

SFY 2025

Economic Distress Zone Grant (EDZ)

Application Workshop

Funding was established by the Missouri revised Statute 650.550 and are subject to funds being available each state fiscal year.



SFY 2025 Economic Distress Zone Grant (EDZ)

The goal of the SFY 2025 Economic Distress Zone Grant (EDZ) is to provide funding to organizations registered with the United States Internal Revenue Service (IRS) as a 501 (c) (3) corporation who provide services to residents of the State of Missouri in areas of high incidents of crime and deteriorating infrastructure for the purpose of deterring criminal behavior.

Eligible Applicants

- ▶ “Areas of high incidents of crime and deteriorating infrastructure” shall mean
 - A city with a homicide rate of at least 7 times the national average according to the Federal Bureau of Investigation’s Uniform Reporting System; a poverty rate that exceeds 20% according to the United States Census Bureau and has a school district with at least 80% of students who qualify for free or reduced lunch
- ▶ Eligible applicants include non-profit 501 (c)(3) corporations located within the State of Missouri that provide service to the following areas:
 - Village of Riverview
 - City of Pagedale
 - City of St, Louis
 - Village of Hillsdale
 - City of Vinita Park
 - City of Moline Acres
 - City of New Madrid

Ineligible Applicants

Any for-profit, governmental, and non-profit organizations that are not registered with the United States IRS as a 501 (c)(3) are ineligible for EDZ for the State of Missouri

Allowable Costs

- ▶ Personnel, Personnel Benefits, Personnel Overtime, and Personnel Overtime Benefits
- ▶ Travel/Training
 - ❑ Training and travel-related costs, and consultants hired to provide training at the project agency
 - ❑ Training and travel costs for staff at the project agency to provide training as part of the program
- ▶ Equipment
 - ❑ Tangible, nonexpendable personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost of \$5,000 or more per unit
- ▶ Supplies/Operations
 - ❑ Other tangible personal property that is not considered “equipment”. This includes technology and mobile devices that cost less than \$5,000 per unit
- ▶ Contractual
 - ❑ Costs directly associated with the project and its activities that are secured on a contractual nature

Ineligible/Unallowable Costs

- ▶ Bonuses or commissions
- ▶ Construction/renovation projects
- ▶ Daily subsistence within official domicile
- ▶ Entertainment expenses and bar charges
- ▶ Finance fees for delinquent payments
- ▶ First class travel
- ▶ Indirect costs
- ▶ Less-than-lethal weapons
- ▶ Lobbying or fundraising
- ▶ Military-type equipment
- ▶ Office lease/purchase
- ▶ Personal incentives for employment
- ▶ Pre-paid fuel/phone cards
- ▶ Vehicles (lease or purchase)
- ▶ Weapons and ammunition
- ▶ Program costs for services provided outside of the eligible areas

WebGrants System

- ▶ Applications will only be accepted through the Missouri Department of Public Safety (DPS) online WebGrants System
 - ❑ <https://dpsgrants.dps.mo.gov/index.do>
- ▶ If the applicant is not currently enrolled in the system they will need to register

Key Login

Enter your user id and password

User ID

Password

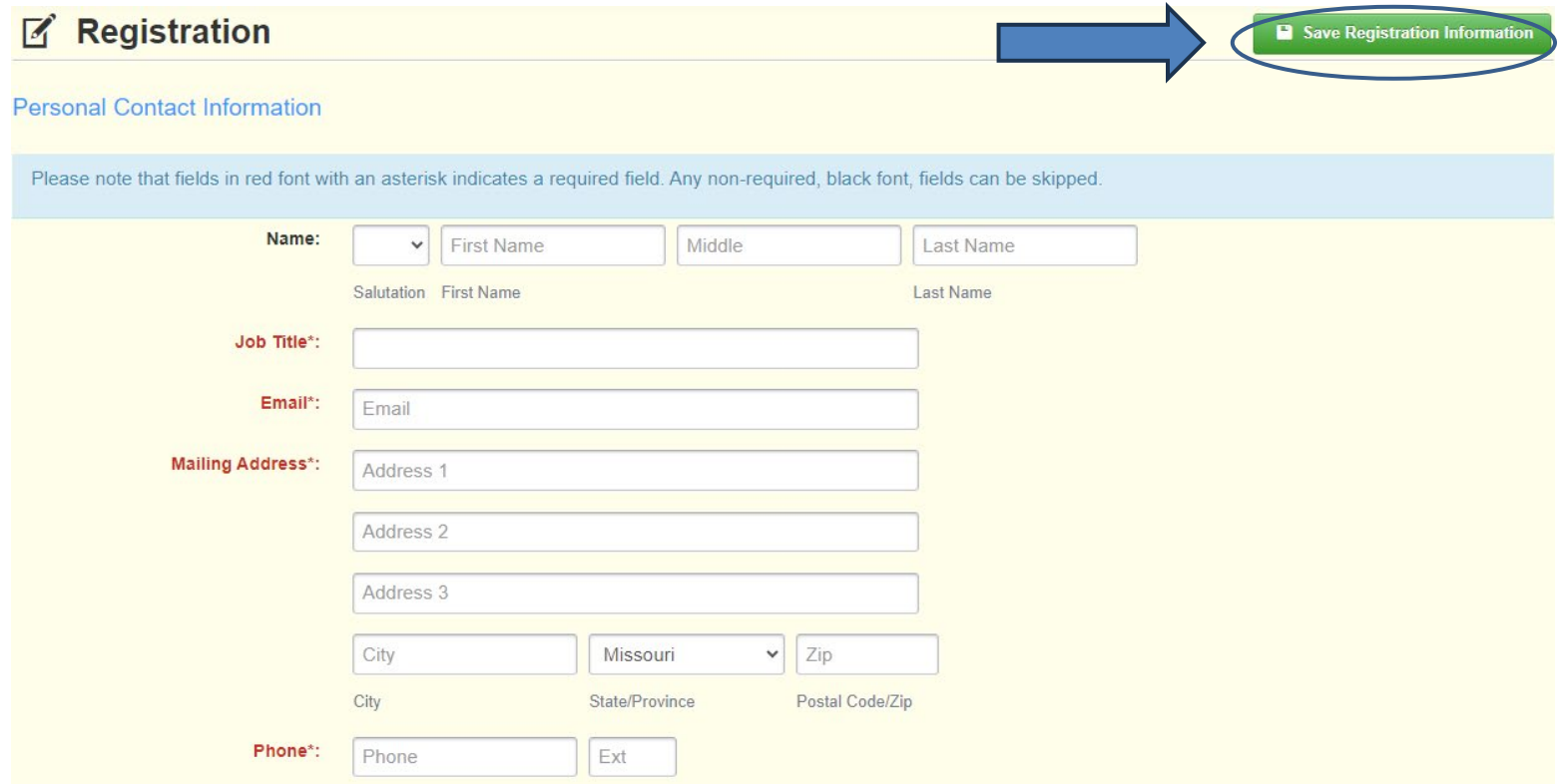
SIGN IN

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

[Click here to Register](#)

WebGrants Registration

- ▶ Fill out all requested information and select “Save Registration Information”
 - ❑ This is a request that must be approved by staff in our office
- ▶ When your request has been approved you will receive emails with a User ID and Password



Registration

Personal 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 Zip

Phone*:
Phone Ext

[Save Registration Information](#)

WebGrants Application

- If your agency is already registered in the system, someone with access will need to add new users
- Logging into WebGrants, there is two-factor authentication: Enter your User ID and Password then a one-time passcode will be sent to your e-mail address by WebGrants



Login

Enter your user id and password

User ID

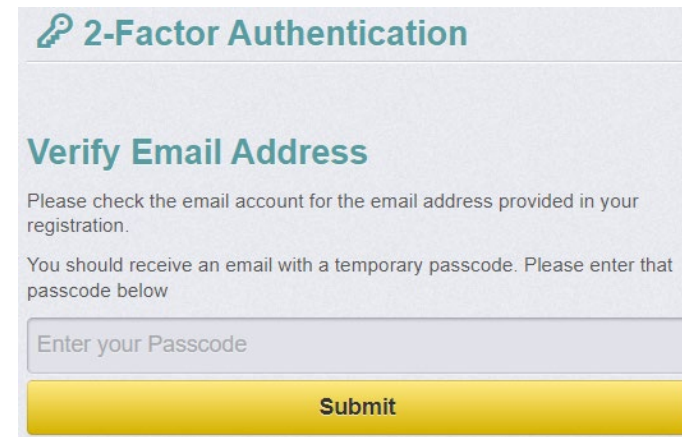
Password

SIGN IN

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

[Click here to Register](#)

- Enter your Passcode here and select “Submit”



2-Factor Authentication

Verify Email Address

Please check the email account for the email address provided in your registration.

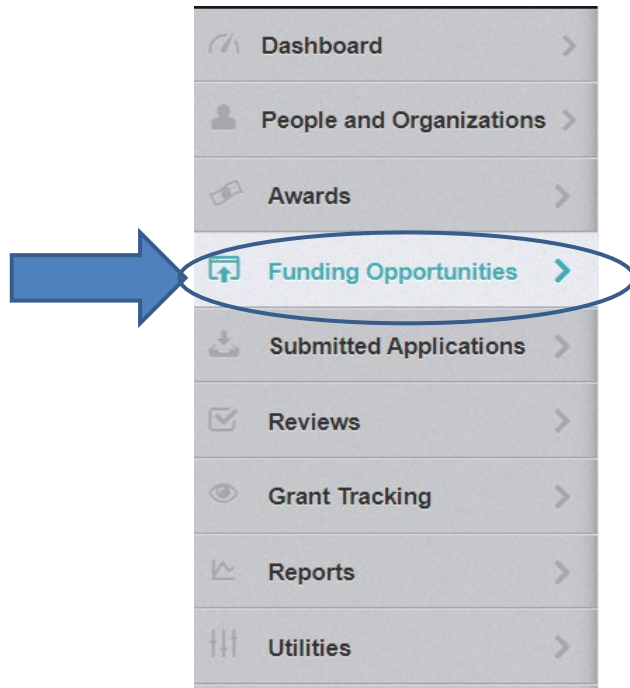
You should receive an email with a temporary passcode. Please enter that passcode below

Enter your Passcode

Submit

Funding Opportunity

After logging into the system select “Funding Opportunities”

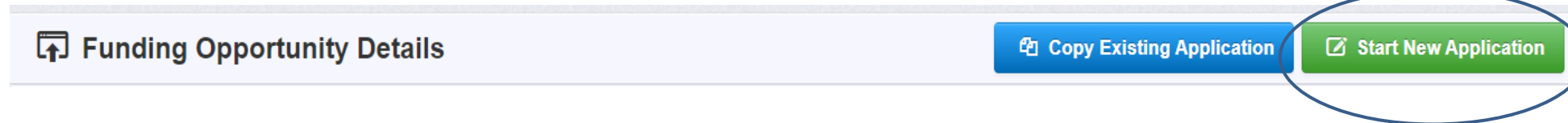


Funding Opportunity

- ▶ The funding opportunity will be listed as:
 - ❑ Program Area: Economic Distress Zone Grant (EDZ)
 - ❑ Opportunity Title: SFY 2025 Economic Distress Zone Grant (EDZ)
 - ❑ Application Opens: September 12, 2024
 - ❑ Application Deadline: **October 8, 2024 at 5:00 pm CST**
- ▶ Select the Funding Opportunity

Start a New Application

After selecting the correct Funding Opportunity select “Start New Application”



Funding Opportunity Details

Copy Existing Application

Start New Application

33792 - SFY 2025 Economic Distress Zone Grant (EDZ) TEST

[Funding Opportunity Details](#)

General Information Form

- ▶ Complete the entire form as indicated:
 - ❑ **Application Title:** Enter EDZ 2025 – (Agency Name)
 - ❑ **Primary Contact:** Select primary contact from the drop-down
- ▶ Select “Save Form Information”

Application - General Information



- ▶ Select “Save Form Information” again

Application - General Information



Application Forms

The SFY 2025 Economic Distress Zone Grant (EDZ) will include 5 forms:

1. General Information
2. Contact Information
3. EDZ Project Form
4. Budget
5. Named Attachments (EDZ)

Component	Complete?	Last Edited
General Information	✓	Sep 10, 2024 1:47 PM - TEST TEST
Contact Information	-	-
EDZ Project Form	-	-
Budget	-	-
Named Attachments (EDZ)	-	-

Contact Information


This form will collect information for the applicant agency contacts

- ▶ **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
 - ❑ If the applicant agency is a non-profit, the Board Chair shall be the Authorized Official
- ▶ **Project Director:** Individual that will have direct oversight of the proposed project
- ▶ **Fiscal Officer:** Individual who has responsibility for accounting and audit issues at the applicant agency
- ▶ **Project Contact Person:** Primary contact for day-to-day questions – the person that will be requesting reimbursement and submitting status reports

Contact Information

▶ Select Contact Information:

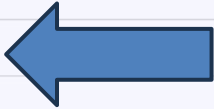
Application Preview Attachments Alert History Map

 **Application Details** [Preview Application](#) [Withdraw](#)

Application cannot be Submitted Currently

- Application Budget is lower than the allowable limit
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Sep 10, 2024 1:47 PM - TEST TEST
Contact Information	-	-
EDZ Project Form	-	-
Budget	-	-
Named Attachments (EDZ)	-	-



Contact Information

Contact Information

Save Form

Authorized Official

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

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

- If the applicant agency is a nonprofit, the Board Chair shall be the Authorized Official

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

****This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be 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*: Missouri

City State Zip

Email*:

Contact Information

- ▶ Continue to complete the information for the Project Director, Fiscal Officer, and Project Contact Person. Once all the forms have been completed, select “Save Form”



- ▶ You can make edits to the form by selecting “Edit Form”




- ▶ Select “Mark as Complete”



EDZ Project Form


Select "EDZ Project Form"

Application Preview Attachments Alert History Map

 **Application Details** [Preview Application](#) [Withdraw](#)

Application cannot be Submitted Currently

- Application Budget is lower than the allowable limit
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Sep 10, 2024 1:47 PM - TEST TEST
Contact Information	✓	Sep 10, 2024 2:34 PM - TEST TEST
EDZ Project Form 	-	-
Budget	-	-
Named Attachments (EDZ)	-	-

EDZ Project Form

The EDZ Project Form has 3 sections:

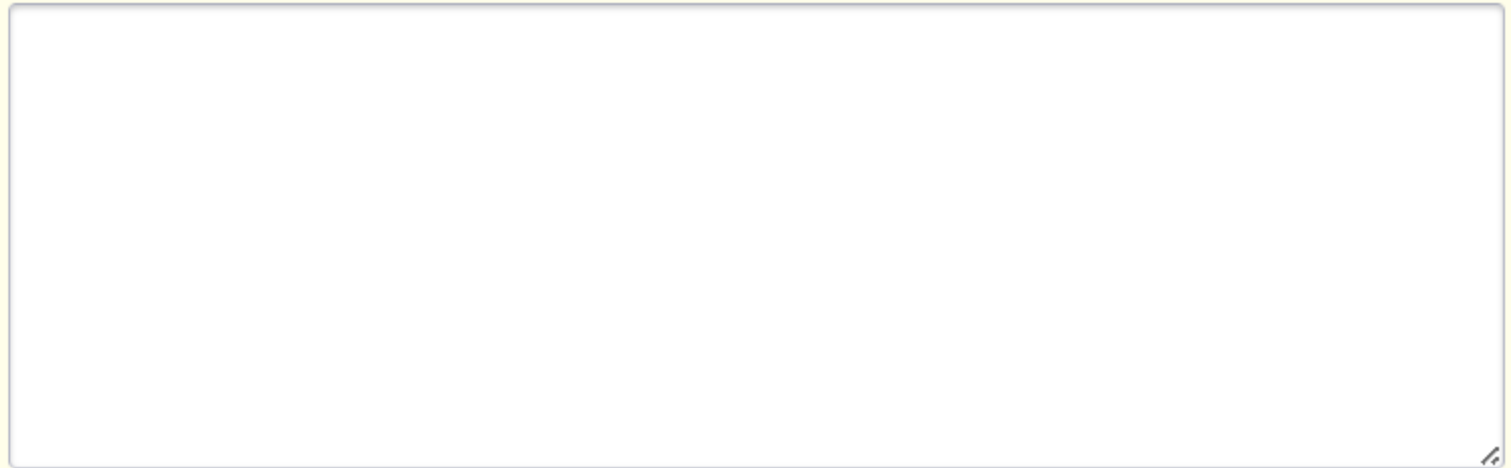
1. Project Description
2. Audit Information and Risk Assessment
3. Certified Assurances

EDZ Project Form

Section 1: Project Description – Fully answer each question in the box provided

▶ Question 1

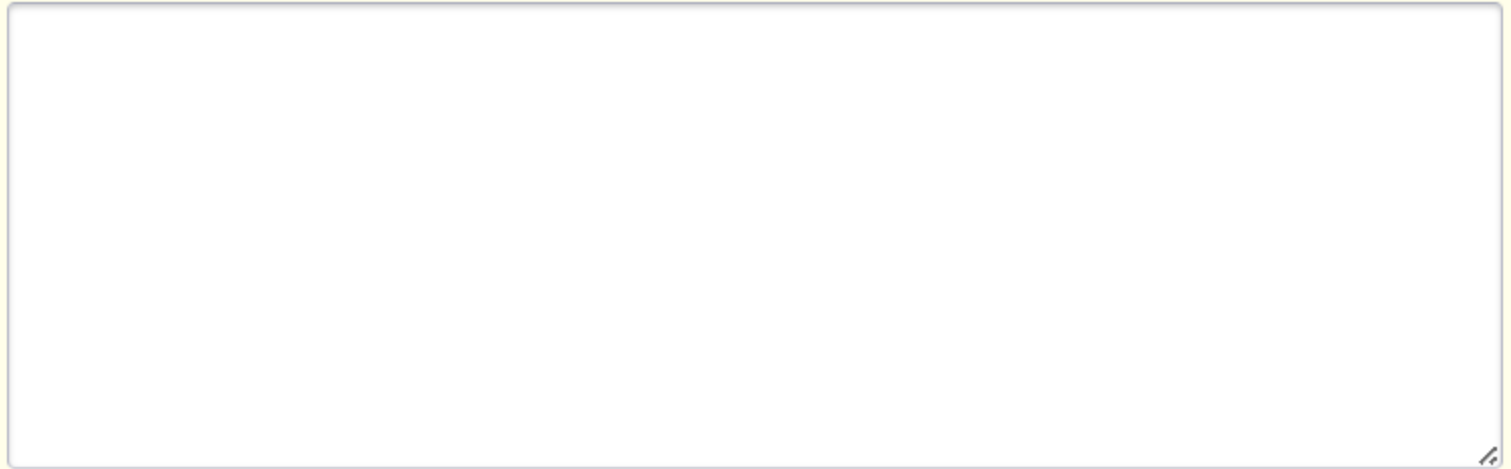
1. Describe your entity's current efforts in deterring crimes in the eligible area(s) (or other areas if this program is to expand an existing program into an eligible area)*:



EDZ Project Form

▶ Question 2

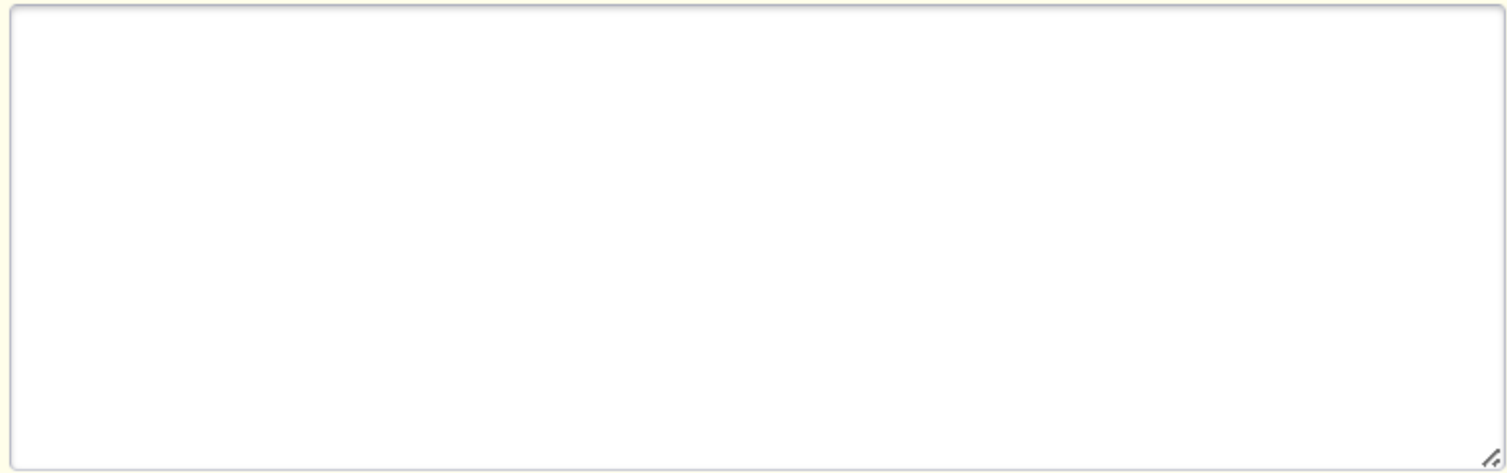
2. Please provide examples of program successes your agency has experienced*:



EDZ Project Form

▶ Question 2.a

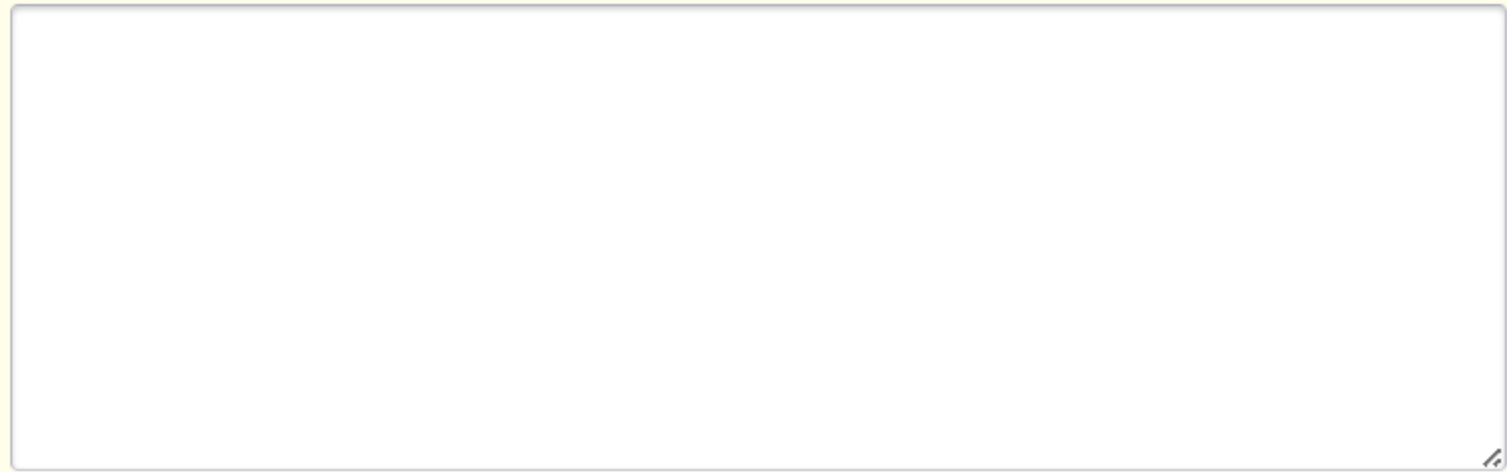
2. a. Please provide crime statistics impacted by these successful experiences *:

A large, empty rectangular box with a thin grey border, intended for the user to provide crime statistics. The box is positioned to the right of the question text. In the bottom right corner of the box, there is a small, faint handwritten mark that appears to be the number '6'.

EDZ Project Form

▶ Question 3

3. Please provide a description of your proposed project. Include how the project will deter crime in the eligible area.*:

A large, empty rectangular text box with a thin grey border, intended for the user to provide a description of their proposed project. The box is currently blank.

EDZ Project Form

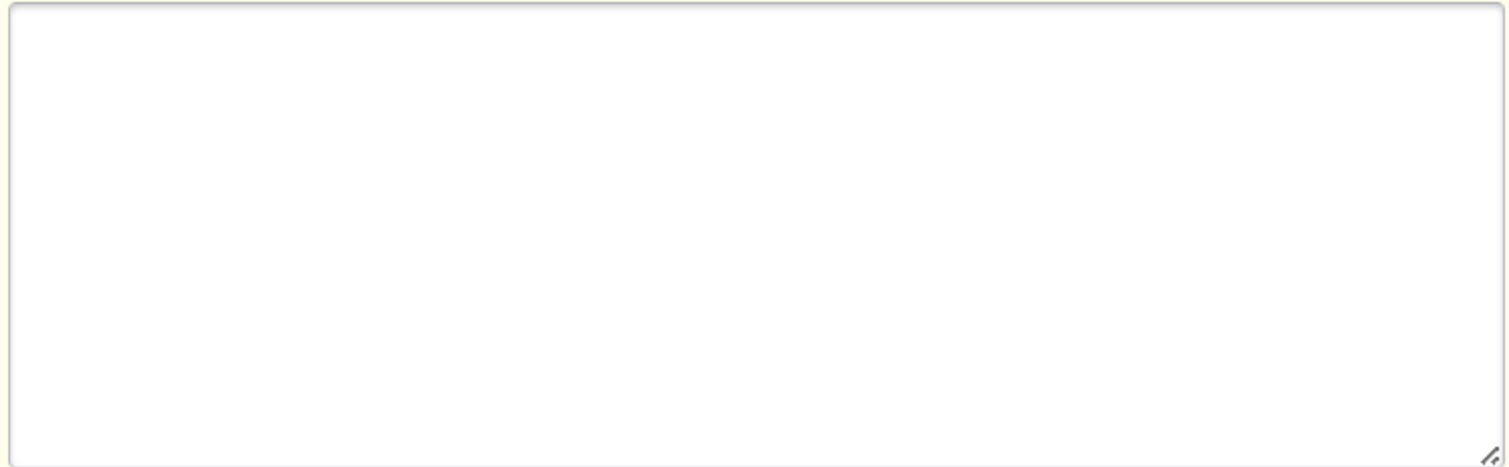
▶ Question 4

4. Please explain the need for this project.

Include the following

*** Please explain the funding need from this grant.**

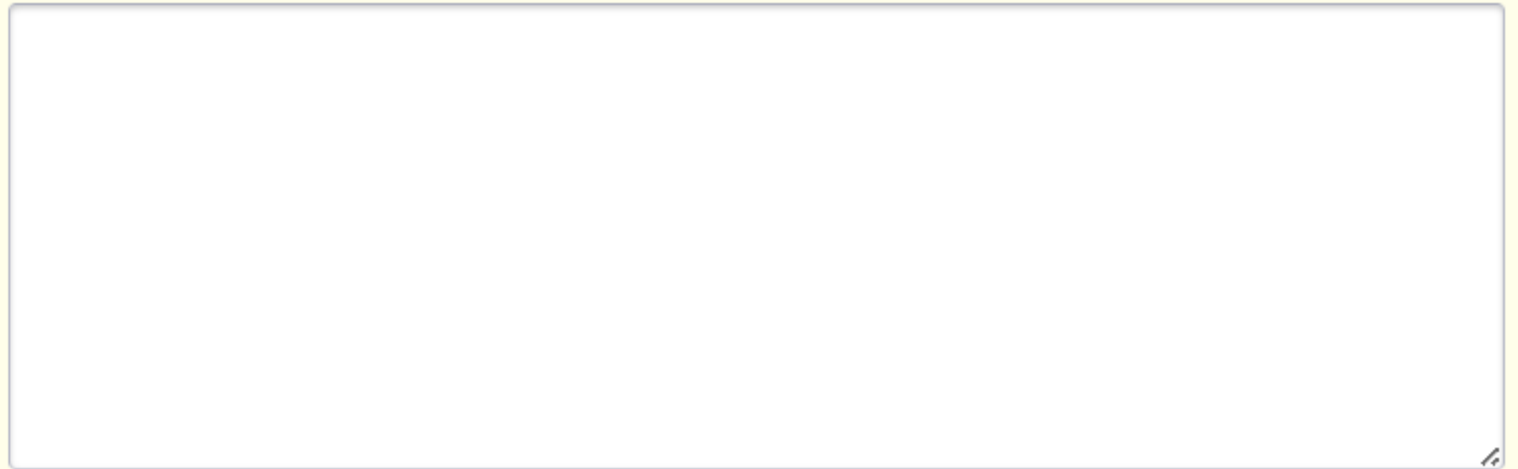
*** Provide statistics that show the emerging need for this project.*:**



EDZ Project Form

▶ Question 5

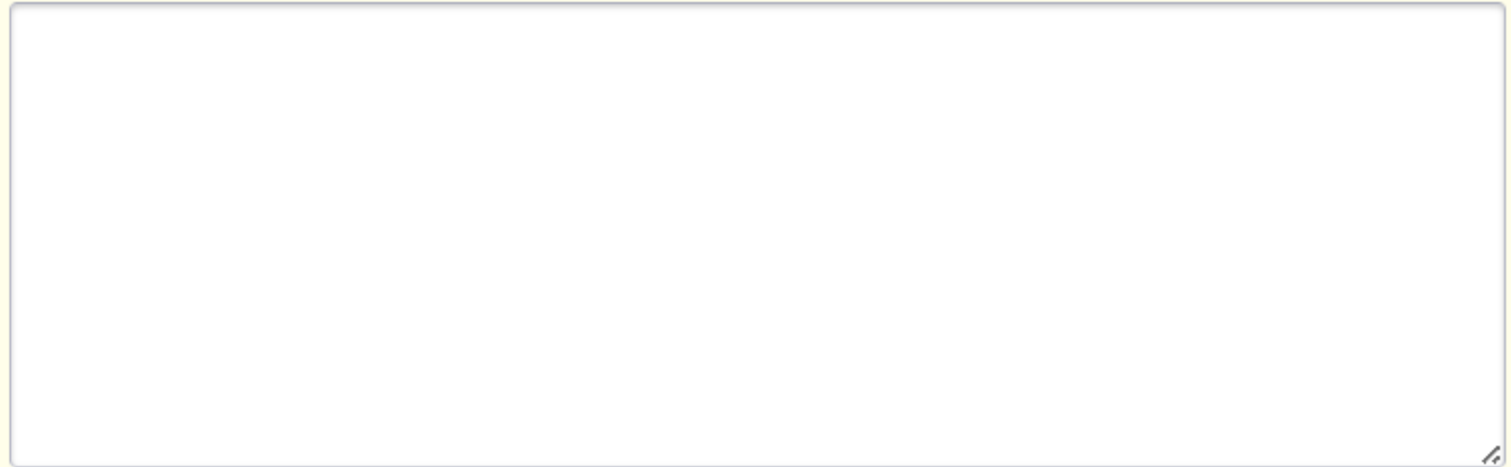
5. How will this grant enhance your partnership(s) within the eligible area?*



EDZ Project Form

▶ Question 5.a

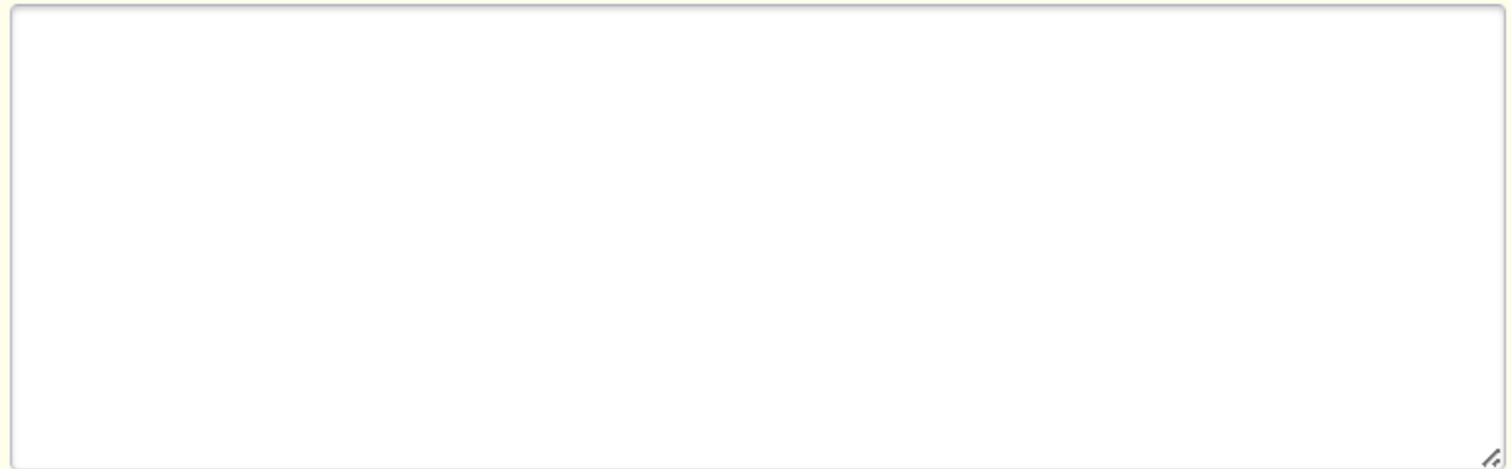
5.a. What interactions has your agency had with law enforcement in the past?*



EDZ Project Form

▶ Question 5.b

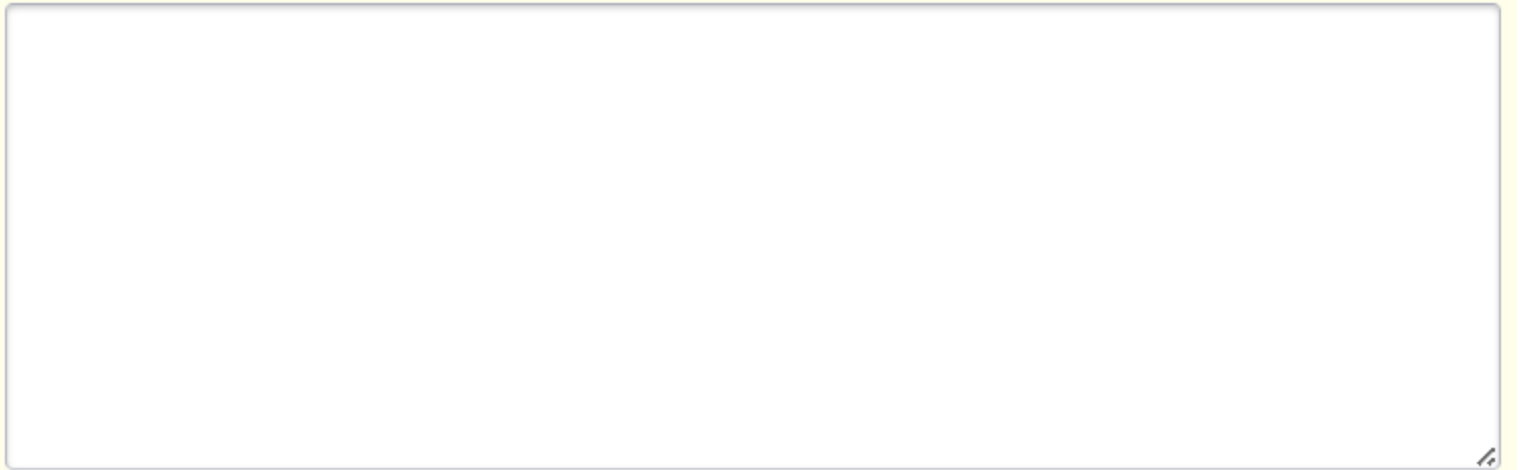
5.b. How will your agency interact with law enforcement for this program?*



EDZ Project Form

▶ Question 5.c

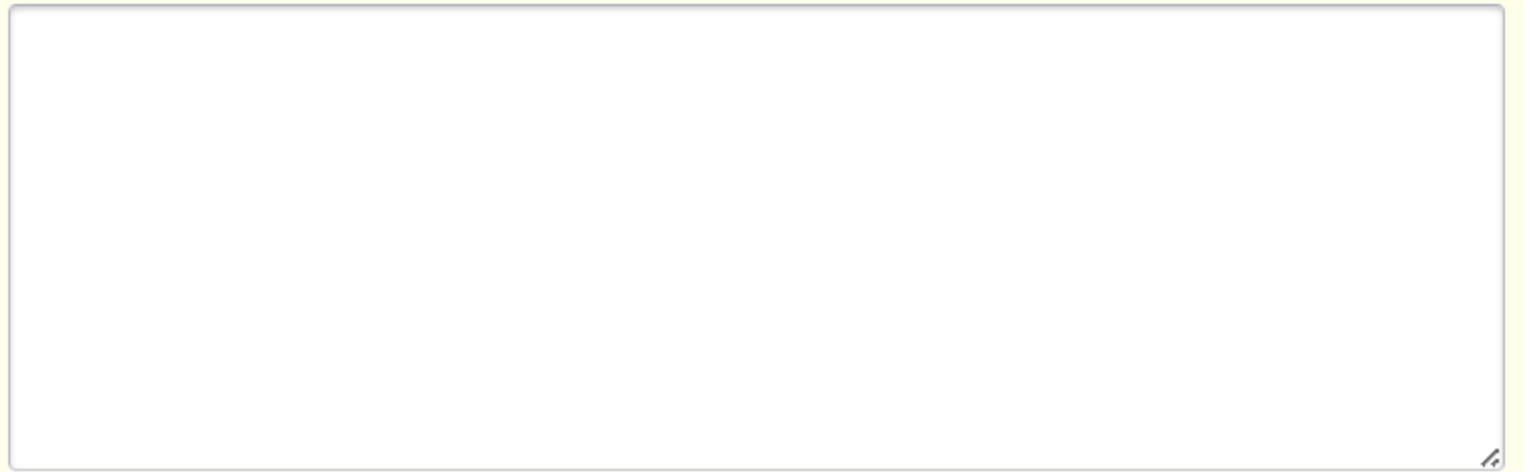
5.c. How will your agency interact with public schools in the eligible area?*



EDZ Project Form

▶ Question 5.d

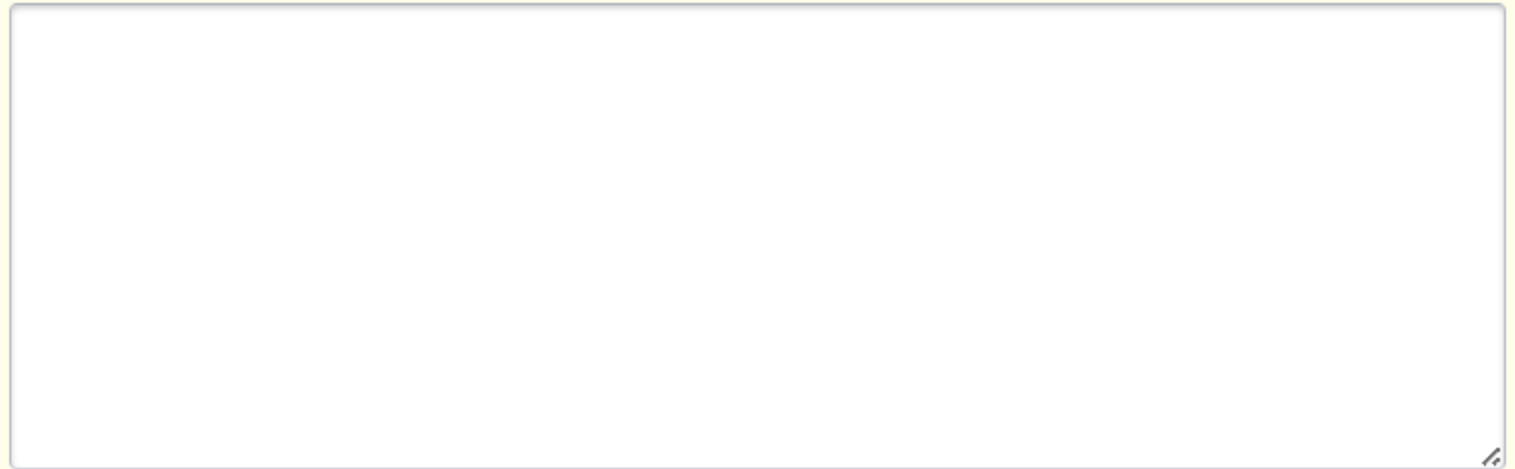
5.d. What interactions has your agency had with public schools in the past?*



EDZ Project Form

▶ Question 5.e

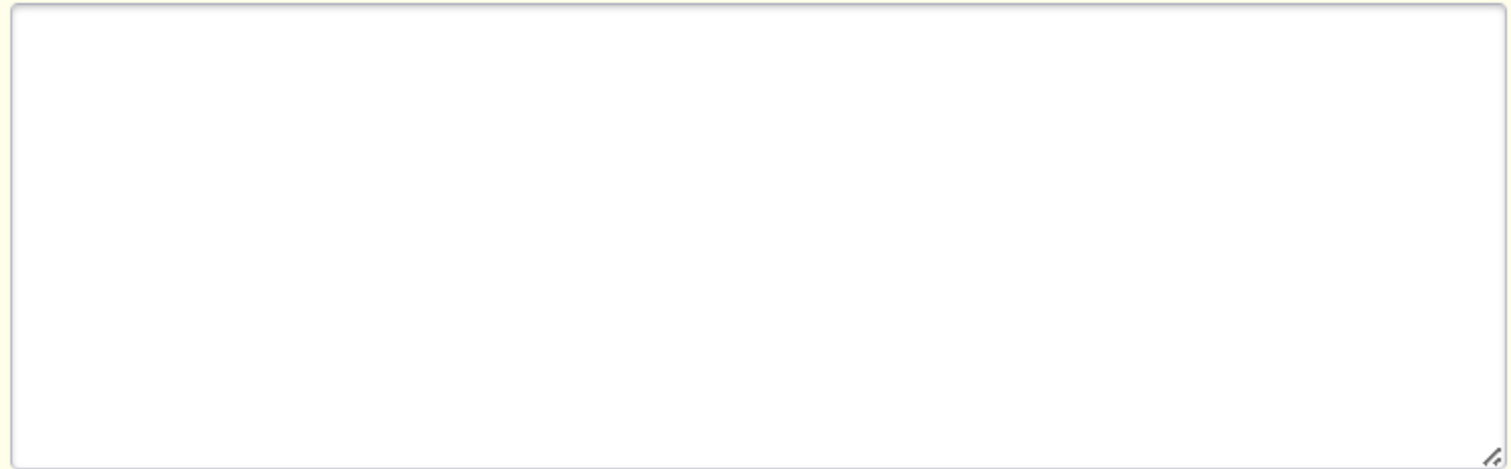
5.e. What interactions has your agency had with community leaders in the past?*



EDZ Project Form

▶ Question 5.f

5.f. How will your agency collaborate with community leaders in the eligible area?*

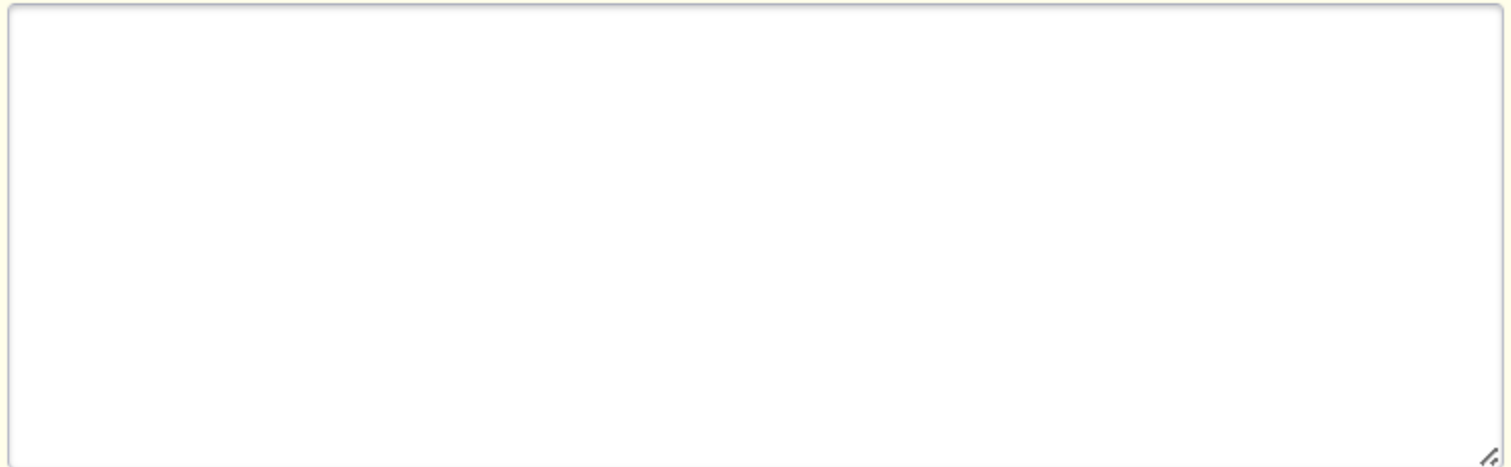
A large, empty rectangular box with a thin grey border, intended for the user to provide their answer to question 5.f. The box is currently blank.

EDZ Project Form

▶ Question 6.a

6. What is necessary to complete the proposed project?

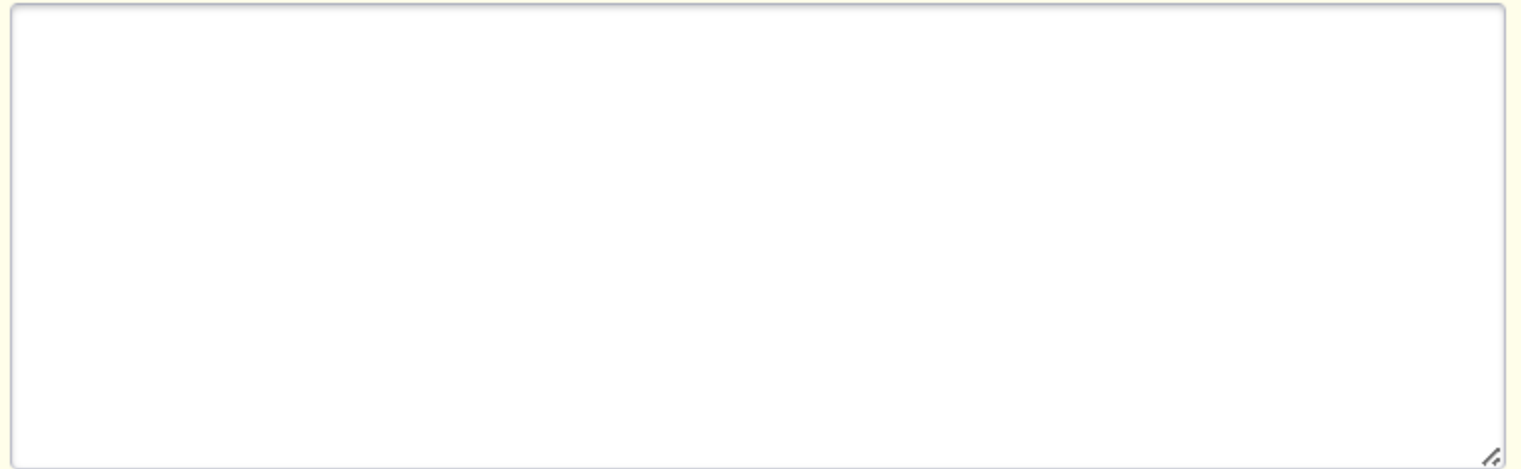
6.a. Please list the items being requested for the project. *:

A large, empty rectangular box with a thin grey border, intended for the user to list items requested for the project. The box is currently blank.

EDZ Project Form

▶ Question 6.b

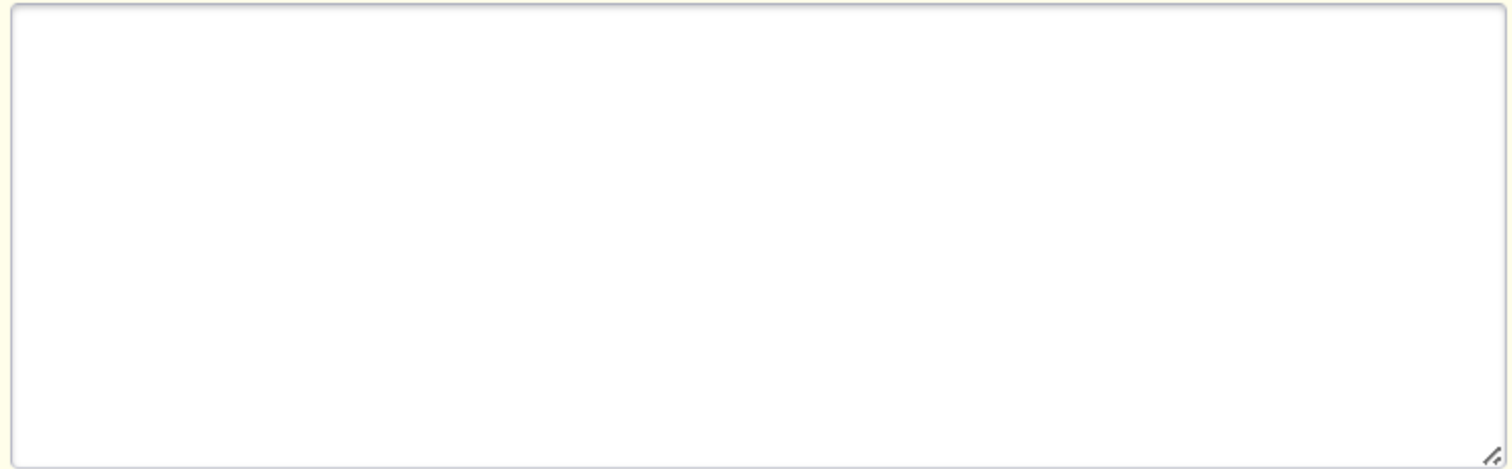
6.b. If you are proposing to hire new personnel, how does your entity intend on sustaining the position(s) if/when this grant funding is no longer available?:



EDZ Project Form

▶ Question 6.c

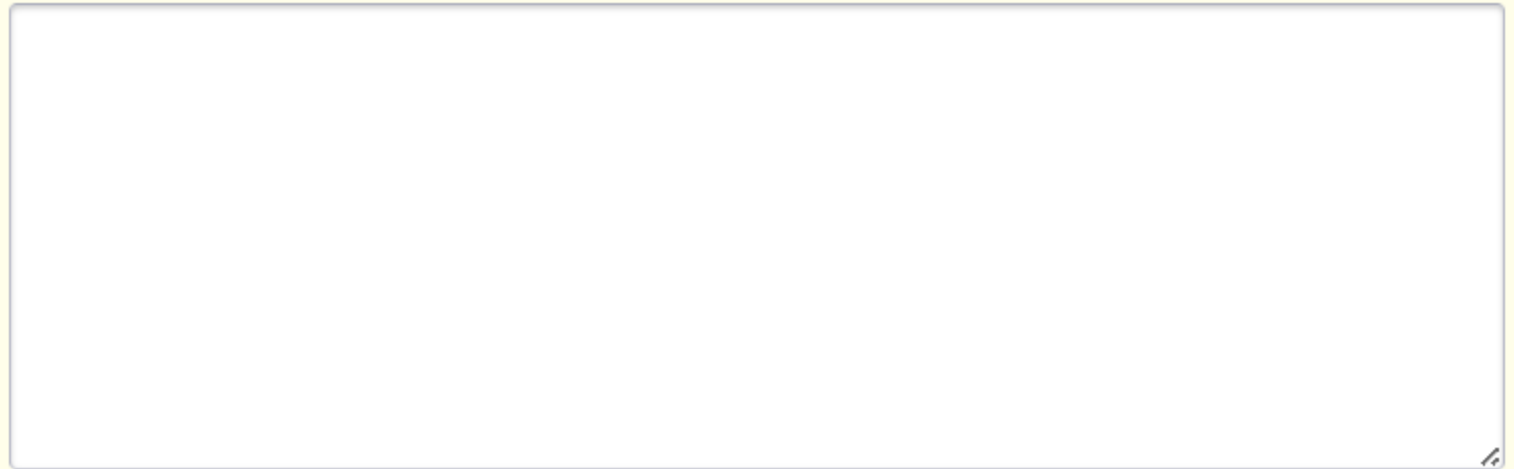
6.c. If you are proposing to transfer an existing employee to a new position, how do you plan on filling the vacancy created by the transfer/reassignment?:



EDZ Project Form

▶ Question 7

**7. What is the overall timeline
for the project?***

A large, empty rectangular box with a thin grey border, intended for the user to provide their answer to Question 7. The box is currently blank.

EDZ Project Form

▶ Question 8

8. How long will the project take to get underway after funds have been awarded?*

EDZ Project Form

▶ Question 9

9. How long will it take to complete the project?*

EDZ Project Form

Section 2: Audit Information

Audit Information and Risk Assessment

Audit Information

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

Yes

No

If the applicant agency exceeded the state expenditure threshold in their last fiscal year, they must have an audit completed and submitted to DPS within nine (9) months after the end of the audited fiscal year.

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

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

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

EDZ Project Form

Section 2: Risk Assessment

The information obtained in this section will be used by DPS staff to conduct a risk assessment of your agency

Risk Assessment

13. Does the applicant agency have new personnel that will be working on this award?*

Yes No

New personnel is defined as working with this award type less than 12 months.

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

Yes No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

15. Does the applicant agency receive any Federal/State awards?*

Yes No

16. Did the applicant agency receive any Federal/State monitoring on a Federal/State award in their last fiscal year?*

Yes No

EDZ Project Form

Section 3: Certified Assurances

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

- If the applicant agency is a non-profit, the Board Chair is the Authorized Official

EDZ Project Form

☰ Certified Assurances

Save Form

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:

EDZ Certified Assurances

I am aware that failure to comply with any of the Certified Assurances could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance. Where the Authorized Official is unable to certify to any of the statements in the Certified Assurances, he or she shall provide an explanation below and may attach documentation under the 'Named Attachments' form where needed.

I have read and agree to the terms and conditions of the grant.*:

Yes

No

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

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

•If the applicant agency is a nonprofit, the Board Chair/President 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.

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

****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.****

Authorized Official Name*:

Authorized Official Job Title*:

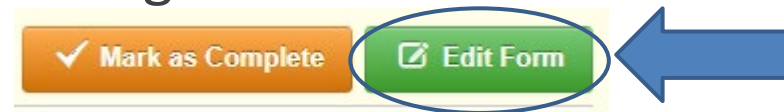
Date*:

EDZ Project Form Completion

- ▶ Once the form has been completed, select “Save Form”



- ▶ You can make edits to the form by selecting “Edit Form”



- ▶ Select “Mark as Complete”



Budget

Budget

▶ Select “Budget”

Application Preview Attachments Alert History Map

Application Details [Preview Application](#) [Withdraw](#)

Application cannot be Submitted Currently

- Application Budget is lower than the allowable limit
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Sep 10, 2024 1:48 PM - TEST TEST
Contact Information	✓	Sep 11, 2024 7:53 AM - TEST TEST
EDZ Project Form	✓	Sep 11, 2024 8:24 AM - TEST TEST
Budget	-	-
Named Attachments (EDZ)	-	-

Budget

- Select “Save Multi-List” to begin completing the budget



☰ Personnel - Multi-List

✓ Mark as Complete + Add Row

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



- Enter each budget line by selecting “Add Row” in the budget category that best fits the item being requested and completing all required information, then “Save Row” and “Add Row” if additional budget lines are needed. Personnel
 - Benefits
 - Training/Travel
 - Equipment
 - Supplies/Operations
 - Contractual

Budget

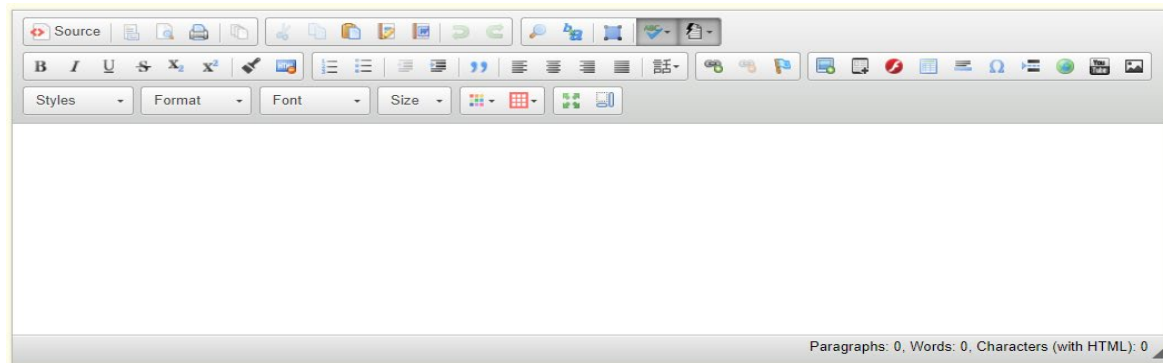
- ▶ Provide required narrative justification for all budget lines by selecting “Edit Form” at top of the page or in the budget category

Personnel Justification

✓ Mark as Complete

Edit Form

- ▶ Enter in your justification for the budget line then select “Save Form”



A screenshot of a rich text editor interface. The top toolbar includes icons for undo, redo, bold, italic, underline, link, unlink, bulleted list, numbered list, indent, outdent, text color, background color, and a link icon. Below the toolbar are dropdown menus for Styles, Format, Font, and Size. The main editing area is a large, empty white box. At the bottom right of the editor, the status bar displays "Paragraphs: 0, Words: 0, Characters (with HTML): 0".

Save Form

Budget Form

Narrative Justification

- ❑ **The Justification for each line should include the following:**
 - Justify why each requested budget line is necessary for the success of the proposed project
 - Cost Basis for the budget line request
- ❑ **Specific information for budget lines in these categories should also include:**
 - **Personnel** - Description of job responsibilities the individual will be expected to perform for this project/program
 - **Benefit** - List which benefits are included and the rate of each benefit
 - **Travel/Training** – List each training separately in the budget and in the justification provide the cost basis breakdown for the training (registration, hotel, per diem, etc.)
 - **Equipment** – In justification please include who will use the item, how it will be used, and where it will be housed
 - **Contractual** – Provide the dates of service for any contracts or contracted services

Budget Form

Repeat the above steps for each budget line category if needed.

- Personnel
- Benefits
- Training/Travel
- Equipment
- Supplies/Operations
- Contractual

This form cannot be “Marked As Complete” until all Justifications is entered in

Budget Form Completion

- ▶ Once each budget section of the form has been completed and saved, select “Mark as Complete”

☰ Personnel - Multi-List



✓ Mark as Complete

+ Add Row

✎ Edit All Rows

- ▶ You can make mass edits to the form by selecting “Edit All Rows”

☰ Personnel - Multi-List

✓ Mark as Complete

+ Add Row

✎ Edit All Rows



Named Attachments (EDZ)

After the budget is complete select the final application form, “Named Attachments”

Application Preview Attachments Alert History Map

Application Details [Preview Application](#) [Withdraw](#)


Application cannot be Submitted Currently

- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Sep 10, 2024 1:48 PM - TEST TEST
Contact Information	✓	Sep 11, 2024 7:53 AM - TEST TEST
EDZ Project Form	✓	Sep 11, 2024 8:34 AM - TEST TEST
Budget	✓	Sep 11, 2024 9:04 AM - TEST TEST
Named Attachments (EDZ)	-	-

Named Attachments (EDZ)

- ▶ To attach the most recent Audit/Financial Statement, select “Audit/Financial Statement (REQUIRED)”
 - ❑ This is a **required document**, that must be attached

 - Named Attachments [✓ Mark as Complete](#)

Named Attachment	Required	Description	File Name 	Type	Size	Upload Date	Delete?
Audit/Financial Statement (REQUIRED)*	✓						
Proof of agencies 501(c)(3) Status (REQUIRED)*	✓						
2023 Return of Organization Exempt Form Income Tax Form 990 (REQUIRED)*	✓						
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							

Named Attachments (EDZ)

To attach the agencies Proof of 501(c)(3) document, select “Proof of agencies 501(c)(3) Status (REQUIRED)”


- This is a **required document**, that must be attached

📎 - Named Attachments		✓ Mark as Complete					
Named Attachment	Required	Description	File Name 🔗	Type	Size	Upload Date	Delete?
Audit/Financial Statement (REQUIRED)*	✓						
Proof of agencies 501(c)(3) Status (REQUIRED)*	✓						
2023 Return of Organization Exempt Form Income Tax Form 990 (REQUIRED)*	✓						
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							

Named Attachments (EDZ)

To attach the agencies 2023 Tax Exempt Form, select “2023 Return of Organization Exempt Form Income Tax Form 990 (REQUIRED)”

- This is a **required document**, that must be attached

- Named Attachments ✓ Mark as Complete							
Named Attachment	Required	Description	File Name 	Type	Size	Upload Date	Delete?
Audit/Financial Statement (REQUIRED)*	✓						
Proof of agencies 501(c)(3) Status (REQUIRED)*	✓						
2023 Return of Organization Exempt Form Income Tax Form 990 (REQUIRED)*	✓						
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							

Named Attachments (EDZ)

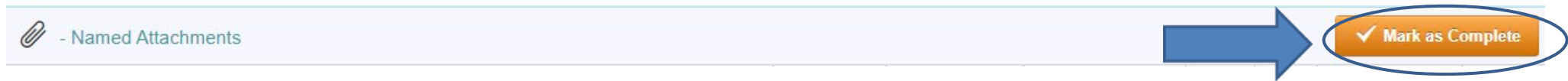
Any additional information you would like to supply can be attached in the Other Supporting Information section(s)

□ Examples:

- Quotes
- Letters of Support
- Additional information that did not fit in the application

Named Attachments (EDZ) Completion

- ▶ Once the form has been completed, select “Mark as Complete”



Application Completion

Once all forms have been “Marked As Complete” the application can be submitted

Application Preview Attachments Alert History Map

Application Details Preview Application **Submit Application** Withdraw

- Application is in compliance and is ready for Submission!

Component	Complete?	Last Edited
General Information	✓	Sep 10, 2024 1:48 PM - TEST TEST
Contact Information	✓	Sep 11, 2024 7:53 AM - TEST TEST
EDZ Project Form	✓	Sep 11, 2024 8:34 AM - TEST TEST
Budget	✓	Sep 11, 2024 9:04 AM - TEST TEST
Named Attachments (EDZ)	✓	Sep 11, 2024 9:22 AM - TEST TEST

A confirmation box will appear once the application is submitted, select “Submit”

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 **Submit**

Important Dates

- ▶ Application Period:
 - ❑ Thursday, September 12, 2024 – Tuesday, October 8, 2024 5:00 pm CST
- ▶ Application Workshop PowerPoint posted online: Thursday, September 12, 2024
 - ❑ PowerPoint will be posted at: <https://dps.mo.gov/dir/programs/ohs/grantstraining/> under Grant Applications and Forms and SFY 2025 Economic Distress Zone Grant (EDZ)
- ▶ Compliance Workshop: November 2024
- ▶ Program Start Date: October 1, 2024
- ▶ Program End Date: April 30, 2025

Questions

For any questions please contact our office:

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