

# SFY 2023 State Drug Task Force (DTF) Application Workshop



# SFY 2023 DTF Purpose

- ▶ The purpose of the State Drug Task (DTF)
  - ▶ The Missouri Department of Public Safety's strategic priorities encompass several key initiatives including; building relationships with external stakeholders, identifying hazards and threats to public safety, maintaining sufficient capacities to perform statutorily required responsibilities and utilizing Federal and State programs to protect, as well as, provide impactful service to Missouri citizens. The State DTF grant opportunity provides resources to combat drug related crimes.

# SFY 2023 State DTF Eligible Applicants

- ▶ Eligible Applicants
  - ▶ Multi-Jurisdictional Drug Task Forces
    - ▶ Must be multi-jurisdictional, active on or before July 1, 2022
    - ▶ Have an established Originating Agency Identifier (ORI)
    - ▶ Must attach a MOU/MOA signed by all participating agencies
      - ▶ If the task force/drug enforcement group (meg) exists within one agency an applicable charter or policy covering the operations of the unit must be submitted to MO DPS
    - ▶ “Applicant Agency” for the DTF must be the agency’s respective unit of government and a respective law enforcement department

# SFY 2023 State DTF Eligible Applicants, cont.

- ▶ All Drug Task Forces must be compliant with the State of Missouri statutes
  - ▶ Section 650.150 – 650.161 RSMo – Intergovernmental Drug Laws Enforcement Act
  - ▶ Section 590.650 RSMo Vehicle Stops Report
  - ▶ Section 590.700 RSMo – Written Policy on Recording of Custodial Integrations
  - ▶ Section 43.544 RSMo – Writen 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)*
- ▶ Reference the Notice of Funding Opportunity for additional detail
  - ▶ [SFY 2023 State DTF Notice of Funding Opportunity](#)



# SFY 2023 State DTF Ineligible Applicants

- ▶ Non-profit organizations
- ▶ For-profit organizations
- ▶ Task Forces that do not meet the eligibility requirements

# SFY 2023 State DTF Eligible Budget Categories

- ▶ Eligible Budget Categories
  - ▶ Personnel
  - ▶ Personnel Benefits
  - ▶ Personnel Overtime
  - ▶ Personnel Overtime Benefits
  - ▶ Travel/Training
  - ▶ Equipment
  - ▶ Supplies/Operations
  - ▶ Contractual
  - ▶ Body Armor
  - ▶ Body Worn Cameras

# SFY 2023 State DTF Eligible Budget Categories, cont.

- ▶ The following is allowable; however, this is not all inclusive and is provided as a reference
  - ▶ Additional Personnel (including necessary equipment/supplies)
  - ▶ Employee Wage Increases (7.5% max)
  - ▶ Training
  - ▶ Drug Testing Equipment (Handheld Narcotics Analyzer, Portable Mass Spectrometer)
  - ▶ Computer/Laptop/MDT & accessories
  - ▶ Data Storage (Cloud or Hardware)
  - ▶ Software (Facial Recolonization, Cell Phone Data Retrieval, Cyber Security, Voice Transcription)
  - ▶ X-Ray (Interdiction purposes)
  - ▶ License Plate Readers
  - ▶ Surveillance Equipment and Technology (Recording device (Audio/Video), Cameras, Surveillance Detection Software)

# SFY 2023 State DTF Eligible Budget Categories, cont.

- ▶ Vehicle Leases (Leases may go beyond the grant period of performance)
- ▶ Vehicle Purchases (Police Cruiser, Undercover, Surveillance)
- ▶ UAV/UAS (Including FLIR and Camera)
- ▶ Personnel Protective Equipment
- ▶ Radios (Mobile/Portable?)
- ▶ Information Technology to further Drug Investigations
- ▶ GPS Trackers
- ▶ Evidence Storage
- ▶ Night Vision/FLIR Equipment
- ▶ WAVE Application
- ▶ Breaching Equipment

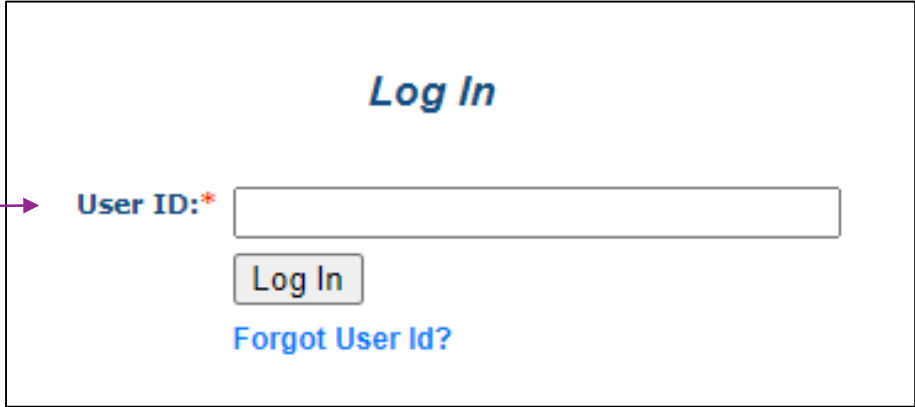


# SFY 2023 State DTF Ineligible Budget Categories

- ▶ Bonuses or Commissions
- ▶ Compensation & Travel of Federal Employees
- ▶ Confidential Funds for Drug Task Forces
- ▶ Construction/Renovations Projects
- ▶ Consultant Rates exceeding \$650
- ▶ Daily Subsistence within Official Domicile
- ▶ Entertainment Expenses & Bar Charges
- ▶ Fees for Delinquent Payments
- ▶ First Class Travel
- ▶ Less-Than-Lethal Weapons
- ▶ Lobbying or Fundraising
- ▶ Military-Type Equipment
- ▶ Non-Compliant Communication Devices
- ▶ Personnel Incentives for Employment
- ▶ Pre-Paid Gas/Phone Cards
- ▶ Weapons & Ammunition

# Login

- ▶ To begin an application login to the WebGrants System
  - ▶ Returning users or Organizations
    - ▶ Enter User ID



The screenshot shows a login form titled "Log In" in blue italicized text. Below the title is a text input field labeled "User ID:" with a red asterisk. A purple arrow points to the input field. Below the input field is a "Log In" button and a blue link labeled "Forgot User Id?".

# 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](#)

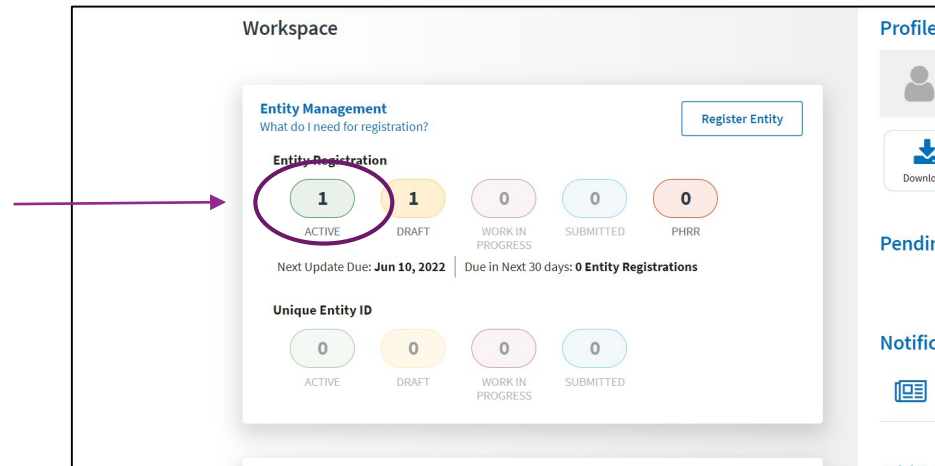
[Resend One Time Passcode](#)

# UEI Updates

- ▶ Effective April 4, 2022 all organizations applying for federal funds must have an UEI number
  - ▶ UEI numbers are found at [SAM.gov](https://sam.gov)
  - ▶ Agency must be set as “Active”

# 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

The screenshot displays a web application interface for managing non-federal entities. On the left, there is a sidebar with a search bar and filter options. The main content area shows a list of entities, with the first record highlighted. The 'DUNS Unique Entity ID' field is circled in red, and a red arrow points to it from the top left. The record details include the entity name 'VILLAGE', the purpose of registration 'Federal Assistance Awards', the registration status 'Active', and the expiration date 'Jun 10, 2022'. Other fields like 'SAM Unique Entity ID', 'Address', and 'CAGE/NCAGE' are also visible but partially obscured.

Entity Name	Purpose of Registration	Registration Status	Expiration Date
VILLAGE	Federal Assistance Awards	Active	Jun 10, 2022

# How to get an UEI

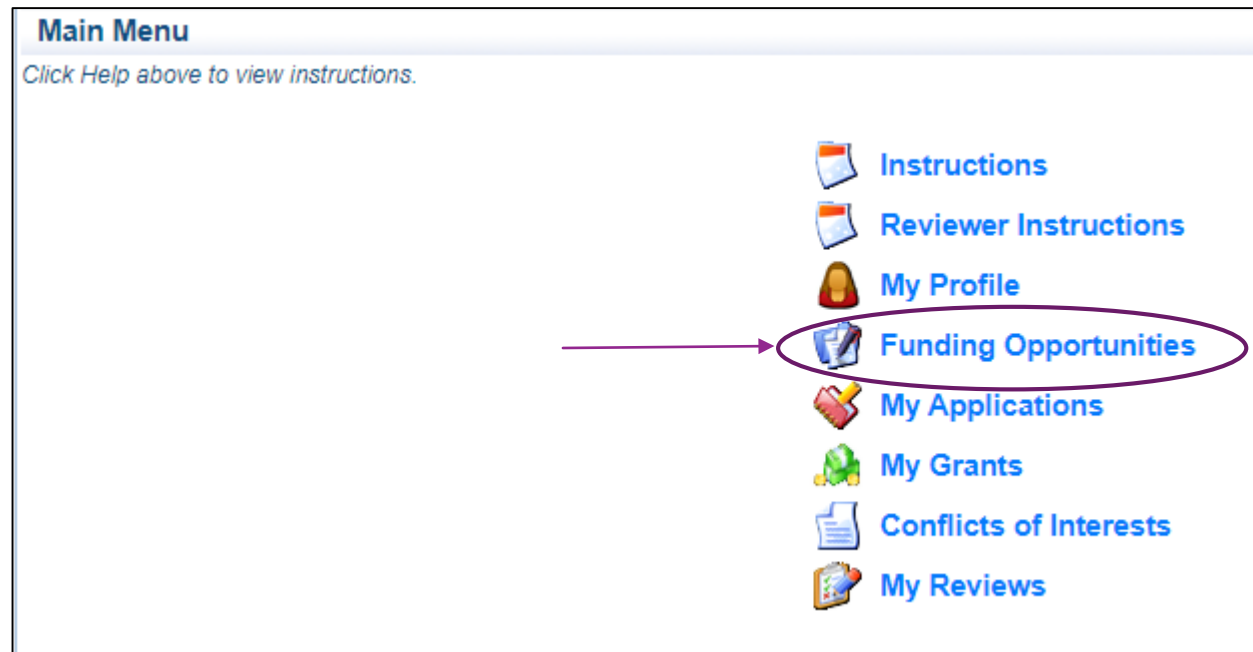
- ▶ If your organization does not have a DUNS Number:
  - ▶ Sign into your SAM.gov account and the system will navigate you to your Workspace. On the “Entity Management” widget, select the “Get Started” button to began the request for your Unique Entity ID.

▶ **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

The screenshot displays the SAM.gov Workspace interface. The main content area is titled "Workspace" and features an "Entity Management" widget. This widget includes a "What do I need for registration?" section with a "Get Started" button. Below this, there are two sections: "Entity Registration" and "Unique Entity ID". The "Entity Registration" section shows four status categories: ACTIVE (0), DRAFT (0), WORK IN PROGRESS (0), and SUBMITTED (0). A "Next Update Due" section indicates "Due in Next 30 days: 0 Entity Registrations". The "Unique Entity ID" section shows two status categories: ACTIVE (0) and DRAFT (0). A red dashed box highlights the "Get Started" button and the "Entity Registration" and "Unique Entity ID" sections. A red arrow points to the "Get Started" button. The right sidebar contains a "Profile" section with a user icon, "Downloads", "Saved Searches", and "Following" buttons. Below this are "Pending Requests" (No pending requests) and "Notifications" (No available notifications) sections, both with "See All" links.

# State DTF Application

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



# Funding Opportunities

- ▶ Select the “SFY 2023 State Drug Task Force DTF Grant” Funding Opportunities

143969	Editing	SFY 2023 State Drug Task Force (DTF) Grant	←	State Drug Task Force Grant	09/02/2022	0
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- ▶ Review the Funding Opportunity details including:
  - ▶ Description
  - ▶ Attachments
    - ▶ 2023 State DTF NOFO
    - ▶ 2023 State DTF Certified Assurances
  - ▶ Website Links
    - ▶ DPS DTF Website

# Funding Opportunity, cont.

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



- ▶ The Project Form has been updated, so “Copy Existing Application” will not save time, as all of the forms will be blank



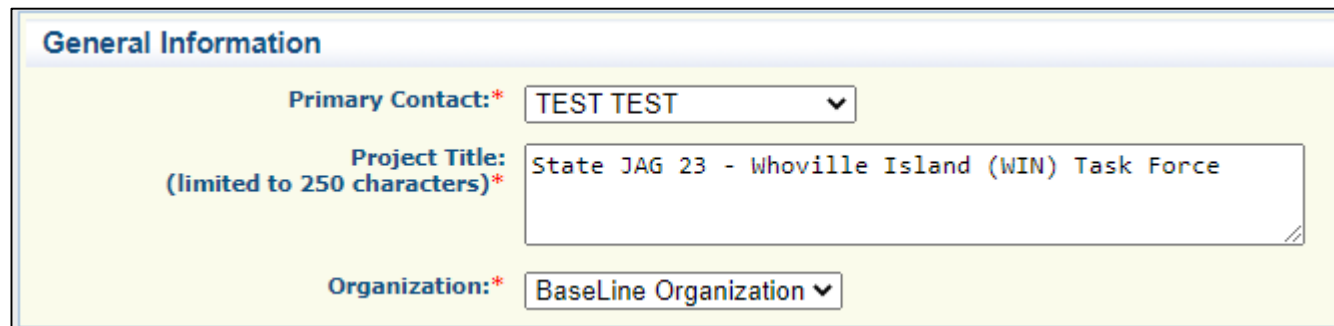
# SFY 2023 State DTF Application Forms

- ▶ The SFY 2023 State DTF Application will include 6 forms:
  - ▶ General Information
  - ▶ Contact Information
  - ▶ Project Form Rnd 2
  - ▶ Interoperable Communications
  - ▶ Budget
  - ▶ Named Attachments

<b>Application Forms</b>
<b>General Information</b>
<b>Contact Information</b>
<b>Project Form Rnd 2</b>
<b>Interoperable Communications</b>
<b>Budget rnd 2</b>
<b>Named Attachments</b>

# General Information

- ▶ Complete the entire form as indicated:
  - ▶ **Primary Contact:** Select the desired contact from the drop-down field
  - ▶ **Project Title:** Enter “State JAG 23 – Task Force name” (i.e. JAG 22 – Whoville Island Narcotics (WIN) Task Force)
  - ▶ **Organization:** Select the applicable applicant agency from the drop-down field



**General Information**

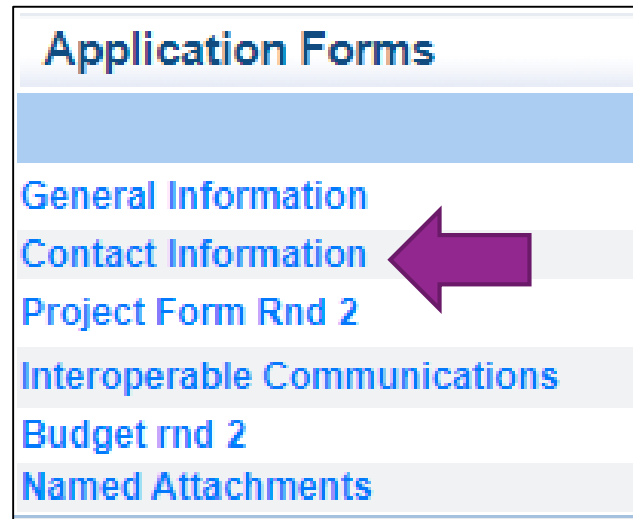
**Primary Contact:\*** TEST TEST ▼

**Project Title:\***  
(limited to 250 characters) State JAG 23 - Whoville Island (WIN) Task Force

**Organization:\*** BaseLine Organization ▼

# Contact Information

- ▶ Select “Contact Information”



# Contact Information, cont.

- ▶ This form will collect information for the applicant agency contacts
  - ▶ **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, ect.)
  - ▶ **Project Director:** (Sheriff, or Chief of Police/Colonel)
  - ▶ **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty)
  - ▶ **Point of Contact:** (primary contact for day-to-day questions – typically the Officer in Charge or Analyst)

# Contact Information, cont.

## Contact Information

### Authorized Official

*In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive. 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 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.

**Street Address 2:\***

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

**Email:\***

**Phone:\***    
Ext.

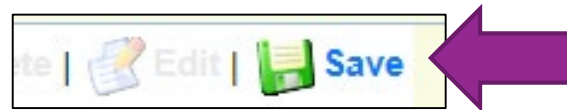
**Fax:\***



# Contact Information, cont.

- ▶ Once the form has been completed

- ▶ Select "Save"




- ▶ Select "Mark as Complete"



# Project Form

- ▶ Select "Project Form Rnd 2"

Application Forms
General Information
Contact Information
Project Form Rnd 2
Interoperable Communications
Budget rnd 2
Named Attachments



# Project Form, cont.

- ▶ The Project Form has 4 Sections:
  - ▶ Eligibility Requirements
  - ▶ Project Summary
  - ▶ Goals and Objectives
  - ▶ Audit, Risk Assessment, Certified Assurances

# Project Form, cont.

## ► Eligibility Requirements

If the answers to the eligibility questions 2, 3, and 3.a, or 4-9 is “**No**”, the agency **is not** eligible for funding, please do not continue with the application

**Eligibility Requirements**

- If the answers to the eligibility questions 2, 3 and 3.a, or 4-9 is 'No' the agency is not eligible for funding please do not continue with the application.*

1. Drug Task Force Originating Agency Identifier (ORI) Number (Please enter the ORI number used when the Drug Task Force/Drug enforcement unit submits reports to the Missouri State Highway Patrol): \*

\* The ORI Submitted along with the ORI of the pass through agency (if different) will be used to determine the eligibility requirements listed below

2. Is this application for a drug task force unit that was active prior to July 1, 2022, with a primary focus on drug enforcement? \*

Yes  No

3. Does your agency have an Memorandum of Understanding (MOU) or a Memorandum of Agreement (MOA) that has been signed by all participating agencies? \*

Yes  No

\* Signed MOU or MOA must be submitted with the application please attach in the attachment section of the application

3.a. If no, and the drug task force/drug enforcement unit exists within one agency, does your agency have an applicable charter or policy covering the operations of the unit? \*

Yes  No

\* The charter or policy covering the operations of the unit must be submitted at the time of application, please attach in the attachment section of the application

4. Is the applicant 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.

5. Is your 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

6. Is your 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

7. Is your agency in compliance with Section 590.1265 RSMo - Police Use of Force Transparency Act of 2021? \*

Yes  No

8. Is your 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

# Project Form, cont.

## ► Eligibility Requirements, cont.

**8. Is your 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

**9. Is your 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



# Project Form, cont.

- ▶ Section 1:  
Project Summary – Enter  
all information requested  
in the instructions

**Section 1 - Project Summary**

- If the answers to the above eligibility questions 2, 3 and 3.a, or 4-9 is 'No' the agency is not eligible for funding please do not continue with the application.*

Provide a brief summary of the proposed project. Include: what the project is; who will be impacted by the project; the geographic area that will be covered by the project; why is the proposed project necessary.

**1. Project Summary:\*** Provide a brief summary of the proposed project to include:

What the project is  
Who will be impacted by the project  
The geographic area that will be covered by the project  
Why is the proposed project necessary

**2. Please provide statistics in your program area that demonstrate a need for this project: \*** Statistics should include:

Increase in drug crime - statistics on drug crime  
Decrease in funds - why  
Problem references

**3. Unit Information:**

Number of Officer assigned to the drug task force/drug enforcement unit:

Number of officers assigned to the drug task force/drug enforcement unit that are undercover:

Number of vehicles in the drug task force/drug enforcement unit fleet:

# Project Form, cont.

- ▶ Section 2: Goals and Objectives
  - ▶ Objective 1: Coverage and Collaboration
    - ▶ Goal 1: Collaboration with Other Agencies
    - ▶ 2023 JAG DTF Map is attached for reference

## Section 2 - Goals and Objectives

### Objective #1 Coverage and Collaboration

#### Goal 1 Collaboration with Other Agencies

##### 2023 JAG DTF Map

4. Will the task force serve a county during the upcoming grant year that was not served by a JAG funded drug task force during the previous grant year? \*

Yes  No

4.a If you answered yes please list the counties that have been added to your drug task force:

If "Yes" is answered a text box will appear.

What county or counties have been added to your drug task force?

5. Did the task force serve a county at the beginning of the prior grant year that will not be served in the upcoming grant year? \*

Yes  No

5.a If you answered yes please list the counties that will not be served by your drug task force:

If "Yes" is answered a text box will appear.

What county or counties have left your task force in the past year?

6. Does the task force actively engage with a prosecutor(s) or other attorney(s) for representation or legal advice on task force policies, procedures and operations? \*

Yes  No

6.a If you answered no to the previous question, explain the plan to become more actively involved with a prosecutor or other attorney for representation or legal advice on task force policies, procedures and operations.

If "No" is answered a text box will appear.

What is the plan to become more actively involved with a prosecutor or other attorney for representation or legal advice on task force policies, procedures and operations?

# Project Form, cont.

- ▶ Objective 2: Investment

- ▶ Will need to add each Agency individually and the contribution while not in “Editing” status
  - ▶ In the top right corner select “Save”, then scroll to Objective #2 – Investment and select “Add” to add



Objective #2 Investment							Add
2.C. Please add each MOU signer separately:							
Agency	Personnel	Currency	Equipment	Fuel	Office Space	Other	

- ▶ **NOTE:** For Investment, Prevention, Education, and Rehabilitation Activities, and Rehabilitation sections, should “Add” when the rest of the form questions have been answered

# Project Form, cont.

## ▶ Investment Cont.

### ▶ Example

<b>Objective #2 Investment</b>	
<i>2.C. Please add each MOU signer separately:</i>	
<b>Objective #2 Investment</b>	
<i>Please add each MOU signer and fill in the resources they contribute:</i>	
<b>Agency</b>	<input type="text" value="Department of Public Safety"/>
<b>Personnel</b>	<input type="text" value="3 Full-Time Officer w/ Benefits - \$150,000.00"/>
<b>Currency</b>	<input type="text" value="1000.00"/>
<b>Equipment</b>	<input type="text" value="2 Vehicles - 10,000.00"/>
<b>Fuel</b>	<input type="text" value="200.00"/>
<b>Office Space</b>	<input type="text" value="Rent for covert office - 6,000.00"/> x
<b>Other</b>	<input type="text" value="Other - 200.00"/>

# Project Form, cont.

- ▶ Investment cont.

- ▶ After all agencies have been added, scroll back to the top right corner, select “Edit” and continue with the form questions



- ▶ Once the “Add” button has been selected, a line has been added and cannot be deleted from the Investment table, it can only be zeroed out

# Project Form, cont.

► Objective 3: Deconfliction

**Objective #3 Deconfliction**

**Objective #3 Deconfliction**

**8. Has the task adopted a written policy for deconfliction that addresses all of the following:**

**8.a. When to deconflict?**  Yes  No

**8.b. If no, explain the plan to implement such a written policy?**

**8.c. How or through which means to deconflict?**  Yes  No

**8.d. If no, explain the plan to implement such a written policy?**



# Project Form, cont.

- ▶ Goal 2: Minimum Standards
  - ▶ Answer each question 9-13

## Goal #2 Minimum Standards

### Goal #2 Minimum Standards

#### Objective # 1 Standard Operating Procedures

9. Has the task force adopted a written policy(s) for information sharing with other JAG-funded drug task forces that addresses all of the following:

9.a. the type(s) of information to be shared\*  Yes  No

9.b. through which means information will be shared\*  Yes  No

10. Has the task force adopted a written policy(s) for personnel hiring/selection that addresses all of the following:

10.a. whether the task force commander and/or board is included in the selection process for new officers\*  Yes  No

10.b. a requirement of drug/alcohol testing as a condition of begin offered employment\*  Yes  No

11. Has the task force adopted a written policy(s) for informants that addresses all of the following:

11.a. the types of information/records that shall be contained in an informant's file\*  Yes  No

11.b. a designation to the task force commander (or similar person of approval) to review/approve informant files\*  Yes  No

11.c. a designation to the task force commander (or similar person of approval) to review/approve informant files\*  Yes  No

11.d. a requirement for a log to be maintained for all activity conducted as it pertains to each informants\*  Yes  No

11.e. a process for the security/custody of informant files\*  Yes  No

11.f. a requirement to maintain professional/ethical relationships with informants\*  Yes  No

11.g. a requirement for the presence of two officers (at least one of the same sex) when meeting with an informant\*  Yes  No

11.h. the terms and conditions for the use of juveniles as informants\*  Yes  No

11.i. how and by whom informant payments are authorized\*  Yes  No

11.j. a requirement of officers to prepare a receipt for all payments made to informants and to identify the signatory parties for such receipts\*  Yes  No

11.k. the measures to be taken in the event an informant fails to abide by the task force/informant agreement\*  Yes  No

# Project Form, cont.

- ▶ Objective 2: Minimum Training
  - ▶ If “No” is selected for questions 14-16.a a text box will appear

## Objective #2 Minimum Training

14. Have all task force officers received a minimum 30 hour, accredited course in basic narcotic training?\*

Yes  No

14.a. If you answered no, identify the officers that have not received the training and the respective reason on why it has not yet been completed

Identify the officers that have not received the training and the reason why it has not yet been completed.

15. Have all task force officers received a minimum 24 hour, accredited course in advanced narcotic training?\*

Yes  No

15.a. If you answered no, identify the officers that have not received the training and the respective reason on why it has not yet been completed.

Identify the officers that have not received the training and the reason why it has not yet been completed.

16. Have all task force officers received Clandestine Meth Lab Certification (and as applicable, Re-Certification)?\*

Yes  No

16.a. If you answered no, identify the officers that have not received the training and the respective reason on why it has not yet been completed.

Identify the officers that have not received the training and the reason why it has not yet been completed.

# Project Form, cont.

- ▶ Goal 3: Prevention, Education, and Rehabilitation Activities

- ▶ Add each Type of Training individually while form is not in Editing status

- ▶ In the top right corner select "Save", then scroll to Goal #3: Prevention, Education, and Rehabilitations Activities and select "Add" to add



Goal #3, Prevention, Education, and Rehabilitation Activities				Add
<i>NOTE: Prevention programs are designed to "prevent" the use and/or existence of narcotics. Such programs generally include actions being taken or laws being implemented and include, but are not limited to, legislation, local ordinances, coalitions, prescription take-back programs, neighborhood watch programs, and town hall meetings.</i>				
<i>NOTE: Education programs are designed to "educate" the public about the use, recognition, and/or existence of narcotics. Such programs generally are informational to include, but not limited to, programs, presentations, and fair/expo booths for businesses, civic organizations, government organizations, radio stations, law enforcement agencies, libraries, parents, students, teachers, etc.</i>				
Type of Training	Purpose of Training	Location	Number of Attendees	

- ▶ Once the "Add" button has been selected, a line has been added and cannot be deleted from the Prevention, Education, and Rehabilitation Activities table, it can only be zeroed out

# Project Form, cont.

- ▶ Goal 3: Prevention, Education, and Rehabilitation Activities cont.
  - ▶ Example

Goal #3, Prevention, Education, and Rehabilitation Activities	
<i>NOTE: Prevention programs are designed to "prevent" the use and/or existence of narcotics. Such programs generally include actions being taken or laws being implemented and include, but are not limited to, legislation, local ordinances, coalitions, prescription take-back programs, neighborhood watch programs, and town hall meetings.</i>	
<i>NOTE: Education programs are designed to "educate" the public about the use, recognition, and/or existence of narcotics. Such programs generally are informational to include, but not limited to, programs, presentations, and fair/expo booths for businesses, civic organizations, government organizations, radio stations, law enforcement agencies, libraries, parents, students, teachers, etc.</i>	
<b>Goal #3 Prevention, Education, and Rehabilitation Activities</b>	
<b>Objective #1 Prevention and Education</b>	
<i>2.N. Instructions: Please list each training that the task force participated in during the prior calendar year:</i>	
Type of Training	<input type="text" value="Business"/>
Purpose of Training	<input type="text" value="General Public/Civic Organization"/>
Location	<input type="text" value="Law Enforcement Agency"/>
	<input type="text" value="School"/>
	<input type="text" value="Other"/>
	<input type="text"/>
	<small>(i.e. City or County name)</small>
Number of Attendees	<input type="text"/>

# Project Form, cont.

- ▶ Goal 3: Prevention, Education, and Rehabilitation Activities cont.
  - ▶ Once each Agency has been added, scroll back to the top right corner, select “Edit” and continue with the form questions





# Project Form, cont.

- ▶ Goal 3: Prevention, Education, and Rehabilitation Activities
  - ▶ Question 17.a needs to be completed if the Drug Task force did not participate in Prevention or Education programs during the 2020-2021 grant cycle

<b>17.a. If your agency did not participate in Prevention or Education programs during the current grant cycle please explain:</b>	Why did your agency not participate in any Prevention or Education programs during the current grant cycle?
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# Project Form, cont.

- ▶ Objective 2: Rehabilitation

- ▶ Will need to add each Type of Training individually while form is not in Editing status

- ▶ In the top right corner select "Save", then scroll to Objective 2: Rehabilitation and select "Add" to add



Objective #2 Rehabilitation 2.0			
Type of Program	Location	Number of Programs	Number of Attendees
			Add

- ▶ Once the "Add" button has been selected, a line has been added and cannot be deleted from the Rehabilitation table, it can only be zeroed out

# Project Form, cont.

- ▶ Objective 2: Rehabilitation cont.
  - ▶ List each rehabilitation training that the Drug Task Force participated in during the current grant cycle

**Objective #2 Rehabilitation**

*18. Please list each of the rehabilitation activities that your Drug Task Force participated in the current grant cycle:*

**Objective #2 Rehabilitation**

*Instructions: Please list each training that the task force participated in during the current grant cycle:*

Type of Program	<input type="text" value="Drug Court"/>
Location	<input type="text" value="Drug Court"/>
Number of Programs	<input type="text" value="Treatment Program"/>
Number of Attendees	<input type="text" value="Other"/>

# Project Form, cont.

- ▶ Objective 2: Rehabilitation cont.
  - ▶ After all agencies have been added, scroll back to the top right corner, select “Edit” and continue with the form questions



# Project Form, cont.

- ▶ Goal 3: Prevention, Education, and Rehabilitation Activities
  - ▶ Question 18.a needs to be completed if the Drug Task Force did not participate in Rehabilitation programs during the 2020-2021 grant cycle

<b>18.a. If your agency did not participate in Rehabilitation programs during the current grant cycle please explain:</b>	Why did your agency not participate in any Rehabilitation programs during the current grant cycle?
---	--

# Project Form, cont.

## ▶ Goal #4 Task Force Sustainment

- ▶ Does your drug task force have a plan to sustain the task force without Federal Funds with the next three years?

## ▶ If the answer is "Yes"

- ▶ Provide a summary of the plan to sustain the Drug Task Force

**Goal #4 Task Force Sustainment**  
*Objective #1 Find ways to sustain the Drug Task Force with less or no Federal funding within three years*

**19. Does your drug task force have a plan to sustain the task force without Federal Funds within the next three years?\***  Yes  No

**19.a If you answered yes to Question #19, please provide a summary of the plans to sustain the Drug Task Force.**

If you answered "Yes", provided a summary of the plan to sustain the Drug Task Force

## ▶ If the answer is "No"

- ▶ Describe what actions will be taken this year to investigate methods to secure other funding.

**Goal #4 Task Force Sustainment**  
*Objective #1 Find ways to sustain the Drug Task Force with less or no Federal funding within three years*

**19. Does your drug task force have a plan to sustain the task force without Federal Funds within the next three years?\***  Yes  No

**19.b If you answered No to Question #19, please describe what actions will be taken this year to investigate methods to secure other funding.**

If you answer "No", describe what actions will be taken this year to investigate methods to secure other funding.

# Project Form, cont.

- ▶ Section 3: Audit, Risk Assessment, Certified Assurances
  - ▶ Audit Details

### Section 3 - Audit, Risk Assessment, Certified Assurances

#### Audit Details

**20. Has the Applicant Agency exceeded the federal expenditure threshold of \$375,000 in state funds during agency's last fiscal year?\***  Yes  No  
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 CJ/LE within nine (9) months after the end of the audited fiscal year.

**21. 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.

**22. 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 if the most recent audit is older than 3 years) in the Named Attachments section of this application:\***



# Project Form, cont.

- ▶ Risk Assessment: the information obtained in this section will be used by DPS staff to conduct a risk assessment of your agency

**Risk Assessment**

23. Does the applicant agency have new personnel that will be managing this grant award?\*

Yes  No  
New personnel is defined as working with this award type less than 12 months.

23.a. If you answered yes to Question #23., please list the name(s) of new personnel and their title(s)

If "Yes" is answered a text box will appear.

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

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

25. Does the applicant agency receive any state grant awards?\*

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

25.a. If you answered yes to Question #25, please list the award and the state department that administers it.

If "Yes" is answered a text box will appear.

26. Did the applicant agency receive any state monitoring on state award in their last fiscal year?\*

Yes ▾

26.a. If you answered yes to Question # 3.G., please list the state awards that were monitored and indicate if there were any findings or recommendations.

If "Yes" is answered a text box will appear.

# Project Form, cont.

- ▶ Certified Assurances
  - ▶ Authorized Official signature will be one of the following:
    - ▶ 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 has questions on who the Authorized Official is, please contact Amelia Jaegers at (573) 522-4094

# Project Form, cont.

▶ Certified Assurances cont.

▶ Example

▶ Certified Assurances

**Certified Assurances**

*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:*

**2023 State DTF Grant Certified Assurances**

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

*In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. **If the incorrect Authorized Official is listed in number 28 on the application, the application may be deemed ineligible for funding.** 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 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.*

**28. Authorized Official Name and Title:\***

**29. Name and Title of person completing this proposed application:\***

**30. Date:\***  

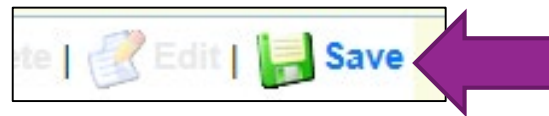
▶ Question 29

- ▶ Name and Title of the person completing this Proposed application

# Project Form, cont.

- ▶ Once the form has been completed

- ▶ Select "Save" at the top



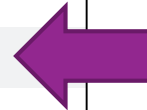
- ▶ Select "Mark as Complete"



# Interoperable Communications

- ▶ Select “Interoperable Communications”

<b>Application Forms</b>
General Information
Contact Information
Project Form Rnd 2
<b>Interoperable Communications</b>
Budget rnd 2
Named Attachments



# Interoperable Communications, cont.

- ▶ Review the Missouri Radio Interoperability Guidelines before applying for radios
  - ▶ [Radio Interoperability Guidelines \(mo.gov\)](#)
- ▶ If your agency is requesting radios, this section must be accurately completed to be eligible for funding



# Interoperable Communications, cont.

- ▶ To be P25 CAP Compliant and eligible for Federal or State of Missouri grant funding, radios must meet one of the following encryption requirements
  - ▶ Have no encryption
  - ▶ Have AES 256 algorithm
  - ▶ Have AED 256 algorithm along with any other non-standard encryption algorithms

# Interoperable Communications, cont.

- ▶ Question 1

- ▶ Are you applying for interoperable communications equipment?

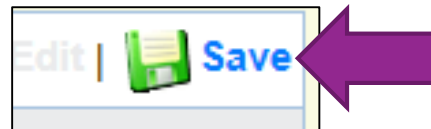
**Radio Interoperability**

*Refer to the [Radio Interoperability Guidelines](#) for reference to a list of mobile 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

- ▶ If you mark the question “No”

- ▶ Select “Save”



- ▶ Select “Mark as Complete”

**Mark as Complete**  **to Application Forms**

# Interoperable Communications, cont.

- ▶ If you select “Yes”, additional questions will appear
  - ▶ Answer questions 1-4

**Radio Interoperability**

*Refer to the [Radio Interoperability Guidelines](#) for reference to a list of mobile 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:

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

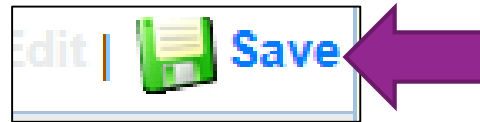
3.c (a) If yes, please provide the model and manufacturer of the mobile radio.

3.d 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

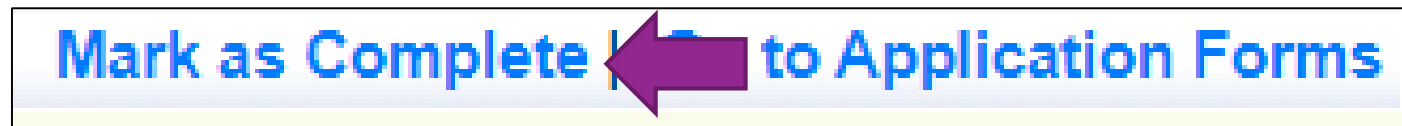
3.d(1) If yes, please provide the model and manufacturer of the in-car repeater.

# Interoperable Communications, cont.

- ▶ Once the form is completed, select “Save”



- ▶ Select “Mark as Complete”



# Budget

- ▶ Select “Budget rnd 2”

Application Forms
General Information
Contact Information
Project Form Rnd 2
Interoperable Communications
Budget rnd 2
Named Attachments

# Budget, cont.

- ▶ Budget
  - ▶ Select "Add" for each budget line

**Instructions**

**Budget:**

To add a new item to a budget category, click "Add".

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

To delete an item that has been added to a budget category, click on the respective blue hyperlink in the Item column of the budget and click "Delete".

**Budget Justification:**

To provide or edit the required justification for a budget category, click "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, click "Add". If the project includes more than one budget line, repeat this step for each budget line.

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

---

**Budget Justification**

**Budget Justification\***

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

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

- Justify why each requested budget line is necessary for the success of the proposed project.
- Cost Basis for the budget line request.

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

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

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

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

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

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

---

**Total Budget**

**Total Budget:** \$0.00



# Budget, cont.

- ▶ 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.

- ▶ **Budget Line Category:** Should be selected from the drop down menu
- ▶ **Budget Line Name:** Should be the 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:** This should be 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.*

<b>Budget Line Category:*</b>	<b>1. Personnel</b>	
<b>Line Name:*</b>	2. Personnel Benefits	<input type="text"/>
<b>Description:*</b>	3. Overtime Personnel	<input type="text"/>
<b>Amount of Grant Funds Requested:*</b>	4. Overtime Benefits	<input type="text"/>
	5. Travel/Training	<input type="text"/>
	6. Equipment	
	7. Supplies/Operations	
	8. Contractual	

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



# Budget cont.

## ▶ Completed Budget Example

<b>Budget</b>				<a href="#">Mark as Complete</a>   <a href="#">Go to Application Forms</a>   <a href="#">Add</a>
<i>To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.</i>				
Budget Line Category"	Budget Line Name:	Description:	Amount of Grant Funds Requested:	
<a href="#">1. Personnel</a>	Personnel	1 Analyst, 3 TFO	\$140,000.00	
<a href="#">2. Personnel Benefits</a>	Benefits	F/M, WC, LAGERS, Health Insurance	\$25,000.00	
<a href="#">3. Overtime Personnel</a>	OT Salary	2 TFO	\$20,000.00	
<a href="#">4. Overtime Benefits</a>	OT Benefits	F/M, WC, LAGERS	\$5,000.00	
<a href="#">5. Travel/Training</a>	Fuel	Fuel	\$45,000.00	
<a href="#">5. Travel/Training</a>	MNOA Confrence	March 2023, Registration, Hotel and Meals - 2 TFO	\$5,000.00	
<a href="#">5. Travel/Training</a>	MNOA Confrence	Fall 202, Registration, Hotel and Meals - 3 TFO	\$5,700.00	
<a href="#">6. Equipment</a>	Portable Radio	APX 8000	\$7,000.00	
<a href="#">6. Equipment</a>	Mobile Radio	APX 8500	\$5,000.00	
<a href="#">7. Supplies/Operations</a>	Task Force Supplies	Office Supplies, Field Supplies	\$1,000.00	
<a href="#">8. Contractual</a>	Office Rent	Covert Office Rent	\$12,000.00	

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

# Budget cont.

- ▶ Justification
  - ▶ **The Justification for each line should include the following:**
    - ▶ Explain what the item is and how it is used for the proposed project
    - ▶ Justify why each requested budget line is necessary for the success of the proposed project
    - ▶ Cost Basis for the budget line request
  - ▶ **Specific information for budget lines in these categories should also include:**
    - ▶ **Personnel and Overtime Personnel** - Description of job responsibilities the individual will be expected to perform for this project/program, **if the agency is already receiving funding** for requested personnel, give detail on how expenses are being paid
    - ▶ **Benefit and Overtime Benefits** - List which benefits are included and the rate of each benefit, **if the agency is already receiving funding** for requested personnel benefits, give detail on how these expenses are being paid
    - ▶ **Travel/Training** – List each training separately in the budget and in the justification provide the cost basis breakdown for the training (Registration, hotel, per diem, etc.)
    - ▶ **Equipment** – In justification please include if the item is new or a replacement, and who will be using the equipment, where will the equipment be housed. Explain in detail what the item requested is and how it will be used
    - ▶ **Contractual** – Provide the dates of service for any contracts or contracted services, the contractor that will provide the service(s)

# Budget cont.

- ▶ Justification cont.
  - ▶ To add the Justification(s), select “Edit” in the top right corner





# Budget cont.

- ▶ Justification cont.
- ▶ Justification Example

## Budget Justification

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

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

- 1. Explain what the item is, and how it is used for the proposed project.*
- 2. Justify why each requested budget line is necessary for the success of the proposed project.*
- 3. Provide the cost basis for the budget line request, (What method did you use to determine the amount requested, explain) include why the agency is unable to pay for the item/services with their existing budget.*

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

*Personnel and Overtime Personnel - Description of job responsibilities the individual will be expected to perform for this project/program. Is this a new or maintained position? Does the requested amount include a raise, if so how much?*

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

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

*Equipment - In justification please include if the item is new or a replacement item(s), who will be using the equipment, and where it will be housed.*

*Supplies - Provide what specific supplies are being requested and how many of each item. (Items with a cost of \$1,000.00 or more and a useful life of over 1 year must be listed as equipment)*

*Contractual - Provide the dates of service for any contracts or contracted services, as well as what the contractor will be performing for the project.*

Row

Each separate budget line requested needs to have a separate justification.

### Each Justification must contain the following:

1. Explain what the item is, and how it is used for the proposed project.
2. Justify why each requested budget line is necessary for the success of the proposed project.
3. Provide the cost basis for the budget line request: What method did you use to determine the amount requested, and explain? Include what the agency is unable to pay for the item/service with their existing budget.

### For specific budget lines, these categories should also include:

**Personnel and Overtime Personnel:** Description of (1) job responsibilities the individuals will be expected to perform for the program/project. Is this a (2) new or maintained position? Does the requested amount include a (3) raise, if so, how much?

**Benefit and Overtime Benefit:** List which (1) benefits are included and the (2) rate of each benefit.

**Travel/Training:** List each (1) training separately in the budget and in the justification, provide a (2) cost breakdown for the training, (Registration, hotel, per diem, etc.)

**Equipment:** In the justification, include if the (1) item is new or a replacement item(s), (2) who will be using the equipment and (3) where it will be housed.

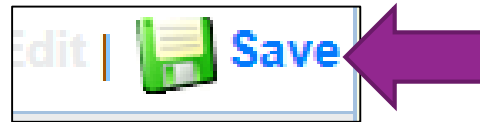
**Supplies:** Provide what (1) specific supplies are being requested and (2) how many of each item. (Any item that cost \$1000 or more and has a useful life of over 1 year must be listed as equipment.)

**Contractual:** Provide the (1) dates of service for any contract or contracted services, as well as the (2) contractor that will be performing the services for the project.

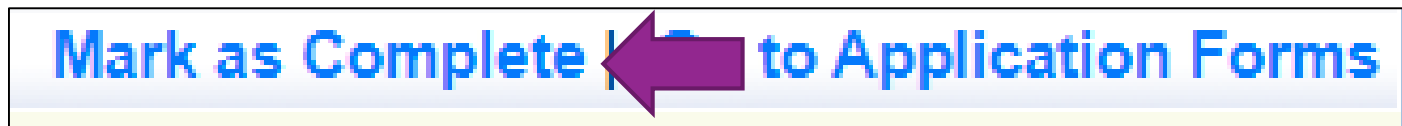
Budget  
Justification

# Budget cont.

- ▶ Once each budget line justification has been entered, select “Save”

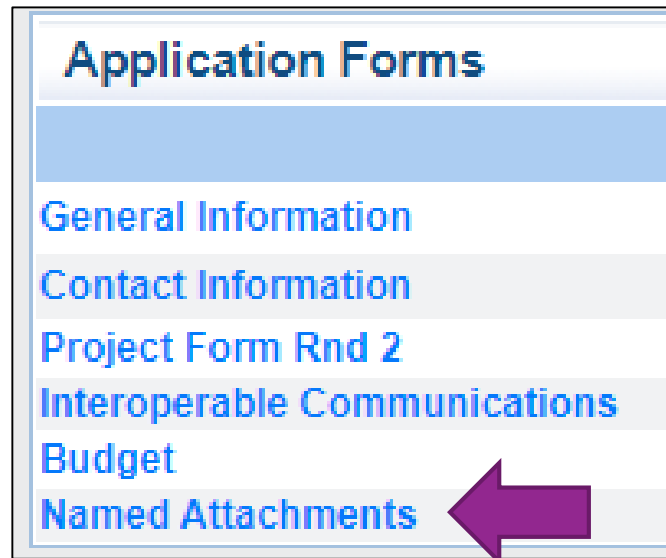


- ▶ Select “Mark as Complete”



# Named Attachments

- ▶ Select “Named Attachments”










# Named Attachments, cont.

- ▶ Required to attach most recent Audit/Financial Statement
- ▶ Required to attach MOU/MOA
  - ▶ Should have **current** signatures
  - ▶ Charter if applicable
- ▶ Other attachments could include
  - ▶ Vendor Quotes
  - ▶ Supporting documents

# Named Attachments, cont.

- ▶ Select the hyperlink of the attachment you need to attach

Named Attachments		Mark as Complete   Go to Application Forms				
Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
<a href="#">Audit/Financial Statement (REQUIRED)*</a>						
<a href="#">If the Drug Task Force/Drug Enforcement Unit (DTF) is a Multi-jurisdictional Enforcement Group (MEG) a Signed Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA), if the DTF is not a MEG Charter or policy covering operations of the unit.</a>						
<a href="#">Other Supporting Documentation (Quotes/cost basis, policies)</a>						
<a href="#">Other Supporting Documentation (Quotes/cost basis, policies)</a>						
<a href="#">Other Supporting Documentation (Quotes/cost basis, policies)</a>						
<a href="#">Other Supporting Documentation (Quotes/cost basis, policies)</a>						
<a href="#">Other Supporting Documentation (Quotes/cost basis, policies)</a>						



# Named Attachments, cont.

- ▶ Select “Choose File”
  - ▶ Search your computer for the document you want to attach
  - ▶ Give a brief description of what the attachment is

**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.

**Signed MOU** required for multi-jurisdictional projects.

**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, \*.pptx), 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.

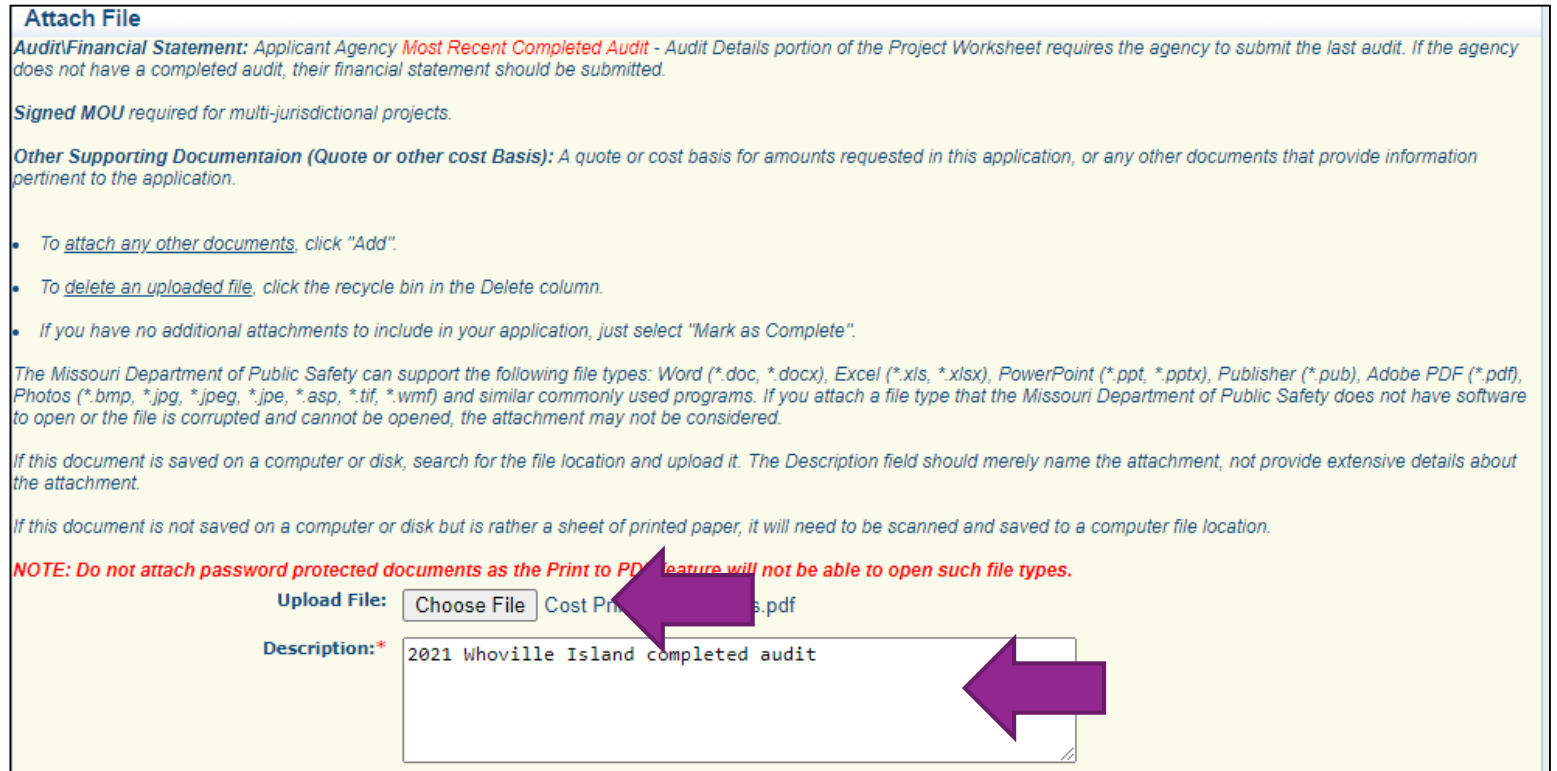
If this document is saved on a computer or disk, search for the file location and upload it. The Description field should merely name the attachment, not provide extensive details about the attachment.

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:  Cost Printouts.pdf

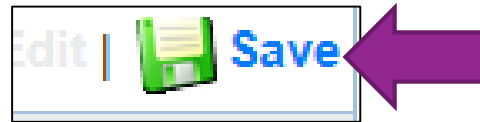
Description:\* 2021 Whoville Island completed audit





# Named Attachments, cont.

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




- ▶ Select “Mark as Complete”



# Submit Application

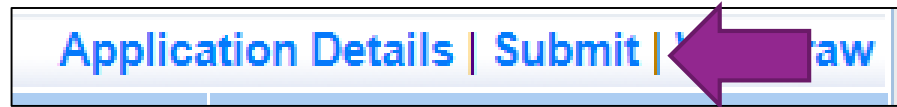
- ▶ Once all forms have been “Mark As Complete”
  - ▶ It is recommended that you have another person review the application for clarity and completion



Application Forms		Application Details   <a href="#">Submit</a>   <a href="#">Withdraw</a>	
Form Name	Complete?		Last Edited
<a href="#">General Information</a>	✓		10/24/2022
<a href="#">Contact Information</a>	✓		10/24/2022
<a href="#">Project Form Rnd 2</a>	✓		10/24/2022
<a href="#">Interoperable Communications</a>	✓		10/24/2022
<a href="#">Budget rnd 2</a>	✓		10/24/2022
<a href="#">Named Attachments</a>	✓		10/24/2022

# Submit Application, cont.

- ▶ Select "Submit"



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

## Application Submitted Confirmation

You have successfully submitted your State JAG 23 - Whoville Island (WIN) Task Force Application with Application ID: 143946.

# Important Dates

- ▶ Application Period:
  - ▶ Monday, October 24, 2022 – Friday, November 18, 2022 5:00 p.m. CST
- ▶ Application Instructions PowerPoint Workshop, and Notice of Funding Opportunity available online: October 24, 2022
- ▶ Application review and funding determinations:
  - ▶ November 2022
- ▶ Funding notifications will be sent: December 2022
- ▶ Program Start Date: October 1, 2022
- ▶ Program End Date: May 31, 2023

# Questions

For any questions please contact our office:

- ▶ Amelia Jaegers  
Lead Grant Specialist
  - ▶ (573) 522-4094
  - ▶ [Amelia.Jaegers@dps.mo.gov](mailto:Amelia.Jaegers@dps.mo.gov)
- ▶ Michelle Branson  
Grants Program Supervisor
  - ▶ (573) 526-9014
  - ▶ [Michelle.Branson@dps.mo.gov](mailto:Michelle.Branson@dps.mo.gov)
- ▶ Joni McCarter  
Program Manager
  - ▶ (573) 526-9020
  - ▶ [Joni.McCarter@dps.mo.gov](mailto:Joni.McCarter@dps.mo.gov)