

SFY 2025 Drug Task Force Canine Grant (DTFC) Compliance Training

Department of Public Safety Grants

SFY 2025 DTFC Grant Program 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 for 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.

Grant Requirements

- Administrative Guide and Information Bulletins
- Financial & Administrative Guide for DPS Grants
 - DPS Financial and Administrative Guidelines (mo.gov)
 - https://dps.mo.gov/dir/programs/dpsgrants/documents/financial-admin-guidelines.pdf
- Information Bulletins
 - CJ/LE-GT-2020-002, Policy on Claim Request Requirements including DPS Reimbursement Checklist
 - CJ/LE-GT-2020-003, Policy on Budget Modifications, Program Changes, Scope of Work Changes, Status Reports, and Return of Funds
- Missouri State Statutes: <u>http://revisor.mo.gov/main</u>

State Civil Rights

Agencies must comply with State Civil Rights

- Section 213.055 RSMo Unlawful Employment Practices
 - Recipient may not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability in its employment practices (i.e. hiring, compensation, conditions, or privileges)
- Section 213.065 RSMO Discrimination in Public Accommodations
 - Recipient may not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability in the use and enjoyment of any place or public accommodation
 - If is unlawful to refuse, withhold from, or deny any of the accommodations, advantages, facilities, services, or privileges made available in any place of public accommodations
- Section 285.530.1 RSMO indicates that an agency will not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri

Non-Discrimination Findings

- Recipients must notify DPS of any findings of discrimination within 30 days of the court judgment
- Submit the Court Judgment with a cover letter to DPS; the cover letter should identify the DPS-assigned Award Number, as indicated on the Award Document

Missouri Department of Public Safety Attn: Director of Public Safety PO Box 749 Jefferson City, MO 65102

DPS must forward to the Office for Civil Rights (OCR)



Grant Set-Up

- The grant Award Agreement is available in WebGrants under Award Documents
 Need Signatures
- The award must be signed by the Authorized Official
- Each page of the Articles of Agreement must be initialed by the Authorized Official
- The signed award needs to be submitted back to the Missouri Department of Public Safety

Spending Grant Dollars

- Funds must be obligated within the project period and expended with 10 days following the project period end date
- Project Period: October 1, 2024 May 31, 2025
- Final claim due: June 10, 2025

Procurement

- Recipient assures that all procurement transactions whether negotiated or competitively bid and without regard to dollar value shall be conducted in a manner to provide maximum open and free competition
- Recipient assures that all procurement transactions will meet the minimum standards set forth by the "DPS Financial and Administrative Guidelines"
 - All quotes/bids and the rationale behind the selection of source of supply must be retained
 - Purchases to a single vendor that is less than \$10,000 may be purchased with prudence on the open market
 - Purchases estimated to be between \$10,000 but less than \$100,000 to a single vendor, must be competitively bid
 - Purchases with an estimate of \$100,000 or more to a single vendor must be advertised for bids in at least 2 daily newspapers of general circulation in places as are most likely to reach prospective bidders at least 5 days before bids for such purposes are to be opened
 - Where 1 bid or positive proposal is received, it is deemed to be sole source procurement
 - Sole sources procurement on purchases to a single vendor of \$10,000 and over requires PRIOR approval from the Missouri Department of Public Safety

Travel Policy/Mileage/Per Diem Rate

- The Department of Public Safety Subrecipient Travel Guidelines can be found
 - Missouri Department of Public Safety | State Drug Task Force (DTF) Program (mo.gov)
- Mileage Reimbursement
 - <u>https://acct.oa.mo.gov/state-employees/travel-portal/mileage</u>
 - Effective April 3, 2023, the State of Missouri mileage rate is \$0.655 per mile
- The State of Missouri Per Diem rates can be found
 - https://acct.oa.mo.gov/state-employees/travel-portal/meals-per-diem
 - Verify the per diem rate before reimbursement requests
- DPS will reimburse based on the most restrictive travel policy (i.e., State of Missouri or local)
- GSA lodging rates will be reimbursed
 - Per Diem Rates | GSA

Grant Reporting

- Claims <u>must</u> be submitted by June 10, 2025, for reimbursement
 - Claims may be submitted as needed
 - Only one claim may be submitted at a time (i.e. the previous claims must be in "Paid" status before the next claim is submitted)
 - Proof of payment is required for all expenses (i.e. cancelled check, credit card statements)
- Status Report <u>must</u> be submitted by June 10, 2025

WebGrants



Grant Components

Select "Canine Budget"

≣ (Grant Components
The or added	der of these forms has been set b
The gr	ant forms appear below.
Your g	rant award details are saved here
Compon	ent
General	Information
Claims	
Canine E	Budget
Status R	eports
Correspo	ondence
Award A	djustments
Award D	ocuments - Need Signatures
Award D	ocuments - Final
Attachm	ents
Closeou	t
Funding	Opportunity
Applicat	ion



Canine Budget

- View your budget for approved item(s)
- View your budget for the line item number(s)



Budget Changes

Budgets may have been changed to condense budget items

- Example: all supplies may be on 1 budget line
- Each piece of equipment will have its own individual budget line



Claims Entry

- Sign into the WebGrants System and select the applicable grant
- From the Grant Components, select "Claims"

E Grant Components
The order of these forms has been set b added.
The grant forms appear below.
Your grant award details are saved here
Component
General Information
Claims
Canine Budget
Status Reports
Correspondence
Award Adjustments
Award Documents - Need Signatures
Award Documents - Final
Attachments
Closeout
Funding Opportunity
Application

Claims Entry cont.

Select "Add Claim"

O Claims														
All claims	All claims associated with this grant appear below.													
ID 🔺	Туре	Statu	v	Start Date	π.	End Date	Last Submitted Date	T	Paid Date	-	Claim Amount			

Claims Entry cont.

Complete the Claim General Information

- Type Monthly
- Reporting Period Month(s) covered by the claim
- Final Request? Is this your Final Report - Select "No" on all claims until the final claim
- Invoice Number LEAVE BLANK
- Select "Save Form"

General Information - cla	im - Edit Save Form
In the form below, complete all required fie claim that will be submitted for this grant, t	Ids. Enter the report period of coverage for this claim. All expenses reported on this claim should have been incurred during this period of time. If this is the last hen the Final Request checkbox should be checked.
Examples Quarterly Reporting Period: 1/1 - 3	3/31, 4/1 - 6/30, 7/1 - 9/30, and 10/1 - 12/31
Status*:	
Туре*:	Monthly ~
Due Date:	
Report Period*:	07/01/2024 07/31/2024
	Start Date End Date
Final Request?*:	Yes No Click Yes if this is the final request
Invoice Number:	
	State Agencies Only! Drop first 3 digits of number. Leave blank if there is not an invoice number!

Claim components

Select "Detail of Expenditure" from the components

Claim Preview Attachments Alert History Map		
Claim Details		
Claim cannot be Submitted Currently Claim components are not complete 		
Component	Complete?	Last Edited
General Information	✓	Oct 24, 2024 1:55 PM - TEST TEST
Detail of Expenditure		
Equipment Inventory		2
Other Attachments		-

Detail of Expenditure cont.

For each expenditure, select "Add Row", to add a line to the Expenditure form

Claim List Genera	Detail	Equipm Other										
🗗 Detail of Exp	penditu	Ire - Current Version										
📑 Budget - Multi	E Budget - Multi-List											
Budget Line Label			Payee	Description	Expense Total							
No Data for Table												
					🗕 Add Row							

Detail of Expenditure cont.

- Complete each line of the Expenditure form
- Budget Line this is a drop-down, which will show each line of the approved budget



- Budget Line
 - Select the corresponding budget line (i.e. Equipment, Supplies, Training)
- Payee
 - Add the name of the Company that is receiving the payment
- Description
 - Training expenses should include the dates of the training listed in Payee (i.e. K-9 Training (04/01/25 04/30/25)
 - Description of item purchased for other categories (i.e. K-9; Training; Supplies)
 - Add the quantity of the item, if there is more than 1
 - When purchasing equipment, it should list the actual number
- Expense Total
 - This is the amount being requested for reimbursement

- Federal Amount Requested
 - > This is the total amount of funds being requested
 - NOTE: The number in unit cost multiplied by the quantity that is added needs to be equal to the Federal Amount requested
- Invoice #
 - Number of the invoice from the vendor
- Invoice Date
 - Date that is on the invoice
- Check/EFT Number
 - Number of the check/EFT used for payment(s) to the employee or the vendor
- Check/EFT Date
 - Date of the check/EFT used for the payment(s)

Travel/Training Example

Expenditures	
Line Number*	9001 - Budget - Canine and handler training 🗸
Payee*	K-9 training is us
Description*	March 3-6, 2023 K-9/Handler training
Quantity*	1
Unit Cost*	5000.00
Federal Amount Requested*	5000.00
Invoice #*	10234
Invoice Date*	03/03/2023
Check/EFT Number*	7894
Check/EFT Date*	03/03/2023

Save

Select "Save"

- Travel/Training cont.
- You may use the State of Missouri Expense Report to track/request mileage reimbursement, if your agency does not have one
 - Monthly Expense Report (Travel After March 1, 2023) | Missouri Office of Administration
 - You may also contact your Grant Specialist for a created expense report to submit with the claim
 - You may only claim expenses up to the State of Missouri rates, but <u>MUST</u> use the most restrictive rate if your agency's rate is less
 - https://acct.oa.mo.gov/travel-portal (Travel Resources)
 - > You may only claim GSA rates for hotel costs
 - FY 2025 per diem rates for Missouri | GSA

GSA Website

Once on the GSA website, you will be given different rates for different states

- > You might need to change the fiscal year, depending on how far out the training is
 - > You can select "New Search" to change the information
 - Use the standard rate for all locations with specified rates



Daily lodging rates (excluding taxes) | October 2024 - September 2025

Primary Destination 🕖	County 🕄		Nov	Dec	2025 Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep
Standard Rate	Applies for all locations without specified rates	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Kansas City	Jackson / Clay / Cass / Platte	\$135	\$135	\$135	\$135	\$135	\$135	\$135	\$135	\$135	\$135	\$135	\$135
St. Louis	St. Louis / St. Louis City / St. Charles	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150

GSA website

GSA U.S. G	ieneral Services Administration					۵	Per Die	m Lookuj	p	Search G	SA.gov		Q
Buy Through Us V Sell to Government V Real Estate V Policy & Regulations V Small Business V Travel V Technology V About Us V													
fome > Travel > Plan & Book > Per Diem Rates > Results													
Y 2023 Per Diem Rates for Missouri													
I'm interested in: Lodging Rates Meals & Incidentals (M&IE) Rates New Search													
Daily lodging rates (excluding taxes) October 2022 - September 2023													
Cities not appearing	below may be located within a county for which rates are listed	To determ	ine what	county a (ity is loca	ted in, vis	it the						
National Association	<u>of Counties (NACO) website (a non-federal website)</u> .												
										Fi	lter Resul	ts	
Primary Destination 🗿	County 🔮	2022 Oct	Nov	Dec	2023 Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep
Kansas City	Jackson / Clay / Cass / Platte	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123
St. Louis	St. Louis / St. Louis City / St. Charles	\$141	\$141	\$141	\$141	\$141	\$141	\$141	\$141	\$141	\$141	\$141	\$141
Standard Rate	Applies for all locations without specified rates	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98
Showing 1 to 3 of	f 3 entries												

Equipment Example

Expenditures	
Line Number*	10001 - Budget - K-9 🗸
Payee*	K-9s are us
Description*	K-9 Blue
Quantity*	1
Unit Cost*	7500.00
Federal Amount Requested*	7500.00
Invoice #*	54863
Invoice Date*	02/25/2023
Check/EFT Number*	34675
Check/EFT Date*	02/25/2023

Select "Save"

Save 🖓 😪 🖓 🖓 Save 🎼 Save

Supplies Example

Expenditures	
Line Number*	11001 - Budget - K-9 training supplies 🗸
Payee*	K-9s are us
Description*	Feed bowls (2), Collar (1), Harness (1), Leads (2)
Quantity*	1
Unit Cost*	500.00
Federal Amount Requested*	500.00
Invoice #*	75412
Invoice Date*	02/25/2023
Check/EFT Number*	46596
Check/EFT Date*	02/25/2023

Select "Save"

Save 😪 Print | 👘 Add | 🛸 Delete | 🔮 Edit 🚺 Save

Detail of Expenditure cont.

When all Expenditure lines have been entered, verify that the Expenditure amounts are in the Reimbursement table correctly

- If the amounts do not match, contact your Grant Specialist for assistance
- Select, "Mark as Complete"

udget-1.2 M&A Salary	Amelia Jaegers	M&A 07/01/24-07	7/31/24	1.00	\$500.00	\$500.00		\$500.00 N/A	07/31/2/	4 4521	08/05/24
								\$500.00			
							\langle	\$23,571.26			
							1	Last Edited B	y: TEST TEST	- Oct 1, 2024 2	:16 PM 📑 Add Row
	amont										Mark as Complete
H Reiniburg	ement										• Walk as complete
udget Category	Details	Subaward Budget	Expenses This Period	Prior Expense (Pair	s Tot/ d)	al A	vailable Balance (Unpaid)	Prior Expenses (Sul	bmitted Not Paid)	Total Claimed	Remaining Balance (Unclaimed)
ludget					/						
.1 Salary	1001 1.1 Salary	\$150,000.00	\$2,500.00	\$0.0	JO \$2,500./	00	\$147,500.00		\$0.00	\$2,500.00	\$147,500.00
.2 M&A Salary	1001 1.2 M&A Salary	\$22,236.80	\$500.00	\$0.0	0 \$500.0	00	\$21,736.80		\$0.00	\$500.00	\$21,736.80
.1 Benefits	2001 2.1 Benefits	\$20,502.45	\$150.00	\$0.0	/0 \$150.(00	\$20,352.45		\$0.00	\$150.00	\$20,352.45
.2 M&A - Benefits	2002 2.2 M&A - Benefits	\$5,459.20	\$50.00	\$0.0	0 \$50.0	0	\$5,409.20		\$0.00	\$50.00	\$5,409.20
.1 Overtime	3001 3.1 Overtime	\$5,000.00	\$100.00	\$0.0	0 \$100.0	00	\$4,900.00		\$0.00	\$100.00	\$4,900.00
.1 Overtime Benefits	4001 4.1 Overtime Benefits	\$524.00	\$25.00	\$0.0	0 \$25.0	00	\$499.00		\$0.00	\$25.00	\$499.00
.1 Fuel	9001 5.1 Fuel	\$6,000.00	\$660.00	\$0.0	0 \$660.0	00	\$5,340.00		\$0.00	\$660.00	\$5,340.00
.2 Vehicle laintenance	9002 5.2 Vehicle Maintenance	\$6,000.00	\$65.00	\$0,9	0 \$65.0	00	\$5,935.00		\$0.00	\$65.00	\$5,935.00
.1 Mobile Radio (2)	10001 6.1 Mobile Radio (2)	\$11,000.00	\$5,500.00	\$0.0	0 \$5,500.0	00	\$5,500.00		\$0.00	\$5,500.00	\$5,500.00
.2 Portable Radio (2)	10002 6.2 Portable Radio (2)	\$10,000.00	\$10,000.00	\$0.0	0 \$10,000.0	00	\$0.00		\$0.00	\$10,000.00	\$0.00
.1 Office Supplies	11001 7.1 Office Supplies	\$1,000.00	\$156.26	\$0.0	/0 \$156.7	26	\$843.74		\$0.00	\$156.26	\$843.74
.2 Field Supplies	11002 7.2 Field Supplies	\$1,000.00	\$175.00	\$0.0	0 \$175.0	00	\$825.00		\$0.00	\$175.00	\$825.00
.1 Vehicle Leases	12001 8.1 Vehicle Leases	\$60,000.00	\$3,750.00	\$0.0	0 \$3,750.0	00	\$56,250.00		\$0.00	\$3,750.00	\$56,250.00
		\$298,722.45	\$23,631.26	\$0.0	0 \$23,631.7	26	\$275,091.19		\$0.00	\$23,631.26	\$275,091.19
		\$298,722,45	\$23,631,26	\$0.0	0 \$23.631.	.26	\$275.091.19		\$0.00	\$23,631.26	\$275,091.19

Claim Forms

Select "Equipment Inventory"

Claim Preview Attachments Alert History Map			
O Claim Details			🗙 Withdraw 🔍 Preview Claim
Claim cannot be Submitted Currently Claim components are not complete 			
Component	Complete?	Last Edited	
General Information	~	Oct 24, 2024 2:10 PM - TEST TEST	
Detail of Expenditure	×	Oct 24, 2024 2:08 PM - TEST TEST	
Equipment Inventory			
Other Attachments		-	

Equipment Inventory

- If no Equipment is requested for reimbursement
 - Select "No", to the question, then select "Save From", and select "Mark as Complete"

Equipment Inventory - Current Version	
Inventory	Save i orm
Does this claim include any equipment items of \$5,000.00 or over?*: Yes No	
	Mark as Complete

If there is Equipment requested for reimbursement

III E

Select "Yes" to the question, then select "Save Form"

Equipment Inventory - Current Version		
Inventory Does this claim include any equipment items of \$5,000.00 or over?*:	Save Fo	
Select "Add Row" in the Equipment Detail section to add each individual piece of equipment		
uipment Detail - Multi-List	✓ Mark as Complete	+ Add Row
· · · · · · · · · · · · · · · · · · ·		

- If equipment is requested:
 - Requesting Organization Recipient's Organization
 - County Recipient's County
 - Year Grant year that equipment was purchased: State 2025 DTFC
 - Manufacturer Who made the equipment purchased
 - Model Model number of equipment purchased
 - Description Brief description (i.e. Canine ABC)
 - Identification # (s) Unique string of characters used for identification, such as, serial number or vehicle identification number. If there is not unique identification number for the equipment, N/A should be annotated in the box.

- Equipment Inventory cont.
 - Source of Funding 2025 Drug Task Force Canine Grant (DTFC)
 - Title Holder Grantee Organization
 - Date of Delivery Date that equipment was delivered
 - Quantity 1, each piece of equipment <u>MUST</u> be reported on a separate line
 - Individual Items Cost Cost of individual item
 - % of Federal Participation in the cost Percentage of the cost of equipment being requested
 - Current Physical Location Place (address) where the equipment is located. A post office box address is not a physical location for the purpose of inventory
 - Use Local, Regional, Statewide, National. This is a progressive scale, if national use is indicated, it is assumed it is available at the other levels as well
 - Readiness Condition Mission capable = material condition of equipment indicating it can perform at least one and potentially all of its designated missions; Not mission capable = material condition indicating that equipment is not capable of performing any of its designated missions

Example

Each piece of equipment that is being

requested for reimbursement must be

completed separately

Select "Save Row" when the form is completed

Requesting Organization:	WIN Task Force	
	Organization that has or will end up with equipment.	
County:	Mine	
Year:	State 2025	
	Federal fiscal year of the grant.	
Budget Line #:	10001	
Manufacturer:	Motorola	
Model:	APX8500 Mobile Radio	
	Style, type, design or version of particular equipment.	
Description:	Mobile Radio	
	250 Character Limit - Generic description of the equipment that was purchased.	
Identification #(s):		
OBILE12345678		

Example

 Each piece of equipment that is being requested for reimbursement must be completed separately

Requesting Organization*:	Your Agency
	Organization that has or will end up with equipment.
County*:	Your Agency's County
Year*:	2025
	Federal fiscal year of the grant.
Manufacturer*:	Chevorlet
Model*:	Tahoe
	Style, type, design or version of particular equipment.
Description*:	2025 Chevy Tahoe Base Model
	250 Character Limit - Generic description of the equipment that was purchased.
Identification #(s)*:	
0 Character Limit - Unique string of characters used for identificat	tion, such as, serial number or vehicle identification number. If there is not unique identification number f
20 Character Limit - Unique string of characters used for identificat ith a comma.	tion, such as, serial number or vehicle identification number. If there is not unique identification number fi
00 Character Limit - Unique string of characters used for identificat ith a comma. Source of Funding*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number fi
00 Character Limit - Unique string of characters used for identificat ith a comma. Source of Funding*: Title Holder*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number fit 2025 Drug Task Force Canine Grant (DTFC) My Agency
20 Character Limit - Unique string of characters used for identificat ith a comma. Source of Funding*: Title Holder*: Date of Delivery*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number fi 2025 Drug Task Force Canine Grant (DTFC) My Agency If there is no title for the equipment, N/A should be annotated in the box.
00 Character Limit - Unique string of characters used for identificat ith a comma. Source of Funding*: Title Holder*: Date of Delivery*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number fi 2025 Drug Task Force Canine Grant (DTFC) My Agency If there is no title for the equipment, N/A should be annotated in the box. 03/31/2025 Date you received possession of the equipment.
00 Character Limit - Unique string of characters used for identificat ith a comma. Source of Funding*: Title Holder*: Date of Delivery*: Quantity*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number fi 2025 Drug Task Force Canine Grant (DTFC) My Agency If there is no title for the equipment, N/A should be annotated in the box. 03/31/2025 Date you received possession of the equipment.
00 Character Limit - Unique string of characters used for identificat tith a comma. Source of Funding*: Title Holder*: Date of Delivery*: Quantity*: Individual Item Costs*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number fi 2025 Drug Task Force Canine Grant (DTFC) My Agency If there is no title for the equipment, N/A should be annotated in the box. 03/31/2025 Date you received possession of the equipment. 1 50000.00
00 Character Limit - Unique string of characters used for identificat ith a comma. Source of Funding*: Title Holder*: Date of Delivery*: Quantity*: Individual Item Costs*: % of Federal Participation in the cost*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number fi
00 Character Limit - Unique string of characters used for identificat tith a comma. Source of Funding*: Title Holder*: Date of Delivery*: Quantity*: Individual Item Costs*: % of Federal Participation in the cost*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number f 2025 Drug Task Force Canine Grant (DTFC) My Agency If there is no title for the equipment, N/A should be annotated in the box. 03/31/2025 Date you received possession of the equipment. 1 50000.00 100 Percentage of federal funds used to purchase the equipment.
00 Character Limit - Unique string of characters used for identificat ith a comma. Source of Funding*: Title Holder*: Date of Delivery*: Quantity*: Individual Item Costs*: % of Federal Participation in the cost*: F Current Physical Location*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number ff 2025 Drug Task Force Canine Grant (DTFC) My Agency If there is no title for the equipment, NA should be annotated in the box. 03/31/2025 Date you received possession of the equipment. 1 50000.00 100 Percentage of federal funds used to purchase the equipment. 12345 Main St, Whoville, MO 12354
00 Character Limit - Unique string of characters used for identificat tith a comma. Source of Funding*: Title Holder*: Date of Delivery*: Quantity*: Individual Item Costs*: % of Federal Participation in the cost*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number fi
00 Character Limit - Unique string of characters used for identificat ith a comma. Source of Funding*: Title Holder*: Date of Delivery*: Quantity*: Individual Item Costs*: % of Federal Participation in the cost*: Current Physical Location*: F Use*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number of 2025 Drug Task Force Canine Grant (DTFC) My Agency If there is no title for the equipment, NA should be annotated in the box. 03/31/2025 Date you received possession of the equipment. 1 50000.00 100 Percentage of federal funds used to purchase the equipment. 1245 Main St, Whoville, MO 12354 Place (address) where the equipment is located. A post office box address is not a physical location for the purchase
20 Character Limit - Unique string of characters used for identificat th a comma. Source of Funding*: Title Holder*: Date of Delivery*: Quantity*: Individual Item Costs*: % of Federal Participation in the cost*: Current Physical Location*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number of 2025 Drug Task Force Canine Grant (DTFC) My Agency If there is no title for the equipment, N/A should be annotated in the box. 03/31/2025 Date you received possession of the equipment. 1 50000.00 100 Percentage of federal funds used to purchase the equipment. 12345 Main St, Whoville, MO 12354 Place (address) where the equipment is located. A post office box address is not a physical location for the put Local
00 Character Limit - Unique string of characters used for identificat th a comma. Source of Funding*: Title Holder*: Date of Delivery*: Quantity*: Individual Item Costs*: % of Federal Participation in the cost*: Current Physical Location*: Use*:	tion, such as, serial number or vehicle identification number. If there is not unique identification number of 2025 Drug Task Force Canine Grant (DTFC) My Agency If there is no title for the equipment, NA should be annotated in the box. 03/31/2025 Date you received possession of the equipment. 1 50000.00 100 Percentage of federal funds used to purchase the equipment. 1245 Main St, Whoville, MO 12354 Place (address) where the equipment is located. A post office box address is not a physical location for the pur Local
Claim Forms

Select "Other Attachments"

Claim Preview Attachments Alert History Map				
Claim Details			× Withdraw	Q Preview Claim
Claim cannot be Submitted Currently Claim components are not complete				
Component	Complete?	Last Edited		
General Information	~	Oct 24, 2024 2:10 PM - TEST TEST		
Detail of Expenditure	\checkmark	Oct 24, 2024 2:08 PM - TEST TEST		
Equipment Inventory	\checkmark	Oct 24, 2024 4:19 PM - TEST TEST		
Other Attachments		•		

Other Attachments

- If you have supporting documentation to attach, select "Yes," if not select "No," and then select "Save Form"
 - Appropriate supporting documents could include:
 - Invoices
 - Additional Supporting Documentation (i.e. <u>cancelled checks</u> and signed proof of delivery)
 - **SIGNED** proof of delivery or memo
 - Mileage record log
 - Hotel bills/invoice
 - Training Certificates



Other Attachments cont. Select "Add New Attachment" Other Attachments - Other Attachments ✓ Mark as Complete + Add New Attachment File Name 🖸 Туре Upload Date Description Size Delete Browse your computer for that attachment by selecting "Select file" Select "Save File" Give a brief description of the file Continue the steps if you have additional documentation to added

Select "Mark as Complete" when all files have been uploaded

🖉 Attach File		×
🖉 Attach File	e) 🕒 S	ave File Cancel
Upload File*:	Select file	
Description*:	Description	
	500 character(s) left	

Submit Claim

After all forms on the claim have been marked as complete, select "Submit Claim"

Claim Preview Attachments Alert History Map				
Olaim Details			🗸 Submit Claim 🗙 Withdraw 🔍	Preview Claim
Claim is in compliance and is ready for Submission!				
Component	Comprete?	Last Edited		
General Information	×	Oct 24, 2024 2:10 PM - TEST TEST		
Detail of Expenditure	×	Oct 24, 2024 2:08 PM - TEST TEST		
Equipment Inventory	×	Oct 24, 2024 4:19 PM - TEST TEST		
Other Attachments	~	Oct 24, 2024 4:22 PM - TEST TEST		

Submit Claim cont.

You will receive a pop-up to confirm you want to submit the claim, select "Submit" or "Cancel"

Please confirm	x
Please confirm that you wish to submit this document for review. After submission you will not be able to edit this document.	
Cancel Subm	it

Correspondence

- All requests must be submitted through Correspondence in the Grant Component of the WebGrants System
 - Request approval will be sent through correspondence as well
- Things that would be sent in through correspondence
 - Questions pertaining to the grant
- Select "Correspondence"

	E Grant Components
	The order of these forms has been set b added.
	The grant forms appear below.
	Your grant award details are saved here,
	Component
	General Information
	Claims
	Canine Budget
	Status Reports
¢	Correspondence
	Award Adjustments
	Award Documents - Need Signatures
	Award Documents - Final
	Attachments
	Closeout
	Funding Opportunity
-	Application

► To create a new correspondence

Select, "Add Grantee Correspondence"

🖷 In	Inter-System Grantee Correspondence									
Flag	Sent/Received	From	То	Subject	Message	Attachment 1	Attachment 2	Attachment 3	Attachment 4	Attachment 5
	No Data for Table									

Complete the correspondence form as you would an email

> You can attach up to Inter-System Grantee Correspondence Send Correspondence Flag: 5 attachments To*: CC addresses must be entered in a valid email format, i.e. name@domain.org. Use a semicolon (;) to separate multiple CC email addresses. CC: Subject*: Subject Message: 📀 Source | 📒 🗟 🚔 🗈 🖌 🎦 🖺 😰 💆 🗐 🤉 🖆 🎽 🏄 🖆 🤝 -B I U S X₂ X² ✔ 😡 🗄 ⊟ 🗏 🗐 ఔ 🤧 Ε Ξ Ξ Ξ Ι亩ν 🕫 🧠 障 🖳 💭 Ø 🗐 Ξ Ω 🚈 🚇 📟 Styles + Format + Font + Size + 🛄 - 🛃 🗐 Paragraphs: 0, Words: 0, Characters (with HTML): 0 Attachment 1: Select file

- Reply to an email
 - Select the email you want to reply to

	Inter-System Grantee Correspondence Add Grantee Correspondence										
Search:											
Flag	Sent/Received	From	То	Subject	Message	Attachment 1	Attachment 2	Attachment 3	Attachment 4	Attachment 5	
<	Oct 24, 2024 2:53 PM	Amelia Jaegers	Amelia Jaegers	Test	Test	>					

In the open correspondence select "Reply to Message"



- Your Grant Specialist will receive an email alert when you send correspondence through the WebGrants System
- When you receive correspondence, it will be sent to your email from <u>dpswebgrants@dpsgrants.dps.mo.gov</u>
- Use the WebGrants System to reply to correspondence
 - ***DO NOT REPLY TO CORRESPONDENCE FROM YOUR EMAIL***
 - If you reply from your email the correspondence will go to a generic email box instead of your Grant Specialist, and will delay the response



Award Adjustments

E Grant Components

The order of these forms has been set b added.

The grant forms appear below.

Your grant award details are saved here.

Component

General Information

Claims

Canine Budget

Status Reports

Correspondence

Award Adjustments

Award Documents - Need Signatures

Award Documents - Final

Attachments

Closeout

Funding Opportunity

Application

- Award Adjustments are required for:
 - Budget Modifications
 - Prior written approval from DPS is required for budget modifications
 - A budget modification is a transfer among existing budget lines within the grant budget (i.e. transferring funds from an existing budget line to another existing budget line)
 - A request for a budget modification must be submitted through WebGrants as a subaward adjustment and must be approved by DPS prior to the recipient obligating or expending the grant funds

- Program Revisions
 - Requests for program changes must be submitted through WebGrants as a subaward adjustment and must be approved by DPS
 - Program changes include changes in recipient staff, authorized officials, project directors, fiscal officers or officers in charge
 - Additional changes may include address change or any other information in the organization component in WebGrants
 - A requested change to the project period of performance

- Scope of Work Changes
 - A recipient requesting changes to the scope of work described in its grant award, must contact DPS for approval to make this change. A change to a recipient's scope of work means:
 - Adding new line items to the approved budget
 - Changes in the quantity of an existing line item in the approved budget
 - Changes to the specifications of an existing line item in the approved project budget (i.e. an equipment line item on the approved budget lien lists a 12x20 tent, in order to purchase a tent that is 10x10 instead of the listed equipment, prior approval would be required)

Select "Award Adjustments"

The order of these forms has been set added.
The grant forms appear below.
Your grant award details are saved her
Component
General Information
Claims
Canine Budget
Status Reports
Correspondence
Award Adjustments
Award Documents - Need Signatures
Award Documents - Final
Attachments
Closeout
Funding Opportunity
Application

E Grant Components

Select "Add Amendment"

Award Adjustments

- General Information
 - Select from the drop-down which type of adjustment you will be completing
 - Provide a brief title
 - Select "Save Form"

General Information - Am	eneral Information - Amendment - Edit								
In the form below, complete all required fie	elds. Select the appropriate amendment type and enter a short and concise title.								
Status*:									
Amendment Type*:	Budget Revision								
Title*:									

+ Add Amendmen

Award Adjustments Forms

- Award components (Budget Revisions)
 - General Information
 - Justification
 - Budget
 - Confirmation
 - Attachments
- Each component must have a
 "Check Mark" in the "Completed"
 column
- Select "Justification"

 Amendment cannot be Submitted Currently Amendment components are not complete 	
Component	Complete?
General Information	✓
Justification	
Budget	
Confirmation	
Attachments	

Budget Modifications/Scope of Work Changes

- Contact your Grant Specialist for the excel spreadsheet that should be used, or you can create your own to mirror the example
- All budget lines need to be included in the spreadsheet

Project	Line Number	Current Budget		Reque	ested Change	Up	dated Budget	Description
Test	1001	\$	140,000.00	\$	-	\$	140,000.00	
Test	2001	\$	25,000.00	\$		\$	25,000.00	
Test	3001	\$	20,000.00	\$	120	\$	20,000.00	
Test	4001	\$	5,000.00	\$	1070	\$	5,000.00	
Test	9001	\$	45,000.00	\$	1 - 1	\$	45,000.00	
Test	9002	\$	5,000.00	\$	-	\$	5,000.00	
Test	9003	\$	5,700.00	\$	(-)	\$	5,700.00	
Test	10001	\$	7,000.00	\$	(2,000.00)	\$	5,000.00	Moving funds from the Portable to Mobile to cover actual costs
Test	10002	\$	5,000.00	\$	2,000.00	\$	7,000.00	
Test	11001	\$	1,000.00	\$	-	\$	1,000.00	
Test	12001	\$	12,000.00	\$	-	\$	12,000.00	
		\$	270,700.00			\$	270,700.00	

Budget Modifications/Scope of Work Changes cont.

- Justification in WebGrants System
 - In the narrative, please explain the reason for the requested adjustment and include any effective date(s)
 - State the need for the change and how the required revision will further the objective of the project

 Justification
 - Copy the spreadsheet into

WebGrants' Justification with the reason(s) for the requested change

Justifi	cation							Mark as Complete	Return to Components			
Justifica	ation*											
Please e project.	explain the r	eason	for the reques	ted adjus	tment and inc	lude	the effective da	ate. State the need for the change and how the requested revision wi	ill further the objectives of the			
List the	reason f	or the	e requested	budget	revision.							
If wanting to add a NEW budget line, be sure to include the Justifcaion for the NEW items.												
lf wanti	ing to adju	ust th	e quanities	of items	awarded, I	oe s	ure to includ	e the reasoning for the quanity change.				
	Line	Curr	ent									
Project	Number	Budg	get	Request	ed Change	Upo	dated Budget	Description				
lest	1001	Ş	140,000.00	Ş	-	Ş	140,000.00					
lest	2001	Ş	25,000.00	Ş	-	Ş	25,000.00					
Test	3001	Ş	20,000.00	Ş	-	Ş	20,000.00					
Test	4001	Ş	5,000.00	Ş	- 53	Ş	5,000.00					
Test	9001	\$	45,000.00	\$	-	\$	45,000.00					
Test	9002	\$	5,000.00	\$	-	\$	5,000.00					
Test	9003	\$	5,700.00	\$	5	\$	5,700.00					
								Moving funds from the Portable to				
Test	10001	\$	7,000.00	\$	(2,000.00)	\$	5,000.00	Mobile to cover actual costs				
Test	10002	\$	5,000.00	\$	2,000.00	\$	7,000.00					
Test	11001	\$	1,000.00	\$	-	\$	1,000.00					
Test	12001	\$	12,000.00	\$	-	\$	12,000.00					
		Ś	270,700.00			Ś	270,700.00					

Budget Modifications/Scope of Work Changes cont.

Select "Save Form"



Select "Mark as Complete"



Award Adjustments Forms cont.

Select "Budget"

 Amendment cannot be Submitted Currently Amendment components are not complete 	
Component	Complete?
General Information	✓
Justification	✓
Budget	
Confirmation	
Attachments	

Budget Modifications/Scope of Work

Changes cont.

Budget cont.

Adjust the budget line to mirror the changes that are to occur

Make sure to update the

Total Federal/State Share

amounts

Budget

The Current Budget column represents the total cost of the current subaward. Enter the total cost of each budget category as it is reflected in the current version of the Budget component. The sum of the Current Budget column should equal your current budget total

The Revised Amount column represents the requested, revised total cost of the budget as a result of the Subaward Adjustment. Therefore, enter the total cost of each budget category as it will be reflected in the revised version of the Budget component. The sum of the Revised Amount column should equal your revised budget total

Row	Current Budget	Revised Amount
Personnel	140000.00	140000.00
Personnel Benefits	25000.00	25000.00
Personnel Overtime	20000.00	20000.00
Personnel Overtime Benefits	5000.00	5000.00
PRN Time	\$0.00	\$0.00
PRN Benefits	\$0.00	\$0.00
Volunteer Match	\$0.00	\$0.00
Travel/Training	50000.00	50000.00
Equipment	13000.00	13000.00
Supplies/Operations	1000.00	1000.00
Contractual	12000.00	12000.00
Renovation/Construction	\$0.00	\$0.00
Indirect Costs	\$0.00	\$0.00
Federal/State and Local Match Share		

The Current Budget column represents the current subaward. Enter the total federal/state share and total local match share as it is reflected in the current version of the Budget component. The sum of the federal/state share and the local match share should equal the total of the Current Budget column above.

 The Revised Amount column represents the requested, revised total of the budget as a result of the Subaward Adjustment. Therefore, enter the total federal/stail total local match share as it will be reflected in the revised version of the Budget component. The sum of the federal/state share and the local match share should equa Revised Amount column above

Row	Current Budget	Revised Amount
Total Federal/State Share	270700.00	270700.00
Total Local Match Share	\$0.00	\$0.00

Budget Modifications/Scope of Work Changes cont.

- Budget cont.
 - Select "Save Grid"



Select "Mark as Complete"



Award Adjustments Forms cont.

Select "Confirmation"

 Amendment cannot be Submitted Currently Amendment components are not complete 	
Component	Complete?
General Information	 ✓
Justification	✓
Budget	 ✓
Confirmation	
Attachments	

Budget Modifications/Scope of Work Changes cont.

- Confirmation cont.
 - Complete the form
 - Select "Save Form"

Date*:

Confirmation			Save Form
Your typed name as the applicant authorized offici subaward adjustment. You must include your title, Authorized Official Name*:	al, in lieu of signature, represents your legally binding acceptance full legal name, and the current date.	of the terms of this subaward adjustment and your stateme	ent of the veracity of the representations made in this
Title*:			

Select "Mark as Complete"	Mark as Complete Di Edit Form	

Budget Modifications/Scope of Work Changes cont.

- Select "Attachments"
 - Which could include new quotes

Amendment Preview	Attachments Alert History Map	
Amendment	Details	
For all Budget Adjustm requesting to move.	nent Requests, please provide a full justification of	why you are requestir
For all Programmatic F	Requests, please provide a full justification regardir	ng the requested char
Amendment cannot t • Amendment comp	onents are not complete	
Component		Complete?
General Information		×
Justification		 ✓
Budget		~
Confirmation		✓
Attachments		

Attachments

If you have supporting documentation to attach, select "Yes," if not select "No," and then select "Save Form"

Documentation			Save Form
Do you have any documentation?*:	Yes No		
			Save Form

Attachments cont.

Select "Add New Attachment"

Other Attachments - Other Attachments Mark as Complete + Add New Attachment Description File Name C Type Size Upload Date Delete

- Browse your computer for that attachment, by selecting "Select file"
- Select "Save File"
- Give a brief description of the file
- Continue the steps if you have additional documentation to added
- Select "Mark as Complete" when all files have been uploaded

🖉 Attach File			×
🖉 Attach File	•	Save F	ile X Cancel
Upload File*:		Select file	
Description*:	Description 500 character(s) left		

Submit Award Adjustment

Select "Submit Amendment" to submit the revision

Amendment Preview Attachments Alert History Map		
Amendment Details		🗸 Submit Amendment 🗙 Withdraw 🖓 Copy 🔍 Preview Amendment
For all Budget Adjustment Requests, please provide a full justification or requesting to move. For all Programmatic Requests, please provide a full justification regard	f why you are requesting the difference of the second second second second second second second second second s	ne changes. Please also fill out the Subaward Adjustment Spreadsheet to show the amount of funds you are so to the grant. Programmatic Changes include all personnel and grant contact changes.
Amendment is in compliance and is ready for Submission!		
Component	Complete?	Last Edited
General Information	~	Oct 24, 2024 3:04 PM - TEST TEST
Justification	~	Oct 24, 2024 3:10 PM - TEST TEST
Budget	\checkmark	Oct 24, 2024 3:15 PM - TEST TEST
Confirmation	~	Oct 24, 2024 3:19 PM - TEST TEST
Attachments	~	Oct 24, 2024 3:29 PM - TEST TEST

Your Grant Specialist will receive notification that your revision has been submitted

Submit Award Adjustment cont.

You will receive a pop-up to confirm you want to submit the subaward adjustment, select "Submit" or "Cancel"

Please confirm	x
Please confirm that you wish to submit this document for review. After submission you will not be able to edit this document.	
Cancel Subm	it

Status Report

Select "Status Reports"

	Grant Components
The adde	order of these forms has been set b ed.
The	grant forms appear below.
Your	grant award details are saved here
Comp	onent
Genera	al Information
Claims	;
Canine	Budget
Status	Reports
Corres	pondence
Award	Adjustments
Award	Documents - Need Signatures
Award	Documents - Final
Attach	ments
Closed	out
Fundir	ng Opportunity
Applic	ation



- Status Report must be completed through the WebGrants System
 - The Status Report has already been created for you
 - If the Status Report is missing in WebGrants, contact your Grant Specialist to get it added!!
- Each recipient must submit a Final Status Report
 - When you have completed all reporting or at the end of the project period
 - Final Status Report will be due by June 10, 2025

Select the hyperlink for the Status Report

Status Reports		Copy Existing Status Report Return to Compone				
ID	Туре	Date From-To	Due Date	Submitted Date	Arrived?	Status
2023-CRGP-001-TEST - 01	Semi-Annual	07/01/2022-05/31/2023			-	Editing
Select the "Miles	tone Progres	s Report"				
Components					Previe	w Submi
Components Complete each component of the status	report and mark it as cor	mplete. Click Submit when you are	done.		Previe	ew Submi
Components Complete each component of the status	report and mark it as cor Name	mplete. Click Submit when you are	done. Complete'	?	Previe Last Edited	ew Submi
Components Complete each component of the status General Information	report and mark it as cor Name	mplete. Click Submit when you are	^{done.} Complete [^]	?	Previe Last Edited 03/21/2023	ew Submi

- Milestones have already been added to the Status Report for you
 - If you want to remove or add a milestone, you <u>MUST</u> contact your Grant Specialist for approval
- There are 2 ways to complete the report
- Select "Edit All Rows" to edit all the milestones at one time
- Or select each milestone hyperlink to edit 1 at a time

Mark as Complete + Add Rov C Edit All R					
Milestone		Project Name	Estimated Completion Date	% Milestone Completed	Milestone Progress
1. Determine the specifications for need equipment.				0%	
2. Procurement completed: bidding, vendor selection, and ordering of equipment.				0%	
3. Equipment and/or supplies received, installed, tested and inventoried.	\leftarrow			0%	
4. Vendor paid and receipt of payment received.	-			0%	
5. WebGrants reimbursement completed with all necessary documentation.				0%	
6. Travel/training completed.				0%	
7. Project Final Report submitted and closed out.				0%	

- Complete each milestone with
 - Project Name
 - Estimated Completion Date (or what date was the milestone completed)
 - % Milestone Completed (each Milestone should be 100% when submitted, as the project should be completed when the status report is being submitted)
 - Milestone Progress (explain the milestone progress over the reporting period in detail, which could include dates)
- Once the form has been updated, select "Save Multi-List"
 - You may have to use the scroll bar at the bottom of the screen to select "Save Multi-List"



Milestone Progress example

Milestone Progress - Multi-List	✓ Mark as Complete 🗣 Add Row 🗹 Edit All Rows					
Milestone	Project Name	Estimated Completion Date	% Milestone Completed	Milestone Progress		
1. Determine the specifications for need equipment.	SFY 25 DTFC - Your Agency Name	11/30/2024	40%	Explain the milestone progress over the reporting period in detail.		
2. Procurement completed: bidding, vendor selection, and ordering of equipment.	SFY 25 DTFC - Your Agency Name	12/31/2024	20%	Explain the milestone progress over the reporting period in detail.		
3. Equipment and/or supplies received, installed, tested and inventoried.	SFY 25 DTFC - Your Agency Name	02/15/2025	0%	Explain the milestone progress over the reporting period in detail.		
4. Vendor paid and receipt of payment received.	SFY 25 DTFC - Your Agency Name	03/31/2025	0%	Explain the milestone progress over the reporting period in detail.		
5. WebGrants reimbursement completed with all necessary documentation.	SFY 25 DTFC - Your Agency Name	05/15/2025	0%	Explain the milestone progress over the reporting period in detail.		
6. Travel/training completed.	SFY 25 DTFC - Your Agency Name	04/30/2025	0%	Explain the milestone progress over the reporting period in detail.		
7. Project Final Report submitted and closed out.	SFY 25 DTFC - Your Agency Name	05/31/2025	0%	Explain the milestone progress over the reporting period in detail.		

Last Edited By: TEST TEST - Oct 24, 2024 3:48 PM + Add Row
Status Report cont.

- Narrative Project Progress
- Select "Add Row"



- Complete the "Narrative Project Progress"
 - Project Name
 - Complete the 3 questions for the narrative



Status Report cont.

Narrative Project Progress example

Narrative P	Project Progress Add
Project Name:	What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted?
Your Project Name	What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted?

Status Report cont.

- Completed Status Report example
- Select "Mark as Complete"

Milestone Progress - Multi-List							
Milestone		Project Name	Estimated Completion Date	% Milestone Completed	Milestone Progress		
1. Determine the specifications for need equipment.		SFY 25 DTFC - Your Agency Name	11/30/2024	40%	Explain the milestone progress over the reporting period in detail.		
2. Procurement completed: bidding, vendor selection, and ordering of equipment.		SFY 25 DTFC - Your Agency Name	12/31/2024	20%	Explain the milestone progress over the reporting period in detail.		
3. Equipment and/or supplies received, installed, tested and inventoried.		SFY 25 DTFC - Your Agency Name	02/15/2025	0%	Explain the milestone progress over the reporting period in detail.		
4. Vendor paid and receipt of payment received.		SFY 25 DTFC - Your Agency Name	03/31/2025	0%	Explain the milestone progress over the reporting period in detail.		
5. WebGrants reimbursement completed with all necessary documentation.		SFY 25 DTFC - Your Agency Name	05/15/2025	0%	Explain the milestone progress over the reporting period in detail.		
6. Travel/training completed.		SFY 25 DTFC - Your Agency Name	04/30/2025	0%	Explain the milestone progress over the reporting period in detail.		
7. Project Final Report submitted and closed out.		SFY 25 DTFC - Your Agency Name	05/31/2025	0%	Explain the milestone progress over the reporting period in detail.		
					Last Edited By: TEST TEST - Oct 24, 2024 3:53 PM		
Image: Section 2012 Section 201							
Project Name	What do you anticipate accomplishing in the project over the next six months? Do you have any project accomplishments to be highlighted? Are there any negative issues that need to be highlighted?						
SFY 25 DTFC - Your Agency	Answered the 3 questions.						
					Last Edited By: TEST TEST - Oct 24, 2024 3:53 PM		

Submit Status Report

After the Status Report has been completed, select "Submit Status Report"



Submit Status Report cont.

You will receive a pop-up to confirm you want to submit the subaward adjustment, select "Submit" or "Cancel"

Please confirm	x				
Please confirm that you wish to submit this document for review. After submission you will not be able to edit this document.					
Cancel Subm	it				

Status Report Dates

- Important Status Report dates
 - October 1, 2024 December 31, 2024 Due January 10, 2025
 - January 1, 2025 March 31, 2025 Due April 10, 2025
 - April 1, 2025 May 31, 2025 Due June 10, 2025
- If you complete your project prior to the end of the grant period of performance, you will only need to submit status reports through that time

Monitoring

We will not be Site Visiting 100% of recipients every year

> You will be notified when your agency is chosen for site visit monitoring

Key things to remember

- Monitoring is NOT an audit
- DPS Grants is NOT monitoring to catch error we are monitoring to help correct area of noncompliance to prevent audit findings
- Change to provide technical assistance and answer questions

What Documents Guide Monitoring

- Applicable State of Missouri statutes and regulations
- DPS Financial and Administrative Guidelines
- DPS Subrecipient Travel Guidelines
- DPS Grants, CJ/LE Information Bulletins
- SFY 2025 Drug Task Force Canine Grant Funding Opportunity
- SFY 2025 Drug Task Force Canine Grant Certified Assurances
- SFY 2025 Drug Task Force Canine Grant Award Agreement

Types of Monitoring

Desk Monitoring

Review which is completed by DPS Grants Unit - telephone and email communication, grant document review, reports and correspondence

On-Site Monitoring

Review which is conducted by the DPS Grants Unit at the recipient's agency - policy review, property records, etc.





What to Expect During Monitoring

> The DPS Grants Unit is required to monitor the following, as applicable

- LEA Statutory Requirements
- Equipment (inventory control, tags/labels)
- Polices and Procedures
- Project Implementation
- State Civil Rights Compliance

What to Expect During Monitoring - LEA Statutory Requirements

- Section 590.650 RSMo Vehicle Stops Reporting
 - DPS will verify with the Attorney General's Office
- Section 590.700 RSMo Recording of Custodial Interrogations
 - Must present DPS with a copy of the written policy
- Section 43.544 RSMo Forwarding Intoxication-Related Offences
 - Must present DPS with a copy of the written policy
- Section 590.1265 RSMo Police Use of Force Transparent Act of 2021
 - DPS will receive the report form MO Hwy Patrol
- Section 43.505 RSMo National Incident-Based Reporting System (NIBRS) formerly Uniform Crime Reporting (UCR)
 - DPS will receive the report form MO Hwy Patrol

What to Expect During Monitoring -Programmatic

- Project Implementation
- Personnel/Standard Operating Procedures Manual, if applicable
- Equipment inventory control list, if applicable
 - Tags/label on equipment
 - The Equipment Inventory component within your claim will be used as an inventory control list

Components						
Complete each component of the Claim and mark it as complete. Click Submit when you are done.						
Name						
General Information						
Expenditures						
Reimbursement						
Equipment Inventory						
Other Attachments						

What to Expect During Monitoring -Financial

- Local procurement/purchasing policy, if applicable
- Bid/quote records, if applicable
- Sole source letters, if applicable

What to Expect During Monitoring -State Civil Rights

- Non-Discrimination policies and procedures
- Recipients are required by federal and state law to display labor posters regarding these statues
 - Posters can be found here: <u>https://labor.mo.gov/posters</u>

Common Areas of Non-Compliance and Recommendations

- LEA Statutory Requirements
 - Missing report submissions
 - Missing copies of written policies
- Equipment
 - Missing equipment inventory information
 - Equipment items missing tags/labels
 - Usage logs not containing all required information
- State Civil Rights
 - No display of labor posters

Key Date Reminders

- Period of Performance:
 - October 1, 2024 May 31, 2025
- Final Claim due:
 - June 10, 2025
- Status Reports:
 - Final: June 10, 2025

Contact

For assistance, please contact your Grant Specialist

Amelia Jaegers - Lead Grant Specialist

Amelia.Jaegers@dps.mo.gov

(573) 522-4094

Maggie Glick - Grant Specialist

Masggie.Glick@dps.mo.gov

(573) 526-3510

Michelle Branson - Grant Program
Supervisor

Michelle.Branson@dps.mo.gov

(573) 526-9014

Joni McCarter - Grant Program Manager Joni.McCarter@dps.mo.gov

(573) 526-9020