

SFY 2025 State Drug Task Force Canine (DTFC) Grant Application Workshop



SFY 2025 Drug Task Force Canine Grant

Purpose

- ▶ The purpose of the Drug Task Force Canine (DTFC) Grant
 - ▶ The purpose of this funding opportunity is to provide support to the drug task forces by providing funding to canine programs. This funding opportunity is to pay for expenses associated with the purchase of supplies, equipment, certification, training, and travel related expenses for drug task force canine programs. The canine must be trained as a drug dog.

Key Dates

August 8, 2025:

Application Workshop and Funding opportunity available at [Missouri Department of Public Safety | State Drug Task Force \(DTF\) Program \(mo.gov\)](https://dpsgrants.dps.mo.gov/)
Application open in WebGrants
<https://dpsgrants.dps.mo.gov/>

September 6, 2024:

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

October 1, 2024:

Project Start Date

May 31, 2025:

Project End Date

June 10, 2025:

Final claim and Status Report due

Reimbursement Grant

- ▶ The Drug Task Force Canine Grant (DTFC) is a reimbursement grant
- ▶ Awarded eligible items must be purchased prior to requesting reimbursement

SFY 2025 DTFC Program Eligible Applicants

▶ Eligible Applicants

- ▶ Any state or local governmental law enforcement agency within Missouri that is a MOU signer with an eligible Missouri Drug Task Force (Multijurisdictional enforcement group, [RSMo 650.161](#)) and uses the canine to support the task force
 - ▶ This will require a letter of support from the Drug Task Force
- ▶ All law enforcement must be compliant with the following State of Missouri statues:
 - ▶ 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 2025 DTFC Grant Ineligible Applicants

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

SFY 2025 SDTC Grant Eligible Budget Categories

- ▶ Eligible Budget Categories
 - ▶ Canine
 - ▶ Canine and handler training
 - ▶ Supplies related to canine program
 - ▶ Equipment related to canine program,
 - ▶ Training related travel expenses (meals and lodging) within the allowable per diem rates
 - ▶ <https://dps.mo.gov/dir/programs/dpsgrants/documents/travel-guidelines.pdf>
 - ▶ 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.
 - ▶ Initial Vet Visit (maximum one per funded canine)

SFY 2025 DTFC Ineligible Budget Categories

- ▶ Canines that are trained in the detection of marijuana
- ▶ Canine programs that do not support an eligible Missouri Drug Task Force
- ▶ Items that are unrelated to the canine program

Login

- ▶ To begin an application login to the WebGrants System
 - ▶ Go to: dpsgrants.dps.mo.gov
 - ▶ Returning users or organizations
 - ▶ Enter User ID under Log In
 - ▶ New users select “Click here to Register”

Login

Enter your user id and password

User ID

Password

SIGN IN

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

[Click here to Register](#)

New Users

- ▶ If you are applying as a “New User”
 - ▶ Complete the “Registration” form
 - ▶ It may take a few day for your request to be approved by DPS staff

Registration

[Save Registration Information](#)

Personnel Contact Information

Please note that fields in red font with an asterisk indicates a required field. Any non-required, black font, fields can be skipped.

Name:
Salutation First Name Middle Last Name

Job Title*:

Email*:

Mailing Address*:

City State/Province Postal Code/Zip

Phone*:
Phone Ext.
####

Fax:
####

Copy Personnel Information to Organization?:

Organization Information

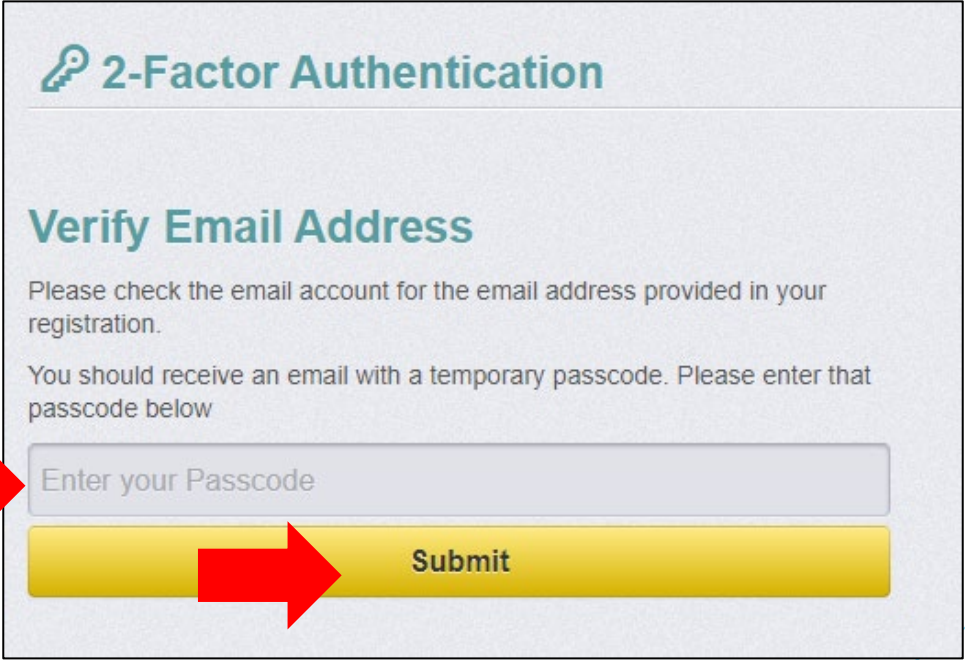
IMPORTANT: Check YES that you are affiliated with an Organization and enter the details for the Organization you represent which intends to apply for grant funds. Your profile will be linked to that Organization so you can conduct business on its behalf within this grant system.


Are you Affiliated with an Organization*:

Applicant Agency*:

Two-Step Verification

- ▶ Type in your One-Time Passcode
 - ▶ A one-time passcode will be sent to the email address that is registered with the User ID
- ▶ Select “Submit”



 **2-Factor Authentication**

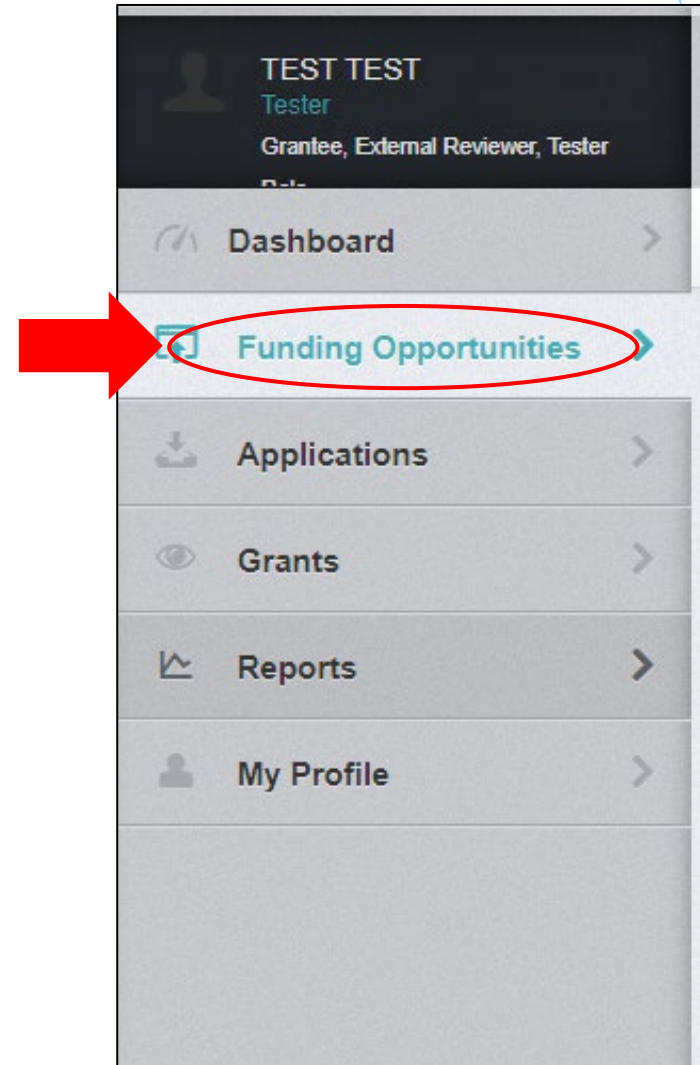
Verify Email Address

Please check the email account for the email address provided in your registration.
You should receive an email with a temporary passcode. Please enter that passcode below

Submit

State Drug Task Force Canine (DTFC) Grant Application

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



Funding Opportunity

- ▶ Select the “SFY 2025 Drug Task Force Canine (DTFC) Grant” from the Funding Opportunities

33070	Posted	2025 Drug Task Force Canine Grant	SDTFG-State Drug Task Force Grant	Sep 6, 2024 4:00 PM
-------	--------	-----------------------------------	-----------------------------------	---------------------

- ▶ Review the Funding Opportunity details including:
 - ▶ Description
 - ▶ Attachments
 - ▶ 2025 Drug Task Force Canine Grant Certified Assurances
 - ▶ 2025 Drug Task Force Canine Grant NOFO
 - ▶ 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

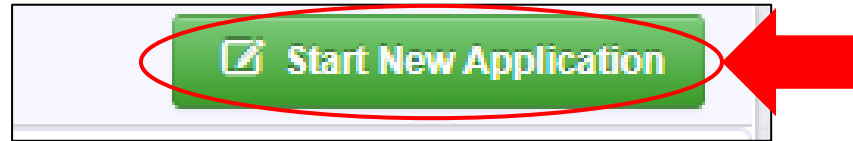
Description	File Name	Type	Size	Upload Date
2025 Drug Task Force Canine Grant Certified Assurances	SFY 2025 DTFC Certified Assurances.pdf	pdf	255 KB	08/08/2024 01:11 PM
2025 Drug Task Force Canine Grant Notice of Funding Opportunity	SFY 2025 K-9 Grant NOFO.pdf	pdf	263 KB	08/08/2024 01:19 PM
DPS Subrecipient Travel Guidelines (revised 8/6/18)	Travel-guidelines (08-06-18).pdf	pdf	336 KB	08/08/2024 01:04 PM

Website Links

Description	Link
Department of Homeland Security State Drug Task Force Grant Page	https://dps.mo.gov/dir/programs/dpsgrants/sdff.php

Funding Opportunity, cont.

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



General Information

- ▶ Complete the entire form as indicated:
 - ▶ **Application Title:** Enter SFY 25 DTFC - Your Agency Name
 - ▶ **Primary Contact:** Select the desired contact from the drop-down field
- ▶ Select “Save Form Information”

Application - General Information Save Form Information

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

Application Title*:

Primary Contact*:

Organization*:

Additional Contacts*:

General Information, cont.

- ▶ Based off the Primary Contact selected, choose from the Organization drop-down box, which organization is applying
- ▶ Select “Save Form Information”

Application - General Information

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

Application ID: 33023

Program Area*: State Drug Task Force Grant

Funding Opportunity*: 33019-Test - 2025 Drug Task Force Canine Grant

Application Stage*: Final Application

Application Status*: Editing

Application Title*: SFY 25 DTFC - Your Agency's Name

Primary Contact*: TEST TEST

Organization*: BaseLine Organization

Additional Contacts*: BaseLine Organization, Illinois, Iowa, Kansas, Nebraska, State of Arkansas

Save Form Information

Application Forms

- ▶ Once the General Information component is saved, you will be taken to the Application Details, which show the application forms
- ▶ Complete each of the six “Application Forms” with all required information

Application Preview Attachments Alert History Map

Application Details

Application cannot be Submitted Currently

- Application components are not complete

Component

General Information

Contact Information Canine Replacement

LEA Eligibility Requirements

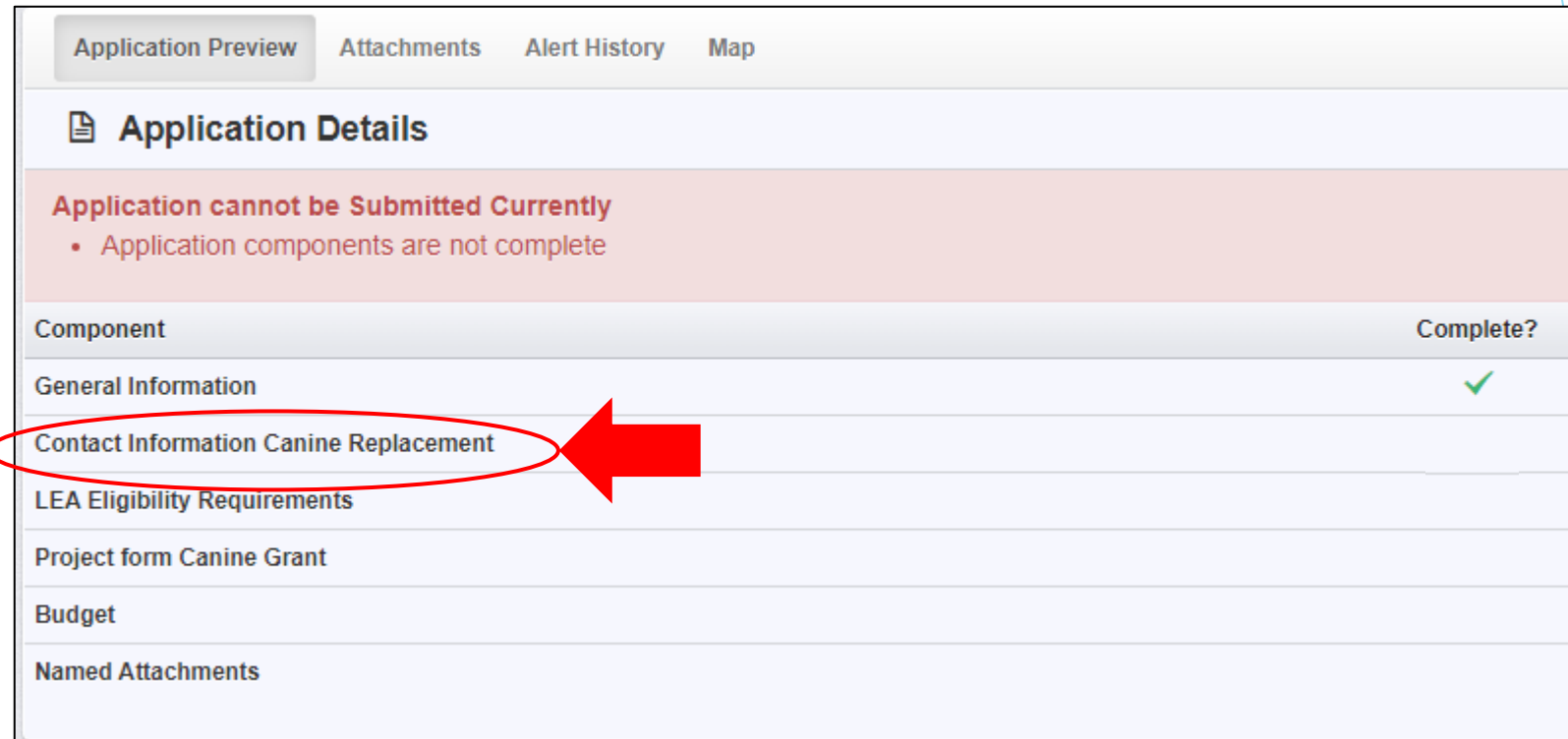
Project form Canine Grant

Budget

Named Attachments

Application Forms, cont.

- ▶ Select “Contact Information Canine Replacement”



The screenshot shows a web interface for application management. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs is a section titled 'Application Details' with a document icon. A red warning banner states 'Application cannot be Submitted Currently' with a bullet point: 'Application components are not complete'. Below this is a table with two columns: 'Component' and 'Complete?'. The table lists several components: 'General Information' (marked complete with a green check), 'Contact Information Canine Replacement' (highlighted with a red circle and a red arrow), 'LEA Eligibility Requirements', 'Project form Canine Grant', 'Budget', and 'Named Attachments'.

Component	Complete?
General Information	✓
Contact Information Canine Replacement	
LEA Eligibility Requirements	
Project form Canine Grant	
Budget	
Named Attachments	

Contact Information

- ▶ 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 Director 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 Unit 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 has the responsibility for accounting and audit issues, 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 Form”



- ▶ Select “Mark as Complete”



- ▶ You can edit any form by selecting the “Edit Form” button at anytime

Application forms

- ▶ Select “LEA Eligibility Requirements”

The screenshot shows a web application interface with a navigation bar at the top containing 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below this is a section titled 'Application Details' with a document icon. A red warning banner states 'Application cannot be Submitted Currently' with a bullet point: 'Application components are not complete'. Below the warning is a table with two columns: 'Component' and 'Complete?'. The table lists several components, with 'LEA Eligibility Requirements' circled in red and a red arrow pointing to it. The 'Complete?' column shows green checkmarks for 'General Information' and 'Contact Information Canine Replacement', and empty cells for 'LEA Eligibility Requirements', 'Project form Canine Grant', 'Budget', and 'Named Attachments'.

Component	Complete?
General Information	✓
Contact Information Canine Replacement	✓
LEA Eligibility Requirements	
Project form Canine Grant	
Budget	
Named Attachments	

LEA Eligibility Requirements

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

LEA Eligibility Requirements, cont.

▶ Law Enforcement Agency Information

☰ Law Enforcement Agency Information

Name of the Project Agency (law enforcement department)*:

The "applicant agency" for an LLEBG project must be the agency's respective unit of government. The "project agency" must be the respective law enforcement department.

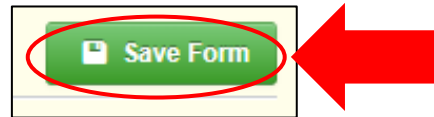
Originating Agency Identifier (ORI)*:

LEA Eligibility Requirements, cont.

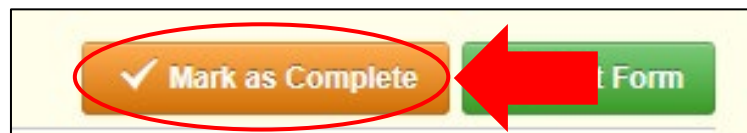
▶ Eligibility Requirements

▶ 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 Form”



▶ 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?:
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)*:
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)*:
4. Is the project agency in compliance with Section 590.1265 RSMo - Police Use of Force Transparency Act of 2021? *:
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)*:
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):

Application forms

- ▶ Select “Project Form Canine Grant”

Application Preview Attachments Alert History Map

Application Details

Application cannot be Submitted Currently

- Application components are not complete

Component	Complete?
General Information	✓
Contact Information Canine Replacement	✓
LEA Eligibility Requirements	✓
Project form Canine Grant	
Budget	
Named Attachments	

Project Form Canine Grant

- ▶ If the answer to question #1 is “No”, **DO NOT continue the application**, as your agency is NOT eligible for funding
- ▶ Question #1
 - ▶ Is the application agency a current MOU signer with one the Missouri Drug Task Forces?
 - ▶ If the answer is “Yes”, answer the following question
 - ▶ If you answer yes to question 1, what Drug Task Force(s) is your agency affiliated with?

Project Description

If the answer to question #1 is No, your agency is not eligible for this grant opportunity.

1. Is the applicant agency a current MOU signer with one of the Missouri Drug Task Forces?: Yes No

If you answered yes to question 1, what Drug Task Force(s) is your agency affiliated with?:

Project Form Canine Grant, cont.

▶ Question #2

▶ Please provide a project description to include:

- ▶ Why is the program necessary for your agency
- ▶ What drug trends are being experienced by the Drug Task Force
- ▶ How will this canine program support your affiliated Drug Task Force
- ▶ What certification will the canine team(s) receive

2. Please provide a project description to include:

- Why is the program necessary for your agency?
- What trends are being experienced by the DTF?
- How will the canine(s) be used to address those trends?
- How will this program support your affiliated Drug Task Force?
- What certifications will the canine team(s) receive?

Question #2: Please provide a project description to include:

Why is the program necessary for your agency?

What drug trends are being experienced by the Drug Task Force?

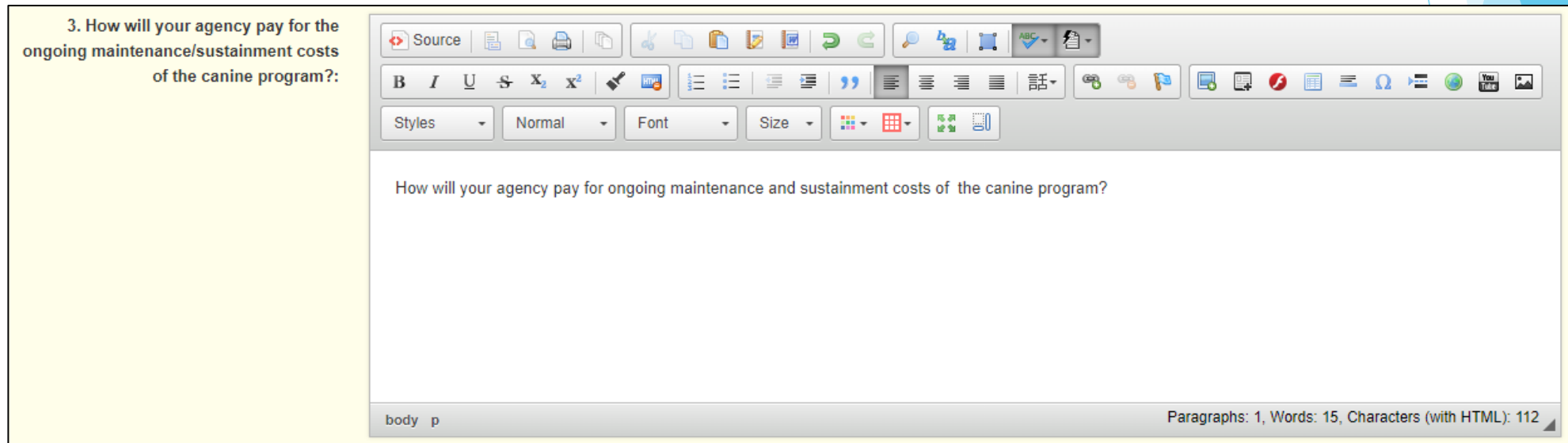
How will this canine program support your affiliated Drug Task Force?

What certification will the canine team(s) receive?

body p Paragraphs: 5, Words: 46, Characters (with HTML): 338

Project Form Canine Grant, cont.

- ▶ Question #3
 - ▶ How will your agency pay for the ongoing maintenance/sustainment costs of the canine program



3. How will your agency pay for the ongoing maintenance/sustainment costs of the canine program?:

How will your agency pay for ongoing maintenance and sustainment costs of the canine program?

body p Paragraphs: 1, Words: 15, Characters (with HTML): 112

The image shows a screenshot of a web form editor. On the left, a yellow box contains the question text: "3. How will your agency pay for the ongoing maintenance/sustainment costs of the canine program?:". To the right is a rich text editor with a toolbar containing various icons for text formatting (bold, italic, underline, strikethrough, subscript, superscript, link, unlink, text color, background color), alignment (left, center, right, justified), bulleted and numbered lists, indenting, and other functions. The editor's main area contains the text "How will your agency pay for ongoing maintenance and sustainment costs of the canine program?". At the bottom right of the editor, a status bar displays "Paragraphs: 1, Words: 15, Characters (with HTML): 112".

Project Form Canine Grant, cont.

- ▶ Question #4
 - ▶ What canine certifying body does your agency intend to use
- ▶ Question #5
 - ▶ Is this project to replace an existing canine(s)

4. What canine certifying body does your agency intend to use?:

What agency will your agency use to certify the canine, aka Missouri Canine Association (MPCA) or North American Police Work Dog Association (NAPWDA)

5. Is this project to replace an existing canine(s)?:

Yes No

Project Form Canine Grant, cont.

Canine(s) trained to detect marijuana ARE NOT eligible, if you answer yes to question #6, please do not continue with the application

- ▶ Question #6
 - ▶ Will the canine(s) be trained to detect marijuana
- ▶ Question #7
 - ▶ Where will the canine(s) be housed

*** Canine trained to detect marijuana are not eligible, if you answered yes to this question please do not continue with the application **

6. Will the canine(s) be trained to detect marijuana?:

7. Where will the canine(s) be housed?:

Project Form Canine Grant, cont.

- ▶ Question #8
 - ▶ What will the canine(s) be trained to detect
- ▶ Question #9
 - ▶ Will your agency be able to complete this project by **May 31, 2025**
 - ▶ If you answer no, please explain why

8. What will the canine(s) be trained to detect?:	<input type="text" value="Training that the canine(s) will have"/>
9. Will your agency be able to complete this project by May 31, 2025?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
If you answered no, please explain:	<input type="text" value="Why won't the project be completed by May 31, 2025"/>

Project Form Canine Grant, cont.

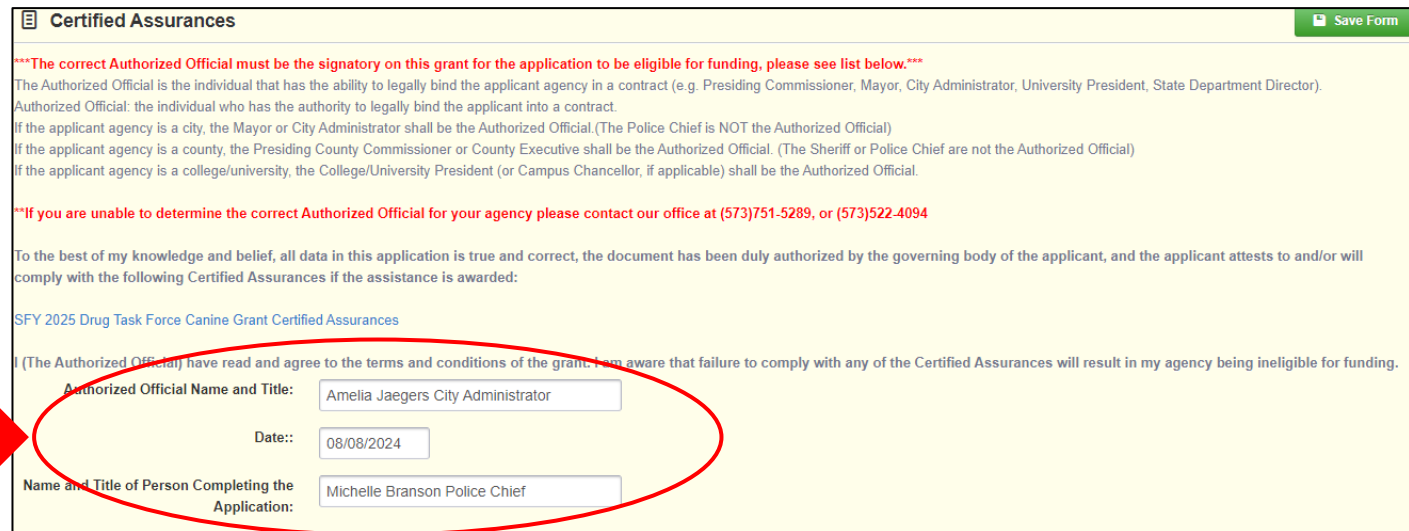
- ▶ Question #10
 - ▶ What other canines are available within your Drug Task Force area for drug detention
- ▶ Question #11
 - ▶ Will the canine be trained in areas outside of drug detention
 - ▶ If you answer yes, explain what other areas the canine will be trained in the box provided

10. What other canines are available within your DTF area for drug detection?:	<input type="text" value="What other canines are available in your area for drug detection"/>
11. Will the canine be trained in areas outside of drug detection?:	<input checked="" type="radio"/> Yes <input type="radio"/> No
If yes, in what other areas will the canine be trained?:	<input type="text" value="What other areas will the canine be trained"/>

Project Form Canine Grant, 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



Certified Assurances Save Form

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 2025 Drug Task Force Canine 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.

Authorized Official Name and Title:

Date:

Name and Title of Person Completing the Application:

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" **

Project Form Canine Grant, cont.

- ▶ After all Project Form Canine Grant information has been completed
 - ▶ Select “Save Form” in any of the sections of the form



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



Application Forms

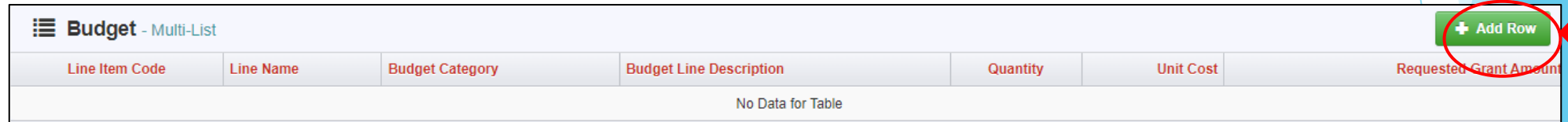
- ▶ Select “Budget”

The screenshot shows a web application interface for managing application forms. At the top, there are four tabs: "Application Preview" (selected), "Attachments", "Alert History", and "Map". Below the tabs is a section titled "Application Details" with a document icon. A red warning banner states "Application cannot be Submitted Currently" with a bullet point: "Application components are not complete". Below this is a table with two columns: "Component" and "Complete?". The table lists several components, with "Budget" circled in red and a red arrow pointing to it. The "LEA Eligibility Requirements" row is highlighted in light green.

Component	Complete?
General Information	✓
Contact Information Canine Replacement	✓
LEA Eligibility Requirements	✓
Project form Canine Grant	✓
Budget	
Named Attachments	

Budget

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



Budget - Multi-List + Add Row

Line Item Code	Line Name	Budget Category	Budget Line Description	Quantity	Unit Cost	Requested Grant Amount
No Data for Table						

Budget, cont.

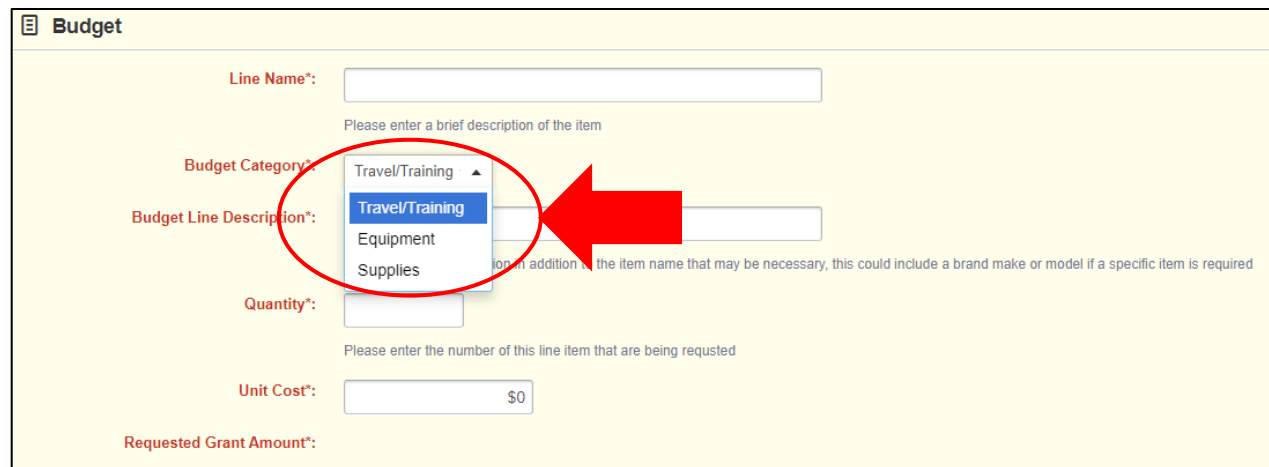
- ▶ Travel/Training
- ▶ <https://dps.mo.gov/dir/programs/dpsgrants/documents/travel-guidelines.pdf>
 - ▶ Training cost
 - ▶ Hotel
 - ▶ Meals
- ▶ Equipment Item - defined as tangible property having an acquisition cost of \$5,000 or more, and a useful life of more than one year
 - ▶ Items that do not 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, Training, Meals)
- ▶ **Budget Category:** Should be selected from the drop-down menu
- ▶ **Budget Line Description:** Description of the budget line (i.e. Handler Training, ACME Academy April 1-3, 2025)
- ▶ **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 several input fields. A dropdown menu is open for the "Budget Category" field, showing three options: "Travel/Training", "Equipment", and "Supplies". A red circle highlights the dropdown menu, and a red arrow points to the "Travel/Training" option. The form also includes fields for "Line Name", "Budget Line Description", "Quantity", "Unit Cost", and "Requested Grant Amount".

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



Budget, cont.

▶ Travel/Training 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*:

Requested Grant Amount*:

Budget, cont.

► Equipment 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*:

Requested Grant Amount*:

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 the budget lines
- ▶ On the top right corner, below the Budget, select “Edit Form” to add each requested budget line item’s Justification

Budget - Multi-List ✓ Mark as Complete + Add Row ✎ Edit All Rows

Line Name	Budget Category	Budget Line Description	Quantity	Unit Cost	Requested Grant Amount
Canine and handler training	Travel/Training	Training April 1-3, 2025	1.00	\$5,000.00	\$5,000.00
K-9	Equipment	K-9	1.00	\$10,000.00	\$10,000.00
K-9 training supplies	Supplies	training lease, collar, ball	1.00	\$500.00	\$500.00

Last Edited By: TEST TEST - Aug 8, 2024 4:25 PM + Add Row

Budget Justification ✓ Mark as Complete ✎ Edit Form



Budget, cont.

▶ Budget Justification

- ▶ For each requested budget line, answer the following:
 - ▶ What is the item
 - ▶ Explain the cost basis (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 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:
 - ▶ Once the Justification is completed, select “Save Form”

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:

Be sure to answer each of the above questions, for each requested item.

If you are requested travel cost, i.e. meal, hotel, mileage, be sure to include those costs.

Save Form

Budget cont.

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

Budget - Multi-List						✓ Mark as Complete	+ Add Row	✍ Edit All Rows
Line Name	Budget Category	Budget Line Description	Quantity	Unit Cost	Requested Grant Amount			
Canine and handler training	Travel/Training	Training April 1-3, 2025	1.00	\$5,000.00	\$5,000.00			
K-9	Travel/Training	K-9	1.00	\$10,000.00	\$10,000.00			
K-9 training supplies	Supplies	training lease, collar, ball	1.00	\$500.00	\$500.00			

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

Budget cont.

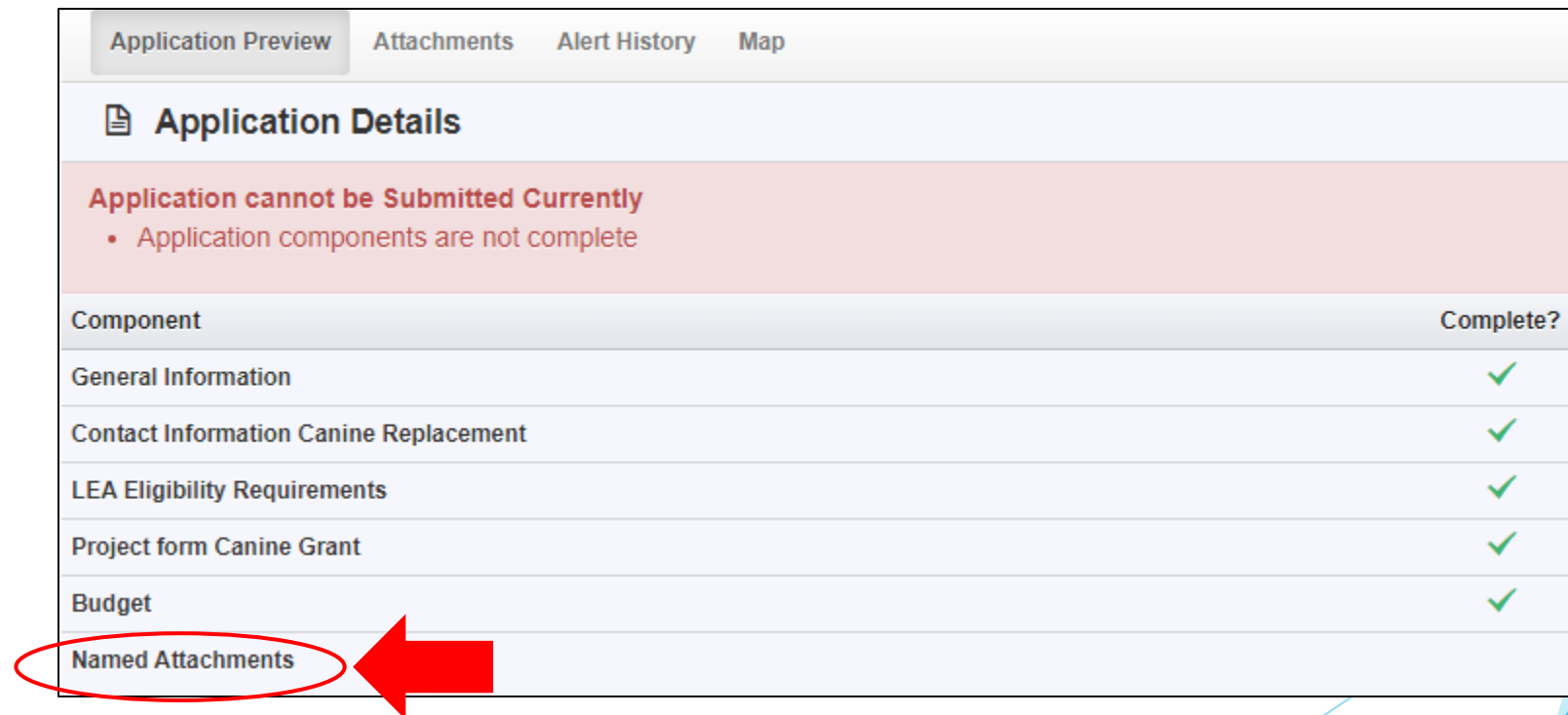
- ▶ Once the budget and justification has been entered and saved, select “Mark as Complete”

☰ Budget - Multi-List					
Line Name	Budget Category	Budget Line Description	Quantity	Unit Cost	Requested Grant Amount
Canine and handler training	Travel/Training	Training April 1-3, 2025	1.00	\$5,000.00	\$5,000.00
K-9	Equipment	K-9	1.00	\$10,000.00	\$10,000.00
K-9 training supplies	Supplies	training lease, collar, ball	1.00	\$500.00	\$500.00

✓ Mark as Complete Edit All Rows

Application Forms

- ▶ Select “Named Attachments”



The screenshot shows a web interface for application forms. At the top, there are four tabs: "Application Preview" (selected), "Attachments", "Alert History", and "Map". Below the tabs is a section titled "Application Details" with a document icon. A red warning message states: "Application cannot be Submitted Currently" with a bullet point: "Application components are not complete". Below this is a table with two columns: "Component" and "Complete?". The table lists several components, all of which are marked as complete with green checkmarks. The "Named Attachments" row is circled in red, and a red arrow points to it from the left.

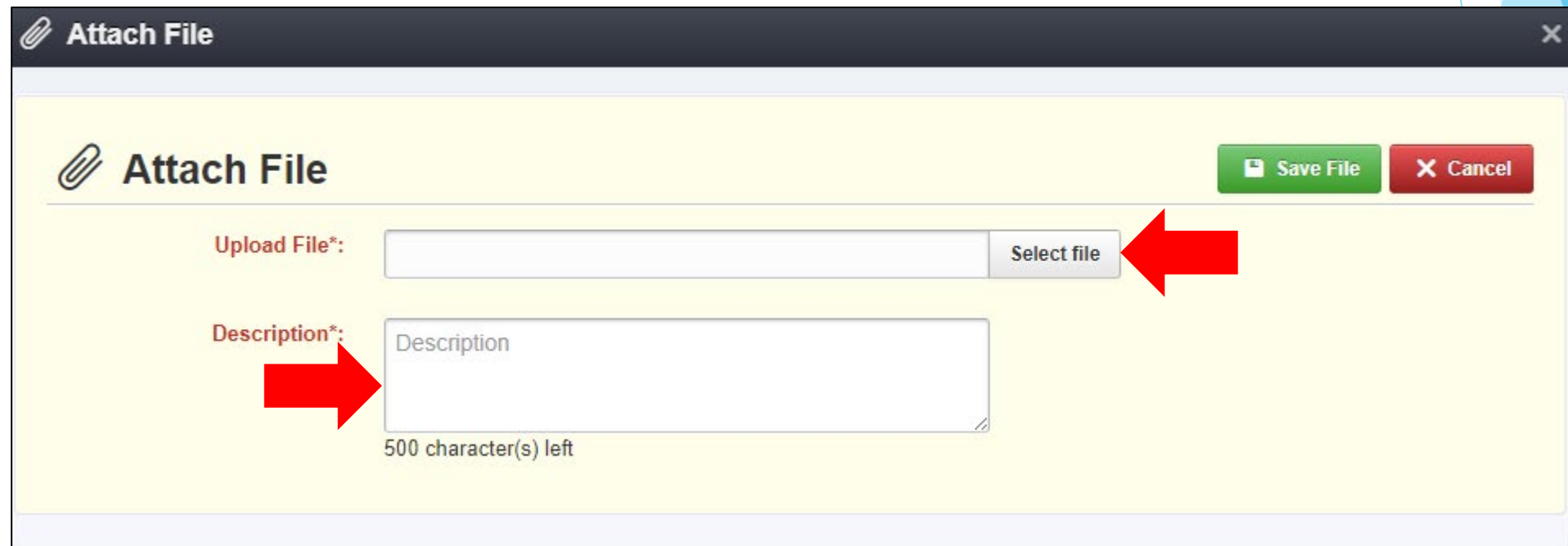
Component	Complete?
General Information	✓
Contact Information Canine Replacement	✓
LEA Eligibility Requirements	✓
Project form Canine Grant	✓
Budget	✓
Named Attachments	

Named Attachments

- ▶ Required to attach Letter of support for affiliated Drug Task Force
 - ▶ This letter should include drug and other trends in the area and how the canine program will assist the Drug Task Force with these issues
- ▶ Required to attach the signed MOU or MOA between your agency and the Drug Task Force
- ▶ Other attachments may include
 - ▶ Vendor Quotes
 - ▶ Cost Basis
 - ▶ Other supporting documents

Named Attachments, cont.

- ▶ Browse your computer for the attachment(s) to upload, by selecting “Select File”
 - ▶ Enter a brief Description of the attachment



The screenshot shows a dialog box titled "Attach File" with a close button (X) in the top right corner. Inside the dialog, there is a header area with a paperclip icon and the text "Attach File", and two buttons: "Save File" (green) and "Cancel" (red). Below the header, there are two main sections:

- Upload File*:** A text input field followed by a "Select file" button. A red arrow points to the "Select file" button.
- Description*:** A text area containing the word "Description". A red arrow points to the text area. Below the text area, it says "500 character(s) left".

Named Attachments, cont.

- ▶ Once all attachments are attached, select “Mark as Complete”

📎 - Named Attachments								✓ Mark as Complete
Named Attachment	Required	Description	File Name	Type	Size	Upload Date	Delete?	
Letter of support from affiliated Drug Task Force (REQUIRED) This letter should include drug and other trends in the area and how the canine program will assist	✓	Letter of support	DTFC Application Questions.docx	docx	12	08/08/2024 04:47 PM	Delete	
Signed Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) between your agency and the Drug Task Force/Drug Enforcement Unit (DTF) is a Multi-jurisdictional Enforcement Group (MEG)	✓	Signed MOU with MO DTF	SFY 2025 K-9 Grant NOFO.docx	docx	91 KB	08/09/2024 08:10 AM	Delete	
Other Supporting Documentation (Quotes/cost basis, policies)								
Other Supporting Documentation (Quotes/cost basis, policies)								
Other Supporting Documentation (Quotes/cost basis, policies)								
Other Supporting Documentation (Quotes/cost basis, policies)								

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 Application”

The screenshot shows an application review interface. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs is the 'Application Details' section. A green banner indicates 'Application is in compliance and is ready for Submission!'. To the right of the banner are two buttons: 'Preview Application' and 'Submit Application'. The 'Submit Application' button is circled in red, and a red arrow points to it from the right. Below the banner is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. The 'Complete?' column contains green checkmarks for all components, and this column is circled in red with a red arrow pointing down to it from above. The 'Last Edited' column shows dates and times for each component.

Component	Complete?	Last Edited
General Information	✓	Aug 8, 2024 2:54 PM - TEST TEST
Contact Information Canine Replacement	✓	Aug 8, 2024 2:55 PM - TEST TEST
LEA Eligibility Requirements	✓	Aug 8, 2024 2:59 PM - TEST TEST
Project form Canine Grant	✓	Aug 8, 2024 4:08 PM - TEST TEST
Budget	✓	Aug 8, 2024 4:35 PM - TEST TEST
Named Attachments	✓	Aug 9, 2024 8:10 AM - TEST TEST

Submit Application, cont.

- ▶ The Primary Contact from the General Information component will receive a confirmation email stating that the application has been submitted

From: dpswebgrants@dps.mo.gov <dpswebgrants@dps.mo.gov>
Sent: Friday, August 9, 2024 8:16 AM
To: dpswebgrants <dpswebgrants@dps.mo.gov>
Subject: WebGrants - Missouri Department of Public Safety - Application - #33033 - Submitted

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

The following Application has been submitted:

Application Number: 33033
Project Title: SFY DTFC - Your Agency
Program Area: State Drug Task Force Grant
Applicant Agency: BaseLine Organization
Primary Contact: TEST TEST

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

You may now log into the WebGrants system at the following location:
[https://dpsgrants.dps.mo.gov/](https://dpsgrants.dps.mo.gov)

All applications must be submitted prior to the deadline of
September 6, 2024, at 4:00 pm CST

Important Dates

- ▶ Application Period
 - ▶ Friday, August 9, 2024 - Friday, September 6, 2024, 4:00 p.m. CST
- ▶ Application Instruction PowerPoint Workshop, and Notice of Funding Opportunity available online: August 8, 2024
- ▶ Application review and funding determinations
 - ▶ September 2024
- ▶ Program State Date: October 1, 2024
- ▶ Program End Date: May 31, 2025

Questions

For any questions, please contact our office:

- ▶ Amelia Jaegers
Lead Grant Specialist
 - ▶ (573) 522-4094
 - ▶ Amelia.Jaegers@dps.mo.gov
- ▶ Maggie Glick
Grant Specialist
 - ▶ (573) 526-3510
 - ▶ Maggie.Glick@dps.mo.gov
- ▶ Michelle Branson
Grants Program Supervisor
 - ▶ (573) 526-9014
 - ▶ Michelle.Branson@dps.mo.gov
- ▶ Joni McCarter
Program Manager
 - ▶ (573) 526-9020
 - ▶ Joni.McCarter@dps.mo.gov