete this section if it is a new project skip this section.

If expansion:

Describe the current activities your agency is performing for this project (at what level if increasing the level)

Desctibe how the funding will be used to coordinate and supplement the current activities (how will this project be expanded, at what level)

body p

Characters: 379/100000

Project Narrative cont.

▶ Question 5 enter your response in the text box

5. Identify the service area for the project including both the location area and the population(s) that will benefit from the project.

Identify the service area for the project

Include the location service area

include the populations that will benefit from the project

If the project is expansion and the service area/population is increasing please provide the current service area/population and the increased service area/population

body   p

Characters: 298/50000

Goals

- Tadd your Goals to the form you will need to scroll to the top of the form and select "Save"

- After selecting save scroll down to the Goals section and you will have the ability to select "Add"
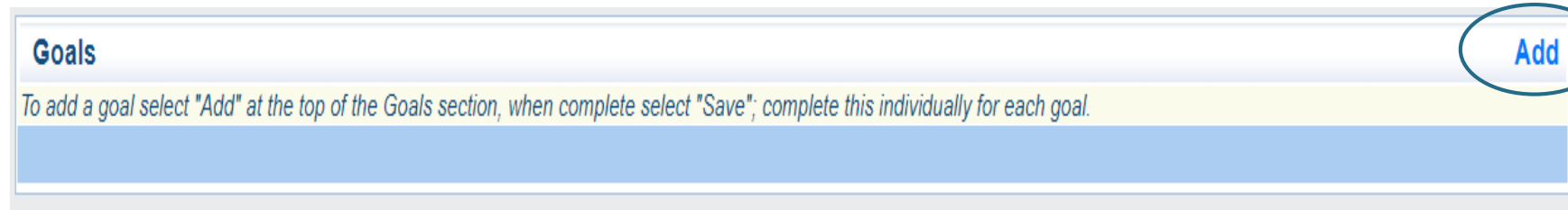
Goals cont.

▶ The application requires that you submit a minimum of 3 goals, each must be entered separately. After they are entered select "Save" and then add the next goal

Goals

To add a goal select "Add" at the top of the Goals section, when complete select "Save"; complete this individually for each goal.

6. List each goal of the project separately (minimum 3)

Goal Number `1`

Enter a number for each goal chronologically starting at 1

Goal Description

```
Enter the number of each goal chronologically
starting at 1
```

Enter the Goal description.

Goals cont.

► When all goals have been entered they will be listed in the application

Goals	Add
To add a goal select "Add" at the top of the Goals section, when complete select "Save"; complete this individually for each goal.	

Goal Number	Goal Description
1	Enter the number of each goal chronologically starting at 1
2	Provide a Description of Each Goal in the Goal Description box
3	Select Save after entering each goal and select Add to enter the next goal.

Objectives

- The application requires that a minimum of 2 objectives be listed for each goal
  - Select "Add" before entering each objective, when complete select "Save"

Objectives		Add
List a minimum of 2 objectives for each goal listed in the section above.		
To add each of the objectives select "Add" at the top of the Objectives section, when complete select "Save"; complete this individually for each objective.		
Select the goal for which this objective relates	Objective:	How will this objective be measured?

- When creating the objectives ensure that they are "SMART"
  - **S**pecific
  - **M**easurable
  - **A**chievable
  - **R**elevant and
  - **T**ime-Bound

Objectives cont.

▶ Select the number of the goal that is associated with the objective, from the drop-down box

Objectives

List a minimum of 2 objectives for each goal listed in the section above.

To add each of the objectives select "Add" at the top of the Objectives section, when complete select "Save"; complete this individually for each objective.

7. List all objectives associated with each goal.

Select the goal for which this objective relates   `1 ▾`

1
2
3

Objective:

specific objective for the selected goal

How will this objective be measured?

Return to Top

Objectives cont.

▶ Enter the objective

▶ Show how the objective will be measured for reporting

Objectives cont.

► After all Objectives have been entered, they will be listed and sorted by goal

Objectives		Add
List a minimum of 2 objectives for each goal listed in the section above.		
To add each of the objectives select "Add" at the top of the Objectives section, when complete select "Save"; complete this individually for each objective.		
Select the goal for which this objective relates	Objective:	How will this objective be measured?
1	Enter the objective related to the above listed goal	Enter how this objective will be measured for reporting
1	Objective 2 for goal #1	Measurement
2	Objective 1	Measurement
2	Objective 2	Measurement
3	Objective 1	Measurement
3	Objective 2	Measurement

► When complete select "Edit" at the top of the page to move on to the next set of questions

Risk Assessment Information

▶ Questions 8-10 pertain to your organizations most recent audit

Risk Assessment Information

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

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the DPS within nine (9) months after the end of the audited fiscal year.*   ○ Yes ○ No

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

If an agency has never had an audit, please enter the date of their last annual financial statement.*

10. By checking this box the applicant agency understands they are required to upload a copy of the agencies most recent completed audit (or annual financial statement) in the Attachments section of this application:

* ☐

Risk Assessment Information cont.

▶ Question 11 references fiscal/management staff that will be working on the grant

11. Does the applicant agency have new personnel that will be working on this award? (fiscal/management staff)

This is referring to fiscal/management staff new personnel is defined as working with this type of grant award for less than 12 months.*   ○ Yes   ○ No

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

Risk Assessment Information cont.

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

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.* ○ Yes ○ No

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

Direct awards are grants that you receive by applying directly to the federal government, and there is no intermediary agency such as Missouri DPS.* ○ Yes ○ No

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

Risk Assessment Information cont.

- Question 14 is relating to all federal awards received by your agency (ie., entire county not just the Sheriff's Office)

---

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

* ○ Yes ○ No

14.a If you answered yes to Question 14, please list the direct awards that were monitored and indicate if there were any findings or recommendations.

Certified Assurances

- The Authorized Official must be the correct person in order for an application to be considered for funding please follow the directions on the form
  - The Certified Assurances can be accessed by selecting the linked document

Certified Assurances

15. Authorized Official

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

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

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

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

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

2022-2023 SCIP Certified Assurances

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

Name and title of the Authorized Official | Test, Test Presiding Commissioner

Date | 03/17/2023

Name and Title of Person Completing the Application: | Michelle Branson, Grants Supervisor

LCCIP Project Form

▶ After all information has been entered select "Save" and then select "Mark as Complete
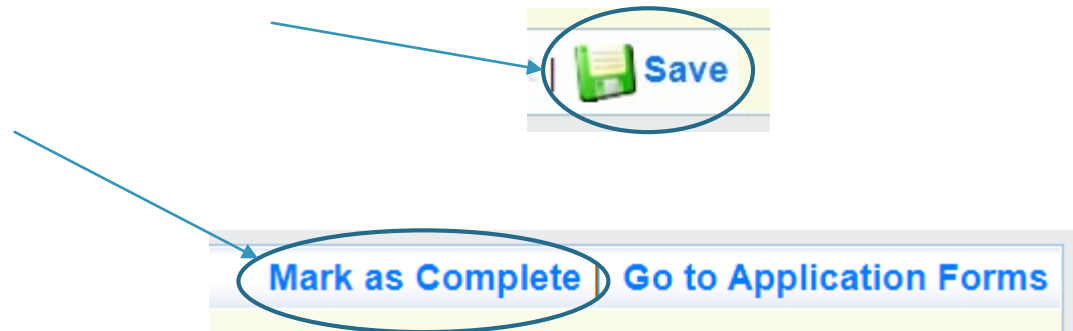
Application Forms

▶ When the SCIP Project Form is complete, select "Interoperable Communications"

Application Forms	Application Details | Submit | Withdraw	
Form Name	Complete?	Last Edited
General Information	✓	03/20/2023
Contact Information	✓	03/20/2023
SCIP Project Form	✓	03/20/2023
Interoperable Communications		
Budget		
Attachments		

Interoperable Communications

▶ If your application is not requesting radios or other interoperability equipment select "No" on Question 1, select "Save" and "Mark As Complete"

Interoperable Communications cont.

► If your application includes a request for radios or other interoperability equipment, please ensure that all questions are answered correctly. Radios that do not meet he Missouri Interoperability Standards will not be eligible for funding.

   ► The Missouri Interoperability Standards are attached to the funding opportunity in WebGrants

Radio Interoperability

Refer to the **Radio Interoperability Guidelines** for reference to a list of radios certified as meeting the P25 standard by the Missouri Department of Public Safety, and certified to operate on the MOSWIN by the manufacturer.

1. Are you applying for interoperable communications equipment?   ● Yes ○ No

2. Are you applying for a mobile radio(s) (vehicle dash mounted, remote mount or base station)?   ● Yes ○ No

2.a Eligible mobile radios are listed in the dropdown menu. Please select the model you are applying for: [_____ ▼]

3. Are you applying for a portable radio(s) (handheld)?   ● Yes ○ No

3.a Eligible portable radios are listed in the dropdown menu. Please select the model you are applying for: [_____ ▼]

Interoperable Communications cont.

3.b As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a MOSWIN mobile radio to pair with portable radio(s) being requested?

⦿ Yes ○ No

3.b (a) If yes, please provide the model and manufacturer of the mobile radio.

[text box]

3.c As required by the MO DPS Radio Interoperability Guidelines, portable radios must be paired with an existing agency-owned and installed MOSWIN mobile radio via a public safety grade in-car repeater. Do you currently have a public safety grade in-car repeater?

⦿ Yes ○ No

3.c (a) If yes, please provide the model and manufacturer of the in-car repeater.

[text box]

4. Does the vendor quote for the requested radios include the encryption requirements as listed on the Radio Interoperability Guidelines?

⦿ Yes ○ No

Application Forms

▶ When the Interoperable Communications Form is complete, select "Budget"

Application Forms		Application Details | Submit | Withdraw
Form Name	Complete?	Last Edited
General Information	✔	03/20/2023
Contact Information	✔	03/20/2023
SCIP Project Form	✔	03/20/2023
Interoperable Communications	✔	03/20/2023
Budget		
Attachments		

Budget

▶ Budget – each expenditures should be listed separately in the budget. To add each budget line select the "Add" button

Instructions

Budget:

- To <u>add a new item</u> to a budget category, select "Add".

- To <u>revise an item</u> that has been added to a budget category, select on the respective blue hyperlink in the Item column of the budget to open the specific budget line or select "Edit" on the toolbar to open all budget lines and justification text boxes at once.

- To <u>delete an item</u> that has been added to a budget category, select on the respective blue hyperlink in the Item column of the budget and select "Delete".

Budget Justification:

- To <u>provide or edit the required justification</u> for a budget category, select "Edit". If you have added a line item under any budget category, justification for that budget category must be provided before the justification portion of the form can be saved. Required sections will be marked with a red asterisk (*).

Budget   **Mark as Complete | Go to Application Forms | Add**

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

Budget Category:	Line Name:	Description:	Amount of Grant Funds Requested:
			$0.00

Budget cont.

- **Line name:** A brief description of what the budget line is requesting (i.e. Personnel task force officers)

- **Description:** Description of the budget line (i.e. (3) task force officers)

- **Amount of Grant Funds Requested:** The total amount of the funds requested for the listed budget line

Budget cont.

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

Budget

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

Budget Line Category:*
1. Personnel
2. Personnel Benefits
Line Name:*
3. Overtime Personnel
4. Overtime Benefits
Description:*
5. Travel/Training
6. Equipment
Amount of Grant Funds Requested:*
7. Supplies/Operations
8. Contractual

Budget cont.

▶ Select the budget category from the drop down menu

Budget

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

Budget Category:* [1. Personnel ▾]

1. Personnel
2. Personnel Benefits
3. Overtime Personnel
4. Overtime Benefits
5. Travel/Training
6. Equipment
7. Supplies/Operations
8. Contractual

Line Name:*

If requesting a quantity greater than one for th[   ]hat information in this area.

Description:*

Amount of Grant Funds Requested:*

▶ Enter the line name, description and amount requested and select "Save"

Save

Budget Category Examples

▶ Personnel

Budget Category Examples cont.

▶ Personnel Benefits

　　▶ Each type of benefit should be listed separately, but not individually for each position requested on the budget

Budget

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

Budget Category:* 2. Personnel Benefits

Line Name:* Benefit name example FICA/Medicare

If requesting a quantity greater than one for this budget line please provide that information in this area.

Description:* In description include cost basis example 7.65%

Amount of Grant Funds Requested:* 1530

Budget Category Examples cont.

▶ Overtime and Overtime Benefits

Budget

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

Budget Category:* [3. Overtime Personnel ▼]

Line Name:* [Employee Name]

If requesting a quantity greater than one for this budget line please provide that information in this area.

Description:* [Title and if partial how much of their time example 50 hours]

Amount of Grant Funds Requested:* [2250]

Budget

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

Budget Category:* [4. Overtime Benefits ▼]

Line Name:* [Name of Benefit example FICA/Medicare]

If requesting a quantity greater than one for this budget line please provide that information in this area.

Description:* [Cost basis 7.65%]

Amount of Grant Funds Requested:* [$172.12]

Budget Category Examples cont.

- Travel/Training
  - If a training is requested all costs associated with that training should be included on one line with a cost basis provided in the Budget Justification
  - Add dates and what costs are included in the description

Budget

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

Budget Category: * 5. Travel/Training

Line Name: * Enter Name of the training

If requesting a quantity greater than one for this budget line please provide that information in this area.

Description: * Include dates and what costs are included (registration,Meals

Amount of Grant Funds Requested: * $0.00

Budget Category Examples cont.

- Equipment
  - Equipment is defined as a tangible or intangible asset with a cost of $1,000.00 or more and a lifespan of over 1 year

Budget

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

Budget Category: ＊   6. Equipment

Line Name: ＊   Name of Equipment

If requesting a quantity greater than one for this budget line please provide that information in this area.

Description: ＊   Additional details including quantity (2)

Amount of Grant Funds Requested: ＊   5000.00

Budget Category Examples cont.

▶ Supplies/Operations

    ▶ Items that are for monthly expenses or do not meet the threshold to be considered equipment should be listed in this category

Budget

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

Budget Category: *   7. Supplies/Operations ▾

Line Name: *   Enter name of supplies or operations items

If requesting a quantity greater than one for this budget line please provide that information in this area.

Description: *   additional details including quantity (3)

Amount of Grant Funds Requested: * $800.00

Budget Category Examples cont.

► Contractual

▶ All contracts must be reviewed/approved by DPS prior to execution, provide available contract details in the budget justification

Budget

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

Budget Category:* `8. Contractual`

Line Name:* `Enter brief contract description`

If requesting a quantity greater than one for this budget line please provide that information in this area.

Description:* `Enter additional information including timeframe`

Amount of Grant Funds Requested:* `9000`

Budget cont.

▶ When all budget lines have been entered select "Edit" at the top of the page to enter the justification

Budget Category:	Line Name:	Description:	Amount of Grant Funds Requested:
1. Personnel	Employee Name	Title and if partial how much of their time 10% of time	$20,000.00
			$20,000.00
2. Personnel Benefits	Benefit name example FICA/Medicare	In description include cost basis example 7.65%	$1,530.00
			$1,530.00
3. Overtime Personnel	Employee Name	Title and if partial how much of their time example 50 hours	$2,250.00
			$2,250.00
4. Overtime Benefits	Name of Benefit example FICA/Medicare	Cost basis 7.65%	$172.12
			$172.12
5. Travel/Training	Enter Name of the training	Include dates and what costs are included (registration,Meals)	$1,000.00
5. Travel/Training	Mileage for work related meetings	Meetings for program, 500 miles, $.62 per mile	$310.00
			$1,310.00
6. Equipment	Name of Equipment	Additional details including quantity (2)	$5,000.00
			$5,000.00
7. Supplies/Operations	Enter name of supplies or operations items	additional details including quantity (3)	$800.00
			$800.00
8. Contractual	Enter brief contract description	Enter additional information including timeframe	$9,000.00
			$9,000.00
			$40,062.12

Budget   Mark as Complete | Go to Application Forms | Add

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

Budget Justification

▶ After selecting "Edit" enter a separate justification for each line as listed on the budget

Budget Justification

Budget Justification*

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

The Justification for each budget 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. (i.e. quotes, estimated by prior experience)

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

Personnel and Overtime Personnel *- Is this a new position created for this project or an existing position? What percentage of the employee's time will be spent on the project? 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/cost of each benefit.*

Training *– List each training separately in the budget and in the justification provide: the purpose of the training; the estimated dates of the training; who will be attending; or if providing a training the estimated number of attendees; and the cost breakdown for the training (registration, hotel, per diem, etc.)*

Travel *– If travel is requested separate from training provide: the purpose of the travel; who will be travelling; estimated dates or time period; and cost breakdown (mileage, rental car, per diem, etc.)*

Equipment *– In justification please include: is the equipment new or a replacement; who will be using the equipment and for what purpose; where the equipment will be housed; and is there a plan to pay for the ongoing equipment maintenance .*

Contractual *– Provide what services will be provided by the contractor, and the dates of service for any contracts or contracted services.*

Font | Size

Budget Justification cont.

▶ Be sure to provide all information requested in the Budget Justification Instructions, example highlighted below for Personnel

Budget Justification

Budget Justification*

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

The Justification for each budget 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. (i.e. quotes, estimated by prior experience)*

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

Personnel and Overtime Personnel - *Is this a new position created for this project or an existing position? What percentage of the employee's time will be spent on the project? 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/cost of each benefit.*

Training – *List each training separately in the budget and in the justification provide: the purpose of the training; the estimated dates of the training; who will be attending; or if providing a training the estimated number of attendees; and the cost breakdown for the training (registration, hotel, per diem, etc.)*

Travel – *If travel is requested separate from training provide: the purpose of the travel; who will be travelling; estimated dates or time period; and cost breakdown (mileage, rental car, per diem, etc.)*

Equipment – *In justification please include: is the equipment new or a replacement; who will be using the equipment and for what purpose; where the equipment will be housed; and is there a plan to pay for the ongoing equipment maintenance .*

Contractual – *Provide what services will be provided by the contractor, and the dates of service for any contracts or contracted services.*

Budget Justification Example

Personnel Employee Name

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

2. Cost Basis for the budget line request. (i.e. quotes, estimated by prior experience)

Is this a new position created for this project or an existing position? What percentage of the employee's time will be spent on the project? Description of job responsibilities the individual will be expected to perform for this project/program.

body p

Characters: 453/90000

Budget Complete

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

Save

Mark as Complete | Go to Application Forms | Add

Application Forms

▶ When the budget form is complete, select "Attachments"

Application Forms	Application Details | Submit | Withdraw	
Form Name	Complete?	Last Edited
General Information	✔	03/20/2023
Contact Information	✔	03/20/2023
SCIP Project Form	✔	03/20/2023
Interoperable Communications	✔	03/20/2023
Budget	✔	03/20/2023
Attachments		

Attachments

▶ To add an attachment select the blue link in the Attachment column

Attachments cont.

- Select the "Choose File" button to browse your computer for the attachment

- Select the document

- Add a description of the document and select "Save"

NOTE: Do not attach password protected documents as they may not be able to be viewed the by the application reviewer/scorers.

Upload File: Choose File No file chosen

Description:*

Save

Attachments cont.

▶ When all documents have been uploaded select "Mark as Complete"

Attachments					Mark as Complete	Go to Application Forms
Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Audit/Financial Statement (REQUIRED)*	Audit Test	Test.docx	docx	13 KB	03/17/2023	🗑
If the project is multi-jurisdictional please include copies of MOU/MOA's				13 KB		🗑
Other Supporting Documentation (Quotes/cost basis, policies)				13 KB		🗑
Other Supporting Documentation (Quotes/cost basis, policies)				13 KB		🗑
Other Supporting Documentation (Quotes/cost basis, policies)				13 KB		🗑
Other Supporting Documentation (Quotes/cost basis, policies)				13 KB		🗑
Other Supporting Documentation (Quotes/cost basis, policies)				13 KB		🗑
Other Supporting Documentation (Quotes/cost basis, policies)				13 KB		🗑
					Last Edited By: TEST TEST, 03/17/2023	

Application Forms

▶ When all forms are listed as complete the select "Submit"

Important Grant Dates

- Application Period:
  - March 20, 2023 – April 17, 2023 4:00 p.m. CST
- Application review and funding determinations:
  - April – May 2023
- Compliance Workshop: June 1, 2023
- Program Start Date: June 1, 2023
- Program End Date: July 31, 2024

Questions

For any questions please contact our office:

- Brandy Boessen
  - DPS Grant Specialist
  - (573) 751-3455
  - Brandy.Boessen @dps.mo.gov

- Michelle Branson
  - DPS Grants Program Supervisor
  - (573) 526-9014
  - Michelle.Branson@dps.mo.gov

- Joni McCarter
  - DPS Program Manager
  - (573) 526-9020
  - Joni.McCarter@dps.mo.gov