

# SFY 2023 Canine Replacement Grant (CPG) Program Application Workshop



# SFY 2023 CRG Program Purpose

- ▶ The purpose of the Canine Replacement Grant Program
  - ▶ The purpose of this funding opportunity is to provide support to the drug task forces by providing funding to law enforcement agencies to replace canine's that have been or will be retired due to Missouri Amendment 3 Marijuana Legalization Initiative. This funding opportunity is to pay for expenses associated with the purchase of supplies, training, related travel and certification of a replacement canine team. The canine replacement must be trained on controlled substance(s) other than marijuana.

# SFY 2023 CRG Program Purpose, cont.

- ▶ The purpose of the Canine Replacement Grant Program
  - ▶ The CRG may not be used to add a canine to an existing program, or to start a new program. The canine replacement and training must have occurred or occur between July 1, 2022 and May 31, 2023. A signed memo from the head law enforcement officer of the agency, certifying CRG funds were used to replace an existing and retired canine, will be required prior to reimbursement.

# Key Dates

**March 1, 2023:**

Application Workshop and Funding opportunity available at <https://dps.mo.gov/dir/programs/cjle/>  
Application open in WebGrants <https://dpsgrants.dps.mo.gov/>

**March 14, 2023:**

Funding Opportunity Closes  
Applications due in WebGrants 4:00 pm CST  
***\*\*WebGrants will not accept any applications after this time\*\****

**July 1, 2022:**

Project Start Date

**May 31, 2023:**

Project End Date

**June 10, 2023:**

Final claim and Status Report due

# Reimbursement Grant

- ▶ The Canine Replacement Grant (CRG) Program is a reimbursement grant
- ▶ Awarded eligible items must be purchased prior to requesting reimbursement

# SFY 2023 CRG Program Eligible Applicants

## ▶ Eligible Applicants

- ▶ Any state or local governmental law enforcement agency within Missouri
- ▶ All law enforcement must be compliant with the following State of Missouri statutes:
  - ▶ Section 590.650 RSMo Vehicle Stops Report
  - ▶ Section 590.700 RSMo - Written Policy on Recording of Custodial Integrations
  - ▶ Section 43.544 RSMo - Written Policy on Forwarding Intoxication-Related Traffic Offenses
  - ▶ Section 590.1265 RSMo - Police Use of Force Transparency Act
  - ▶ Section 43.505 RSMo - National Incident-Based Reporting System (NIBRS) *formerly Uniform Crime Reporting (UCR)*
  - ▶ Section 590.030 RSMo- Rap Back Program Participation
- ▶ Reference the Notice of Funding Opportunity for additional details
  - ▶ [Missouri Department of Public Safety | State Drug Task Force \(DTF\) Program \(mo.gov\)](#)

# SFY 2023 CRG Program Ineligible Applicants

- ▶ Non-profit organizations
- ▶ For-profit organizations
- ▶ Agencies that do not meet all of the eligible applicant criteria

# SFY 2023 CRG Program Eligible Budget Categories

- ▶ Eligible Budget Categories
  - ▶ Canine
  - ▶ Canine and handler training
  - ▶ Supplies
  - ▶ Training related travel expenses (meals and lodging) within the allowable per diem rates
    - ▶ [travel-guidelines.pdf \(mo.gov\)](#)
    - ▶ At the conclusion of the training, the canine team must receive certification from a recognized certifying body. Canine certifying bodies include, but are not limited to, the Missouri Police Canine Association (MPCA) or the North American Police Work Dog Association (NAPWDA). If the certifying body is not listed, approval from DPS **WILL BE** required.



# SFY 2023 CRG Ineligible Budget Categories

- ▶ Construction/Renovations
- ▶ Consultant Rates exceeding \$650
- ▶ Fees for Delinquent Payments
- ▶ First Class Travel
- ▶ Less-Than-Lethal Weapons
- ▶ Military-Type Equipment
- ▶ Personnel/Personnel Benefit Cost
- ▶ Pre-Paid Gas/Phone Cards

# Login

- ▶ To begin an application login to the WebGrants System
  - ▶ Go to: [dpsgrants.dps.mo.gov](https://dpsgrants.dps.mo.gov)
  - ▶ Login or register as a new agency

<p><b>Log In</b></p> <p>User ID:* <input type="text"/></p> <p>Password:* <input type="password"/></p> <p><input type="button" value="Log In"/></p> <p><a href="#">Forgot User Id?</a></p> <p><a href="#">Forgot Password?</a></p>	<p>Missouri Department of <b>Public Safety</b></p> <p>New to WebGrants - Missouri Department of Public Safety?</p> <p><a href="#">Register Here</a></p>
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# New User Login

- ▶ If registering an email
  - ▶ The email will be sent with login ID and Password
  - ▶ This requires approval from someone within the DPS office
  - ▶ Register as soon as possible if you are doing a last minute application
    - ▶ Contact our office to request a rush on the new user

# Two-Step Verification

- ▶ Type in your Password
- ▶ Type in your One-Time Passcode
  - ▶ An one-time passcode will be sent to the email address that is registered with the User ID

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

▶ **Password:\***

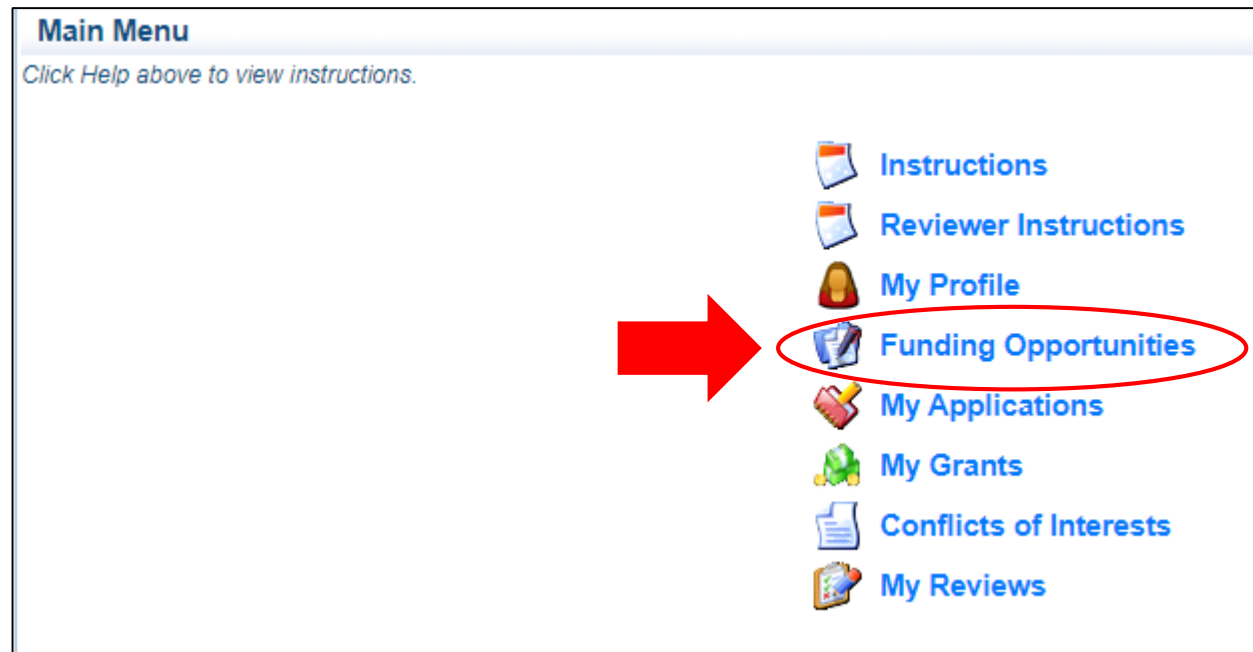
▶ **One-Time Passcode:\***

[Reset Password](#)

[Resend One Time Passcode](#)

# State Canine Replacement Grant (CRG) Application

- ▶ Select “Funding Opportunities from the “Main Menu”



# Funding Opportunity

- ▶ Select the “SFY 2023 Canine Replacement Grant Program” Funding Opportunities

152429	Editing	<a href="#">2023 Canine Replacement Grant Program</a>	State Drug Task Force Grant
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- ▶ Review the Funding Opportunity details including:
  - ▶ Description
  - ▶ Attachments
    - ▶ 2023 Canine Replacement Grant Program NOFO
    - ▶ 2023 Canine Replacement Grant Program Certified Assurances
  - ▶ Website Links
    - ▶ Missouri Department of Public Safety Website

# Funding Opportunity, cont.

- ▶ The Funding Opportunity will include a Description, Attachments, and a link to the Missouri Department of Public Safety website

## **Attachments**

*Click on the File Name to open attachment*

Description	File Name	File Size
2023 Canine Replacement Grant Program, Certified Assurances	<a href="#">2023 State DTF Canine Grant Certified Assurances.pdf</a>	231 KB
2023 Canine Replacement Grant Program Notice of Funding Opportunity	<a href="#">SFY 2023 Canine Replacement Grant Notice of Funding Opportunity.pdf</a>	263 KB
DPS Subrecipient Travel Guidelines (revised 8/6/18)	<a href="#">Travel-guidelines (08-06-18).pdf</a>	337 KB

## **Website Links**

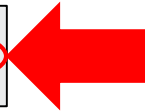
*Click on the URL to go to website*

URL	Description
<a href="https://dps.mo.gov/dir/programs/cjle/sdtf.php">https://dps.mo.gov/dir/programs/cjle/sdtf.php</a>	Missouri Department of Public Safety Website

# Funding Opportunity, cont.

- ▶ After reviewing the information, Select “Start a New Application”

**Copy Existing Application | Start a New Application**

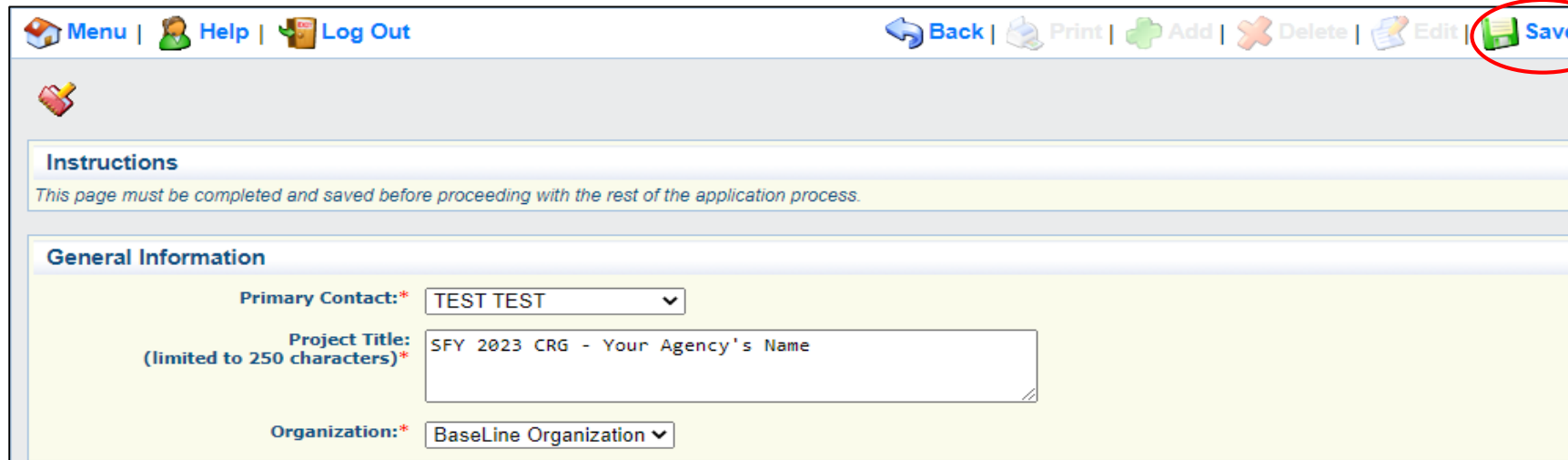


- ▶ “Copy Existing Application” will not save time, as all of the forms will be blank



# General Information

- ▶ Complete the entire form as indicated:
  - ▶ **Primary Contact:** Select the desired contact from the drop-down field
  - ▶ **Project Title:** Enter SFY 23 CRG - Your Agency Name
  - ▶ **Organization:** Select the applicable applicant agency from the drop-down field
- ▶ After completing the “General Information”
  - ▶ 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

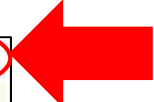
**Project Title:\***  
(limited to 250 characters) SFY 2023 CRG - Your Agency's Name

**Organization:\*** BaseLine Organization

# General Information, cont.

- ▶ Select “Go to Application Forms”

General Information	<a href="#">Go to Application Forms</a>
System ID: 152383	
Project Title: SFY 2023 CRG - Your Agency's Name	
Primary Contact: TEST TEST	
Organization: BaseLine Organization	



- ▶ Complete each of the six “Application Forms” with all required information

Application Forms
<a href="#">General Information</a>
<a href="#">Contact Information Canine Replacement</a>
<a href="#">LEA Eligibility Requirements</a>
<a href="#">Canine Project Form</a>
<a href="#">Budget</a>
<a href="#">Attachments Canine Replacement</a>

# Contact Information

- ▶ Select “Contact Information Canine Replacement”

Application Forms	
	Form Name
	General Information
	Contact Information Canine Replacement
	LEA Eligibility Requirements
	Canine Project Form
	Budget
	Attachments Canine Replacement

# Contact Information, cont.

- ▶ Complete all contact information for:
  - ▶ Authorized Official
  - ▶ Project Director
  - ▶ Fiscal Officer
  - ▶ Point of Contact

***\*\*NOTE\*\* The Authorized Official, Project Director, and Fiscal Officer CANNOT be the same person.***

# Contact Information, cont.

- ▶ **Authorized Official:** The Authorized Official is the individual who has the authority to legally bind the applicant into a contract. Please refer to the list below to help determine the correct 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 county, the Presiding County Commissioner or County Executive shall be the Authorized Official (e.g. the Sheriff is not the Authorized Official)
  - ▶ If the applicant agency is a state department, the Department/Division Director head shall be the Authorized Official
  - ▶ If the applicant agency is a college/university, the University President or Campus Chancellor shall be the Authorized Official

**In order for an application to be considered eligible for funding, the agency's correct Authorized Official MUST be designated in the "Contact Information" form and MUST sign the Certified Assurance Form**

**\*\*If you are unsure who to list as your agency's Authorized Official, or they do not match the list above, please contact DPS Grants for clarification (573) 522-4094\*\***

# Contact Information, cont.

- ▶ **Project Director:** The person at the agency that is responsible for ensuring that the project is completed and meets all requirements (i.e. Sheriff, Police Chief, etc.)
- ▶ **Fiscal Officer:** The person at the agency that can answer fiscal and audit questions (i.e. County or City Clerk or Treasurer)
- ▶ **Officer in Charge:** The person at the agency that will be the **Primary Contact** for day to day questions, (this is not a required section, if this person is the same as the Project Director or Fiscal Officer this field should be left blank)

# Contact Information, cont.

### Contact Information

#### Authorized Official

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. For example:

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official
- If the applicant agency is a college/university, the University President (or Campus Chancellor, if applicable) shall be the Authorized Official.

If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Department of Public Safety at (573) 522-6125.

**Name:** \*   
Title First Name Last Name

**Job Title:** \*

**Agency:** \*

**Mailing Address:** \*   
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

**Street Address 1:**   
If a PO Box is entered on the Mailing Address line, enter the physical street address here. Do not repeat the mailing address!

**Street Address 2:**

**City/State/Zip:** \*   
City State Zip

**Email:** \*

**Phone:** \*   
Ext.

**Fax:**

# Contact Information, cont.

- ▶ Once the form has been completed
  - ▶ Select “Save”



- ▶ Select “Mark as Complete”





# LEA Eligibility Requirements

- ▶ Select “LEA Eligibility Requirements”

Application Forms		Application Details   <a href="#">Submit</a>   <a href="#">Withdraw</a>	
Form Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	02/28/2023	
<a href="#">Contact Information Canine Replacement</a>	✓	02/28/2023	
<a href="#">LEA Eligibility Requirements</a>			
<a href="#">Canine Project Form</a>			
<a href="#">Budget</a>			
<a href="#">Attachments Canine Replacement</a>			

# LEA Eligibility Requirements, cont.

- ▶ The Project Form has 2 Sections:
  - ▶ Law Enforcement Agency Information
    - ▶ Name of the Project Agency
    - ▶ Originating Agency Number (ORI)
  - ▶ Eligibility Requirement

# LEA Eligibility Requirements, cont.

► Law Enforcement Agency Information

Law Enforcement Agency Information	
Row	
Name of the Project Agency (law enforcement department):	City of You Police Department
Originating Agency Identifier (ORI):	MO1234567

# LEA Eligibility Requirements, cont.

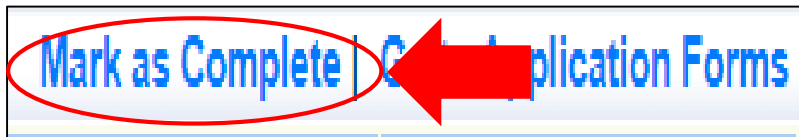
## ▶ Eligibility Requirements

▶ If the answers to ANY of the eligibility questions #1-6 is “No”, the agency is NOT eligible for funding, please do not continue with the application prior to completing Eligibility requirements

## ▶ Select “Save”



## ▶ Select “Mark as Complete”



**Eligibility Requirements**

- If the answers to any of the eligibility questions #1-6 is 'No' the agency is not eligible for funding please do not continue with the application prior to completing eligibility requirements.*

1. Is the project agency in compliance with Section 590.650 RSMo - Vehicle Stops Reporting?  Yes  No  
\* Per Section 590.650 RSMo agencies are required to submit their reports to the Missouri Attorney Generals Office by March 1st of each year. Agencies that submitted by the late submission date of March 15th may be eligible for funding but will not take priority over agencies that submitted on time.
2. Is the project agency in compliance with Section 590.700 RSMo? - (Agencies are required to adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of Section 590.700 RSMo)  Yes  No
3. Is the project agency in compliance with Section 43.544 RSMo - (each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository)  Yes  No
4. Is the project agency in compliance with Section 590.1265 RSMo - Police Use of Force Transparency Act of 2021?  Yes  No  
\* For purposes of grant eligibility, law enforcement agencies will be considered non-compliant if they have not submitted MIBRS reports for three or more months since January 1, 2022
5. Is the project agency in compliance with Section 43.505 RSMo Uniform Crime Reporting - Missouri Incident-Based Reporting System MIBRS (each law enforcement agency is required to submit crime incident reports to the department of public safety on forms or in the format prescribed by the department and submit any other crime incident information which may be required by the Department of Public Safety)  Yes  No  
\* For purposes of grant eligibility, law enforcement agencies will be considered non-compliant if they have not submitted MIBRS reports for three or more months since January 1, 2022
6. Is the project agency in compliance with Section 590.030 RSMo - Rap Back Program Participation (all law enforcement agencies shall enroll in the state and federal Rap Back programs on or before January 1, 2022 and continue to remain enrolled. The law enforcement agency shall take all necessary steps to maintain officer enrollment for all officers commissioned with that agency in the Rap Back programs)  Yes  No

# Canine Project Form

- ▶ Select “Canine Project Form”

Application Forms	Application
Form Name	Complete?
General Information	✓
Contact Information Canine Replacement	✓
LEA Eligibility Requirements	✓
Canine Project Form	
Budget	
Attachments Canine Replacement	

# Canine Project Form, cont.

- ▶ If the answer to question #1 is “No”, please **DO NOT continue the application**, as your agency is **NOT** eligible for funding, as this project is only for replacement
- ▶ Question #1
  - ▶ Is the project for which you are requesting funding to replace a canine that has been or will be retired due to Missouri Amendment 3 Marijuana Legalization Initiative?
    - ▶ If the answer is “Yes”, answer questions 1.a and 1.b


**Project Narrative**

*If the answer to question 1. on the project form is no, please do not continue the application as your agency is not eligible for funding.*

1. Is the project for which you are requesting funding to replace a canine that has been or will be retired due to Missouri Amendment 3 Marijuana Legalization Initiative?\*

Yes  No

1.a If the answer to question 1 is yes, has the canine already been retired?  Yes  No

1.b If the answer to 1.a is yes, please provide the date they canine was retired.  

# Canine Project Form, cont.

- ▶ **Question #2: Project Description**
  - ▶ Provide a description of your project and how your agency will use the canine for this project.
  - ▶ What items will be necessary to complete the project
  - ▶ What is the timeframe that the project will be completed
  - ▶ What controlled substance(s) will the canine be trained in





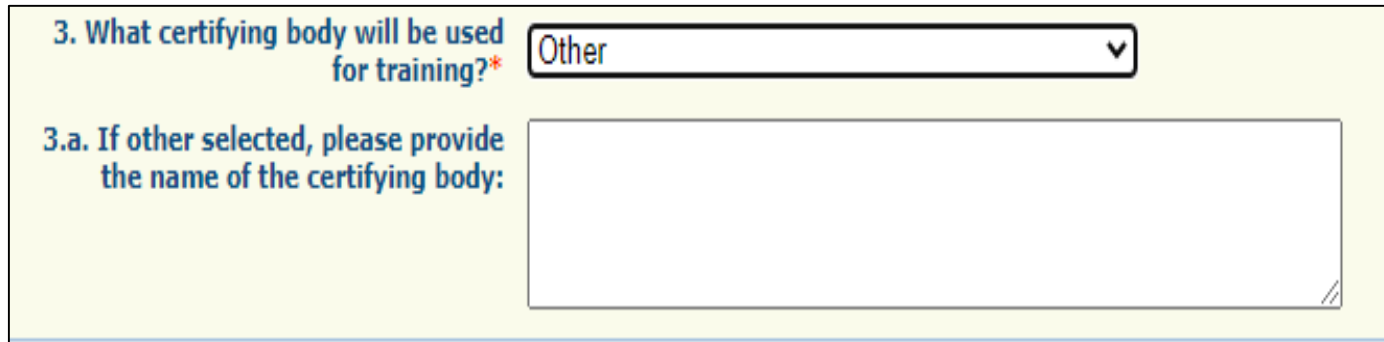
# Canine Project Form, cont.

- ▶ Question #3: What certifying body will be used for the training?
  - ▶ Select from the drop down box
  - ▶ If your certifying body is not listed, complete question #3.2

3. What certifying body will be used for training?\*

Other

3.a. If other selected, please provide the name of the certifying body:

A screenshot of a form section with a light yellow background. At the top, it asks "3. What certifying body will be used for training?\*" with a red asterisk. Below this is a dropdown menu showing "Other" and a downward arrow. Underneath the dropdown is question "3.a. If other selected, please provide the name of the certifying body:" followed by a large, empty text input box.

# Canine Project Form, cont.


- ▶ Audit Requirements
  - ▶ Complete questions #4-6

### Audit Requirements

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

Yes  No

5. Date last audit completed:\*

12/31/2022 

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

# Canine Project Form, cont.

- ▶ Certified Assurances
  - ▶ The correct Authorized Official must agree to the terms on conditions of the grant and be listed in the Authorized Official Name and Title, to be eligible for funding

\*\*Application can be saved without the Authorized Official's information while they review, but MUST be complete before the form can be "Marked as Complete"

**Certified Assurances**

**\*\*\*The correct Authorized Official must be the signatory on this grant 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).  
Authorized Official: the individual who has the authority to legally bind the applicant into a contract.  
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 you are unable to determine the correct Authorized Official for your agency 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:

**SFY 2023 Canine Replacement Grant 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.

7. Authorized Official Name and Title:\* City Administrator Amelia Jaegers

Date: \* 02/28/2023

8. Name and Title of Person Completing the Application:\* K-9 Deputy Brandy Boessen

# Canine Project Form, cont.

- ▶ After all Canine Project Form information has been completed
  - ▶ Select “Save” at the top of the screen



- ▶ After the Project Form has been saved, Select “Mark as Complete”



# Budget

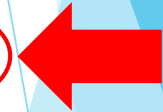
- ▶ Select “Budget”

Application Forms	Application
Form Name	Complete?
General Information	✓
Contact Information Canine Replacement	✓
LEA Eligibility Requirements	✓
Canine Project Form	✓
Budget	
Attachments Canine Replacement	

# Budget, cont.

- ▶ Budget
  - ▶ Select “Add” for each budget line

Budget						Mark as Complete   Go to Application Forms   Add
Line Name:	Budget Category	Budget Line Description:	Quantity:	Unit Cost:	Requested Grant Amount:	



# Budget, cont.

- ▶ Travel/Training
- ▶ [travel-guidelines.pdf \(mo.gov\)](#)
  - ▶ Training cost
    - ▶ Hotel
    - ▶ Meals
- ▶ Equipment Item - defined as tangible property having an acquisition cost of \$1,000 or more, and a useful life of more than one year
  - ▶ Items that do not meet the equipment definition should be requested under the Supplies category
- ▶ Supplies - requested items that do not meet the threshold for equipment

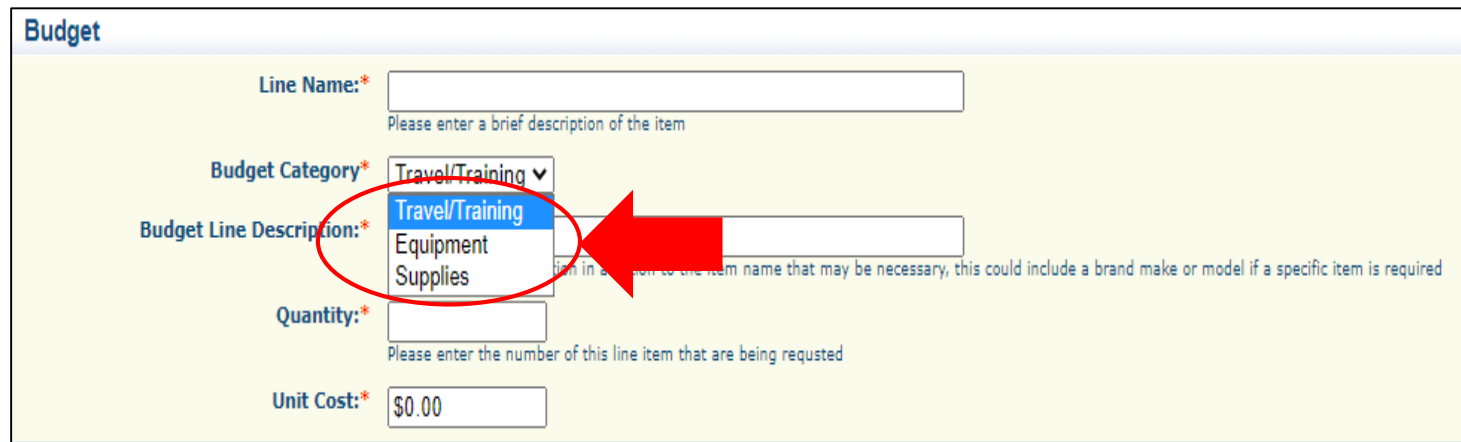
# Budget, cont.

- ▶ **Line Name:** What are you asking for, provide a short description (i.e. K-9, Travel)
- ▶ **Budget Category:** Should be selected from the drop down menu
- ▶ **Description:** Description of the budget line (i.e. Handler Training, ACME Academy May 1-3, 2023)
- ▶ **Quantity:** How many of the item are you requesting
- ▶ **Unit Cost:** This should be the unit cost for each item of the funds requested for the listed budget line



# Budget cont.

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



The screenshot shows a form titled "Budget" with the following fields:

- Line Name:\*** [Text input field]
- Budget Category:\*** [Dropdown menu with "Travel/Training" selected]
- Budget Line Description:\*** [Text input field]
- Quantity:\*** [Text input field]
- Unit Cost:\*** [Text input field with "\$0.00"]

Red annotations include a circle around the "Budget Category" dropdown menu and a red arrow pointing to it from the right.

- ▶ Once each budget line has been entered, select "Save"



# Budget, cont.

- ▶ Travel/Training example:

Budget	
<b>Line Name:*</b>	<input type="text" value="Canine and handler training"/> <small>Please enter a brief description of the item</small>
<b>Budget Category:*</b>	<input type="text" value="Travel/Training"/> ▼
<b>Budget Line Description:*</b>	<input type="text" value="Training May 1-3, 2023"/> <small>Please add any information in addition to the item name that may be necessary, this could include a br</small>
<b>Quantity:*</b>	<input type="text" value="1.0"/> <small>Please enter the number of this line item that are being requested</small>
<b>Unit Cost:*</b>	<input type="text" value="\$5,000.00"/>

# Budget, cont.

► Equipment example:

Budget	
<b>Line Name:*</b>	<input type="text" value="K-9"/> <small>Please enter a brief description of the item</small>
<b>Budget Category:*</b>	<input type="text" value="Equipment"/> ▼
<b>Budget Line Description:*</b>	<input type="text" value="K-9 replacement"/> <small>Please add any information in addition to the item name that may be necessary, this could include a brand make or model if a specific item is required</small>
<b>Quantity:*</b>	<input type="text" value="1"/> <small>Please enter the number of this line item that are being requested</small>
<b>Unit Cost:*</b>	<input type="text" value="10000.00"/>

# Budget, cont.

- ▶ Supplies example:

**Budget**

**Line Name:\***   
Please enter a brief description of the item

**Budget Category:\***  ▼

**Budget Line Description:\***   
Please add any information in addition to the item name that may be necessary, this could include a brand make or model if a specific item is required

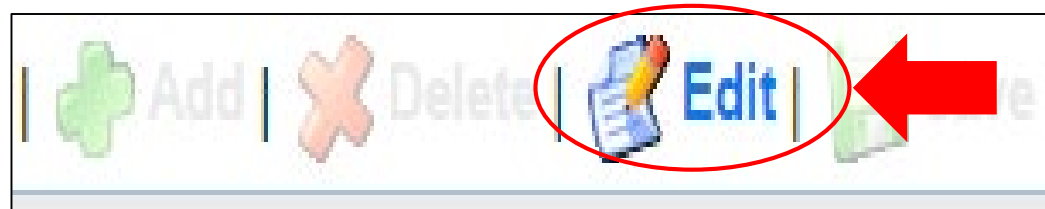
**Quantity:\***   
Please enter the number of this line item that are being requested

**Unit Cost:\***

- ▶ Be sure to provide specific information in the justification for each supply item

# Budget, cont.

- ▶ Once you have added all of the budget lines
- ▶ In the top right corner select, “Edit”



- ▶ This will open the Budget Justification

# Budget, cont.

## ▶ Budget Justification

- ▶ For each requested budget line, answer the following:
  - ▶ What is the item
  - ▶ Explain the cost basis
  - ▶ Who will use the item
  - ▶ If the item(s) is/are a replacement to current equipment/supplies, why does/do the item(s) need to be replaced
  - ▶ If the item(s) is/are in addition to current equipment/supplies, why does the agency need the additional item(s)
  - ▶ If the item(s) is/are new to the agency, why is this need by the agency
    - ▶ What benefit will the item(s) provide
- ▶ If you are requesting more than one item in the budget, provide a justification for each budget item in the same order as they are listed in the budget

# Budget, cont.

▶ Budget Justification example:

**Budget Justification**

*\*Justification required for each item listed in the budget\**

*In a narrative format, provide the following separately for each budget line item listed above:*

- *What is the item?*
- *Explain the cost basis for the amount requested. (i.e. quote(s))*
- *How will the item be used?*
- *Who will use the item?*
- *If the item(s) is/are a replacement to current equipment/supplies, why does/do the item(s) need to be replaced?*
- *If the item(s) is/are in addition to current equipment/supplies, why does the agency need the additional item(s)?*
- *If the item(s) is/are new to the agency, why is this needed by the agency? (What benefit will the item(s) provide?)*

*If you are requesting more than one item in the budget provide a justification for each budget line in the same order as they are listed on the budget. Leave space between each item's justification.*

**Justification:**

Font    ▾    Size    ▾

Explain what K-9 replacement supplies are needed, the cost basis and quantity of each of the requested supplies.

Why is your agency needing to replace the current K-9, cost basis of the K-9?

Explain what training was/will be attended, if registration, hotel, travel, meal cost occurred, give a cost basis for each of those items.

# Budget cont.

- ▶ To Edit a budget line, select the hyperlink of the line you wish to edit

Budget		<a href="#">Create New Version</a>   <a href="#">Go to Application Forms</a>   <a href="#">Add</a>			
Line Name:	Budget Category	Budget Line Description:	Quantity:	Unit Cost:	Requested Grant Amount:
<a href="#">K-9 training supplies</a>	Supplies	K-9 training supplies	1.0	\$5,000.00	\$5,000.00
<a href="#">K-9</a>	Equipment	K-9 replacement	1.0	\$10,000.00	\$10,000.00
<a href="#">Canine and handler training</a>	Travel/Training	Training May 1-3, 2023	1.0	\$5,000.00	\$5,000.00

- ▶ You may select “Edit” for a mass edit of all lines as well as the budget justification





# Budget cont.

- ▶ Once the budget and justification has been entered, select “Save”



- ▶ Select “Mark as Complete”



# Attachments Canine Replacement

- ▶ Select “Attachments Canine Replacement”

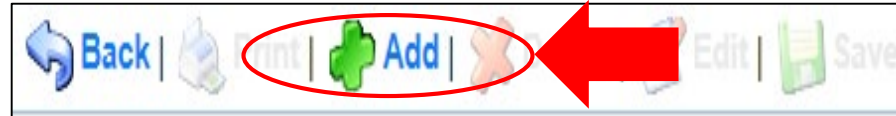
Application Forms	Application
Form Name	Complete?
General Information	✓
Contact Information Canine Replacement	✓
LEA Eligibility Requirements	✓
Canine Project Form	✓
Budget	✓
Attachments Canine Replacement	

# Attachments Canine Replacement, cont.

- ▶ Required to attach most recent Audit/Financial Statement
- ▶ Other attachments may include
  - ▶ Vendor Quotes
  - ▶ Cost Basis
  - ▶ Supporting documents

# Attachments Canine Replacement, cont.

- ▶ Select the “Add”



- ▶ Browse your computer for the attachment(s) to upload
- ▶ Enter a brief Description of the attachment

**Attach File**

*Audit/Financial Statement: Applicant Agency **Most Recent Completed Audit** - Audit Details portion of the Project Worksheet requires the agency to submit the last audit. If the agency does not have a completed audit, their financial statement should be submitted.*

*Other Supporting Documentaion (Quote or other cost Basis): A quote or cost basis for amounts requested in this application, or any other documents that provide information pertinent to the application.*

- To attach any other documents, click "Add".
- To delete an uploaded file, click the recycle bin in the Delete column.
- If you have no additional attachments to include in your application, just select "Mark as Complete".

The Missouri Department of Public Safety can support the following file types: Word (\*.doc, \*.docx), Excel (\*.xls, \*.xlsx), PowerPoint (\*.ppt, \*.ppbx), Publisher (\*.pub), Adobe PDF (\*.pdf), Photos (\*.bmp, \*.jpg, \*.jpeg, \*.jpe, \*.asp, \*.tif, \*.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

If this document is saved on a computer or disk, search for the file location and upload it. The Description field should merely name the attachment, not provide extensive details about the attachment.

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location.

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

Upload File:  2023 .pdf

Description:\*

# Attachments Canine Replacement, cont.

- ▶ Once all attachments are attached, select “Save”

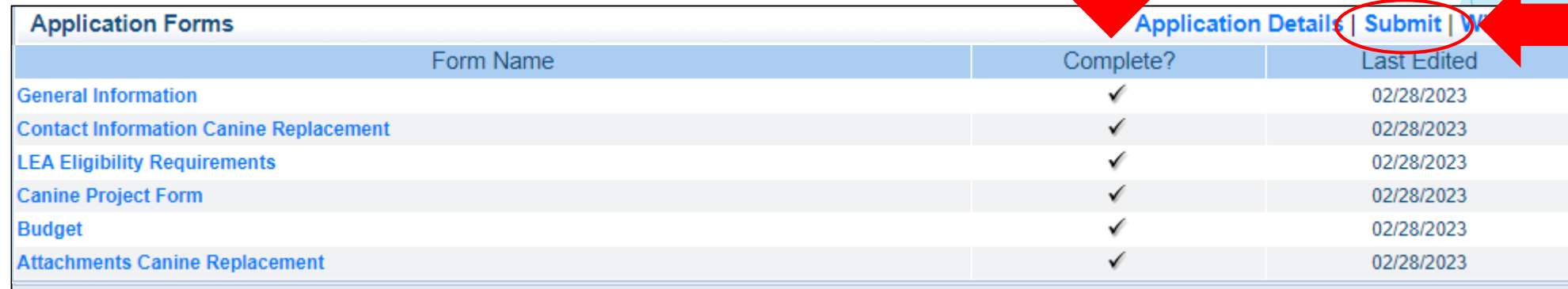


- ▶ Select “Mark as Complete”

Attachments Canine Replacement				
Description	File Name	File Size	Date Uploaded	Delete?
Your Agency's most recent completed audit	2023 State DTF Canine Grant Certified Assurances.pdf	231 KB	02/28/2023	<a href="#">Mark as Complete</a> 

# Submit Application

- ▶ After all forms have a check in the complete column
  - ▶ It is recommended that you have another person review the application for clarity and completion
  - ▶ Verify the correct Authorized Official has signed the application
- ▶ Select “Submit”



The screenshot shows a table titled "Application Forms" with three columns: "Form Name", "Complete?", and "Last Edited". The "Complete?" column contains checkmarks for all rows. The "Last Edited" column shows the date "02/28/2023" for all rows. The "Submit" button is circled in red, and a red arrow points to it from the right. Another red arrow points down to the "Complete?" column header.

Form Name	Complete?	Last Edited
General Information	✓	02/28/2023
Contact Information Canine Replacement	✓	02/28/2023
LEA Eligibility Requirements	✓	02/28/2023
Canine Project Form	✓	02/28/2023
Budget	✓	02/28/2023
Attachments Canine Replacement	✓	02/28/2023

# Submit Application, cont.

- ▶ Once the application has been submitted a Confirmation screen will appear

All applications must be submitted prior to the deadline of March 14,  
2023 at 4:00 pm CST

# Questions

For any questions please contact our office:

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