

Water Safety and Swim Lessons (WSSL) Grant

SFY 2024 Application Workshop



SFY 2024 Water Safety and Swim Lessons (WSSL) Grant: Notice of Funding Opportunity

- ▶ The Department of Public Safety, Criminal Grants Unit is pleased to announce the funding opportunity for the SFY 2024 Water Safety and Swim Lessons (WSSL) Grant
- ▶ This funding opportunity is made available through the Missouri Department of Public Safety's electronic WebGrants System, accessible online at: <https://dpsgrants.dps.mo.gov>

The WebGrants System will NOT accept applications after the established deadline

Key Dates

August 23, 2023:

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

September 20, 2023:

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

November 1, 2023:

Project Start Date

May 31, 2024:

Project End Date

Water Safety and Swim Lessons (WSSL) Grant

- ▶ The Water Safety and Swim Lessons (WSSL) grant is a state-administered and funded program
- ▶ The purpose of the Water Safety and Swim Lessons (WSSL) Grant is to provide grants to increase access to standardized water safety education and swim lessons for underserved populations provided by a community based nonprofit.
- ▶ Priority will be given to applicants that demonstrate the greatest need.
- ▶ Total state funding available for this project in State Fiscal Year 2024 \$140,399

Reimbursement Grant

- ▶ The WSSL program is a reimbursement grant
- ▶ Awarded eligible items must be purchased prior to requesting reimbursement

Eligible Applicants

- ▶ Eligible applicants include nonprofit 501 (c) (3) corporations providing standardized water safety education and swim lessons to underserved populations within the State of Missouri.

Eligible Costs

- ▶ Funding is only available for services provided within Missouri

Eligible Costs Categories

- ▶ Personnel, Personnel Benefits, Personnel Overtime, & Personnel Overtime Benefits
- ▶ Travel/Training
- ▶ Equipment
- ▶ Supplies/Operations
- ▶ Contractual

Ineligible Costs

- ▶ Additional Information is listed in the SFY 2024 WSSL Notice of Funding Opportunity
 - ▶ Bonuses or Commissions
 - ▶ Construction/Renovation Projects
 - ▶ Daily Subsistence within Official Domicile
 - ▶ Entertainment Expenses & 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 Missouri

Application Requirements

- ▶ By submitting an application, applicants agree to comply with the requirements of the WSSL Notice of Funding Opportunity, WSSL Certified Assurances, and the terms and conditions of the award, should they receive an award.

<https://dpsgrants.dps.mo.gov>

Application Instructions

- ▶ Go to: dpsgrants.dps.mo.gov
- ▶ Log in or register as a new agency

The screenshot shows a web interface divided into two panels. The left panel is titled "Log In" and contains a "User ID:*" field, a "Password:*" field, a "Log In" button, and links for "Forgot User Id?" and "Forgot Password?". The right panel features the "Missouri Department of Public Safety" logo and the text "New to WebGrants - Missouri Department of Public Safety?" with a "Register Here" link. A blue arrow points from the "Register Here" link to the "User ID" field, and another blue arrow points from the "Log In" button to the "User ID" field.

Log In

User ID:*

Password:*

[Forgot User Id?](#)

[Forgot Password?](#)

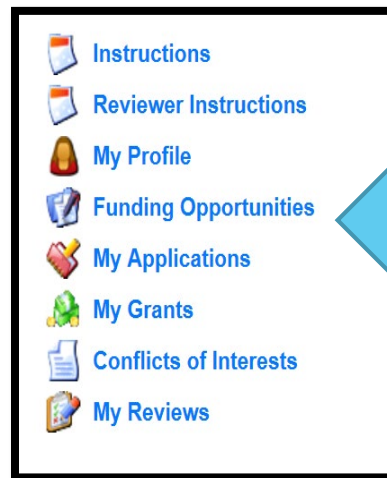
Missouri Department of
Public Safety

New to WebGrants - Missouri Department of Public Safety?

[Register Here](#)

Application Instructions (cont.)

- ▶ Select “Funding Opportunities” and select the “SFY 2024 Water Safety and Swim Lessons (WSSL) Grant” Funding Opportunity



Funding Opportunity

- ▶ Select SFY 2024 WSSL, ID#161099

ID	Status	Title	Program Area	Deadline
161099	Editing	2024 Water Safety and Swim Lessons (WSSL) Grant	Water Safety and Swim Lessons	09/20/2023

- ▶ The funding opportunity will include a description, attachments, and a link to the WSSL page on the DPS website

Website Links

Click on the URL to go to website

URL

<https://dps.mo.gov/>

Description

Department of Public Safety Website

Funding Opportunity (cont.)

- ▶ Funding opportunity attachments will include

Attachments		
<i>Click on the File Name to open attachment</i>		
Description	File Name	File Size
FY 2023 WSSL Certified Assurances	2023 WSSL Certified Assurances.pdf	143 KB
FY2023 WSSL Notice of Funding Opportunity and Attachments	FY23 WSSL NOFO and Attachments.pdf	442 KB

- ▶ SFY 2024 WSSL Notice of Funding Opportunity (NOFO)
- ▶ SFY 2024 Application Workshop
- ▶ WSSL Certified Assurances

Application Instructions

- ▶ After opening the “SFY 2024 WSSL” Funding Opportunity
- ▶ Select “Start New Application”



Copy Existing Application | Start a New Application

Application Instructions (cont.)

- ▶ After selecting “Start a New Application”, complete the “General Information” section
- ▶ “Project Title” should be: 2024 WSSL - Your Agency’s Name
- ▶ After completing the “General Information”, select “Save”

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Instructions

This page must be completed and saved before proceeding with the rest of the application process.

General Information

Primary Contact:* TEST TEST


Project Title:
(limited to 250 characters)* 2023 WSSL - Baseline Organization

Organization:* BaseLine Organization

Application Instructions (cont.)

- ▶ Select “Go to Application Forms”

General Information	Go to Application Forms
System ID: 149584	
Project Title: 2023 WSSL - Baseline Organization	
Primary Contact: TEST TEST	
Organization: BaseLine Organization	



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

Application Forms
General Information
Contact Information
Budget
Project Description Form
Named Attachments

Contact Information

- ▶ Please complete all contact information for
 - ▶ Authorized Official
 - ▶ Project Director
 - ▶ Fiscal Officer
 - ▶ Project Contact Person

*****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.
 - ▶ If the applicant agency is a non-profit agency, the Board Chair/President 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 Assurances Form

**** If you are unsure who to list as your agency's Authorized Official please contact the CJ/LE Unit for clarification****

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. Manager, Director)
- ▶ Fiscal Officer
 - ▶ The person at the agency that can answer fiscal and audit questions (i.e. fiscal officer, accountant)
- ▶ Project Contact Person
 - ▶ The person at the agency that will be the primary contact (Not a required section, if this person is the same as the Project Director)

Contact Information (cont.)

- ▶ Enter the information requested
 - ▶ Required fields are designated with a red asterisk *

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.

If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official. Please upload copy of 501C3 documentation in the Named Attachments section of this application

**** If your agency does not fall into the above category or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 526-9014****

Authorized Official:*
Title (Mr.Ms.etc) First Name Last Name

Job Title:*

Agency:*

Mailing Address:*

Street Address 1:

Street Address 2:

City State Zip Code

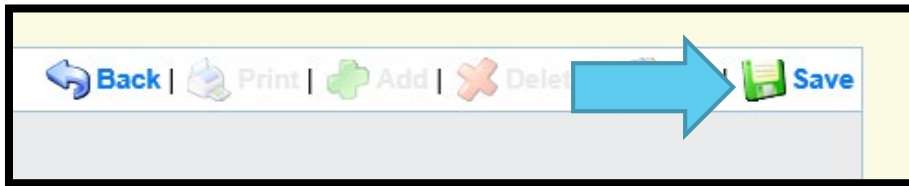
Email:*

Phone:*
Office Ext. Cell

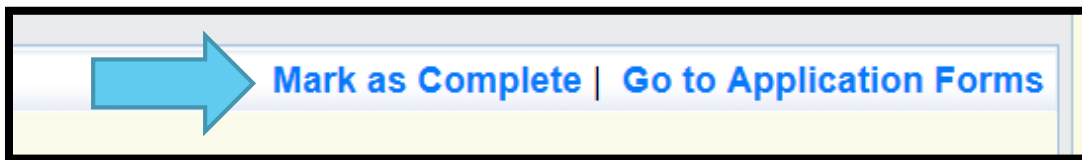
Fax:*

Contact Information (cont.)

- ▶ After all contact information for the Authorized Official, Project Director, Fiscal Officer and the Project Contact Person has been entered
 - ▶ Select “Save” at the top of the screen



- ▶ After the Contact Section has been saved select “Mark as Complete”



Project Form

- ▶ Select the “Budget” Form

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	01/05/2023	
Contact Information	✓	01/05/2023	
Budget			
Project Description Form			
Named Attachments			

- ▶ Information provided in this section will be used to make funding determinations. Be sure to clearly provide all requested information.

Budget Form (cont.)

Enter each budget line by selecting “Add” and completing all required information, then select “Save”

- ▶ Equipment Item - defined as tangible property having an acquisition cost of \$1,000 or more, and a useful life of more than one year. Items that do not meet the equipment definition should be requested under the Supplies category
- ▶ Supplies - Requested items that do not meet the threshold for equipment

Budget Form (cont.)

- ▶ To enter each budget line, select “Add”

Budget						Create New Version Go to Application Forms Add
Line Name:	Budget Category:	Line Description:	Quantity:	Unit Cost:	Total Cost:	



Budget Form (cont.)

- ▶ Complete the required information and select “Save”

Budget Line Items

Budget Category*

Enter the common name short description of a **Line Item Name:***

This section is provided if you need additional **Line Description:**

Please enter the individual cost per item requested **Unit Cost***

Please enter the number of items requested for this budget line. **Quantity Requested:***

NAMES IN THIS SECTION

1. Personnel	<input type="text"/>
2. Personnel Benefits	<input type="text"/>
3. Overtime Personnel	<input type="text"/>
4. Overtime Benefits	<input type="text"/>
5. Travel/Training	<input type="text"/>
6. Equipment	<input type="text"/>
7. Supplies/Operations	<input type="text"/>
8. Contractual	<input type="text"/>

Budget Form (cont.)

- ▶ Complete the form
 - ▶ Budget Category - Select one from the dropdown list
 - ▶ Line Name - Enter the brief common name of the item, do not include brand names
 - ▶ Line Description - a brief description of the item being requested or additional information if needed
 - ▶ Quantity - enter the number being requested for funding
 - ▶ Unit Cost - enter the individual item cost
- ▶ The system will calculate the total based on the quantity and item cost

Budget Form (cont.)

- ▶ Example of budget line

Budget Line Items

Budget Category*

Enter the common name short description of an item. DO NOT PUT BRAND NAMES IN THIS SECTION

Line Item Name:*

This section is provided if you need additional detail to the Line Name.

Line Description:

Please enter the individual cost per item requested.

Unit Cost*

Please enter the number of items requested for this budget line.

Quantity Requested:*

- ▶ Select “Save”



Budget Form (cont.)

- ▶ After selecting “Save” the budget line will be added to the budget

Budget Line Items			Mark as Complete Go to Application Forms Add		
Budget Category	Line Item Name:	Line Description:	Unit Cost	Quantity Requested:	Requested Grant Amount:
7. Supplies/Operations	Floatation Devices	Different sized floatation devices for swimming lessons	\$15.00	250.0	\$3,750.00
5. Travel/Training	Swimming Lesson Fees	Fees for swimming lessons for eligible participants	\$50.00	250.0	\$12,500.00

- ▶ Select “Add” for each additional budget item

Budget Form (cont.)

- ▶ After all budget lines have been entered
- ▶ Provide required justification for all budget lines by selecting “Edit” at top of the page
- ▶ Justification for all requested items can be completed at the same time



Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Application

Application: 149584 - 2023 WSSL - Baseline Organization

Program Area: Water Safety and Swim Lessons

Funding Opportunities: 149438 - Test - 2023 WSSL Application

Application Deadline: Final Application Deadline not Applicable

Organization: BaseLine Organization

Budget Form (cont.)

- ▶ Justification should be provided separately for each budget line:
 - ▶ What is the item?
 - ▶ How will the item be used?
 - ▶ Why is the requested item necessary for the success of the project?
 - ▶ Who will use the item?
 - ▶ What cost basis was used to determine the amount requested

Budget Form (cont.)

- ▶ Specific justification information for budget categories *in addition* to the items listed on the prior slide
 - ▶ Personnel and Overtime Personnel - Describe the job responsibilities the individual will be expected to perform for this project. Will they be full time or part-time? Is this a new position or an existing position? If existing how is the position currently funded, and why are grant funds necessary for this project?
 - ▶ Benefit and Overtime Benefits - List which benefits are included and the rate of each benefit.
 - ▶ Travel/Training - List each training separately in the budget and in the justification provide the cost basis breakdown of the training (Registration, hotel, per diem, etc.)
 - ▶ Equipment - In the justification please include if th item is new or a replacement
 - ▶ Contractual - Provide dates of service for any contracts or contracted services

Budget Form (cont.)

Budget Justification

In the Budget Justification, provide a separate justification for each item listed on the budget, include the following:

- *What is the item?*
- *How will the item be used?*
- *Why is the requested item necessary for the success of the project?*
- *Who will use the item?*
- *If the item is for supplies or equipment, is the item a replacement to current supplies/equipment, in addition to current supplies/equipment, or something the agency doesn't currently have?*
- *What cost basis was used to determine the amount requested? (i.e. quote)*

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

- *Personnel and Overtime Personnel* - Description of job responsibilities the individual will be expected to perform for this project/program.
- *Benefit and Overtime Benefits* - List which benefits are included and the rate of each benefit.
- *Travel/Training* – List each training separately in the budget and in the justification provide the cost breakdown for the training (Registration, hotel, per diem, etc.)
- *Equipment* – In justification please include if the item is new or a replacement, and who will be using the equipment.
- *Contractual* – Provide the dates of service for any contracts or contracted services.

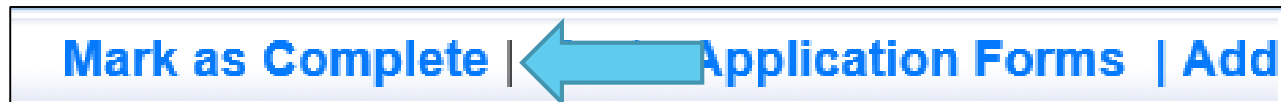
Budget Justification

Budget Form (cont.)

- ▶ When the Budget line(s) and the Justification(s) are completed select “Save”




- ▶ Select “Mark as Complete”



Project Description Form

- ▶ Select the Project Description Form

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	01/05/2023	
Contact Information	✓	01/05/2023	
Budget	✓	01/05/2023	
Project Description Form			
Named Attachments			



Project Description Form (cont.)

- ▶ Project Description information is important, all requested information **MUST** be provided as it is used to make Funding Determinations
- ▶ Sections:
 - ▶ Eligibility
 - ▶ Project Details
 - ▶ Certified Assurances

Project Form (cont.)

▶ Eligibility

- ▶ This section contains two questions, if the answer to either of the questions is no, you are not eligible do not complete the application

Eligibility

If your answer to question #1 or #2 is no, then your agency does not qualify for this grant opportunity. If you have any questions about your eligibility, please call (573) 526-9014

1. Is the applicant agency a 501 (c)(3) nonprofit corporation? Yes No

2. Is the agency licensed to provide services to citizens of the State of Missouri? Yes No

Project Description Form (cont.)

- ▶ Project Details, answer each question providing all information requested on the form

Project Details

3. Project Description:

Please provide a description of your project and how your agency will provide, new or expanded, water safety courses or swim lessons to underserved populations within the State of Missouri.

Please provide the following information:

- 1. What services will be provided by this project?*
- 2. Is this a new project? If this is not a new project how will these funds be used to expand an existing project?*
- 3. Who are the underserved population that will be provided services?*
- 4. Please describe the need for the project in your service area.*

Font Size

Characters: 0/99000

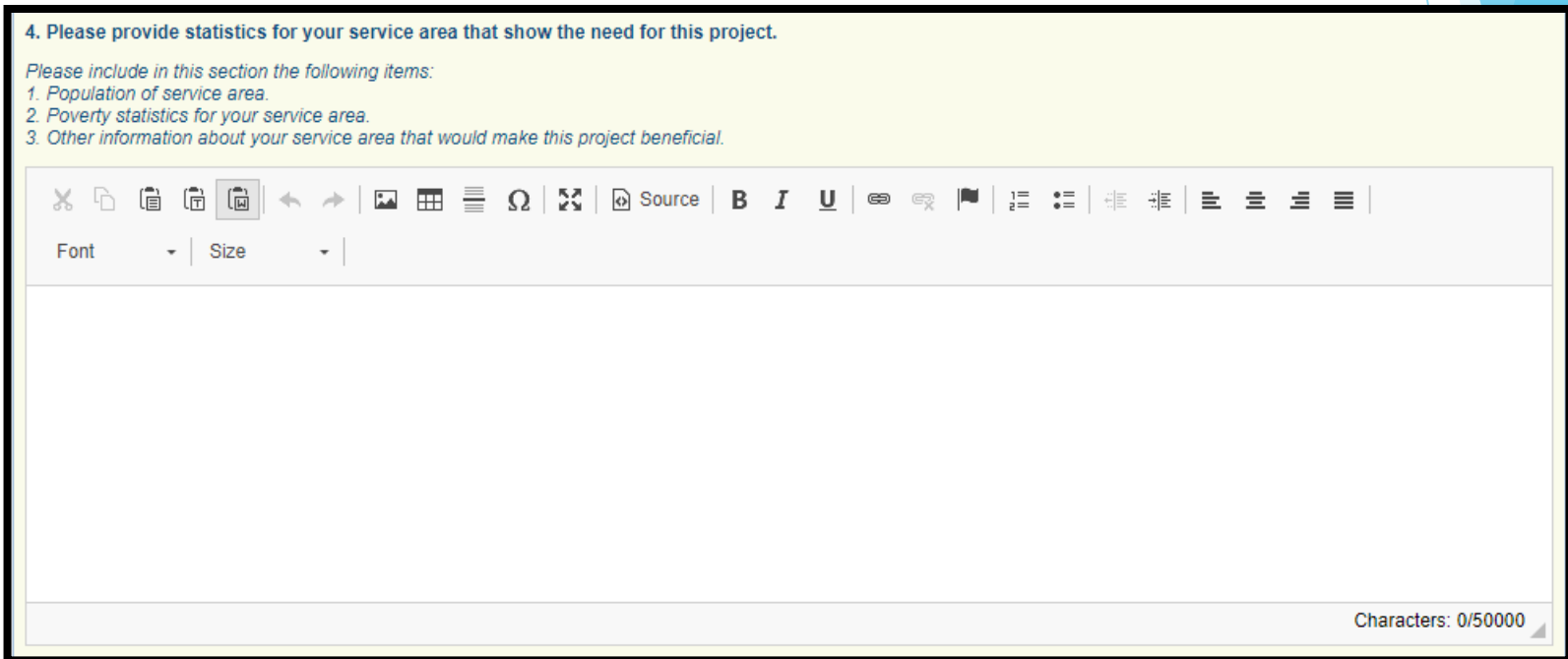
Project Description Form (cont.)

► Project Details (cont.)

4. Please provide statistics for your service area that show the need for this project.

Please include in this section the following items:

- 1. Population of service area.*
- 2. Poverty statistics for your service area.*
- 3. Other information about your service area that would make this project beneficial.*



Characters: 0/50000

Project Form (cont.)

- ▶ The Certified Assurances is located at the bottom of the Project Form
 - ▶ The correct Authorized Official must agree to the terms and conditions of the grant and be listed in the Authorized Official Name and Title, to be eligible for funding.

Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

SFY 2023 WSSL Certified Assurances

I am aware that failure to comply with any of the Certified Assurances will result in my agency being ineligible for funding.

I (the Authorized Official) have read and agree to the terms and conditions of the grant. Yes No

*****The correct Authorized Official must be the signatory on this grant for the application to be eligible for funding*****


The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract.

If the applicant agency is a non-profit the Authorized Official is the Board Chair/President.

****If you are unable to determine the correct Authorized Official for your agency please contact our office at (573)526-9014****

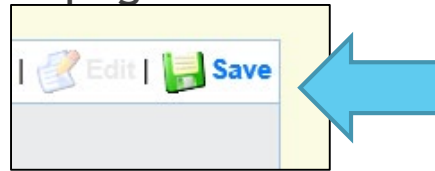
Authorized Official Name and Title:

Name and Title of person completing the application:

Date: 

Project Description Form (cont.)

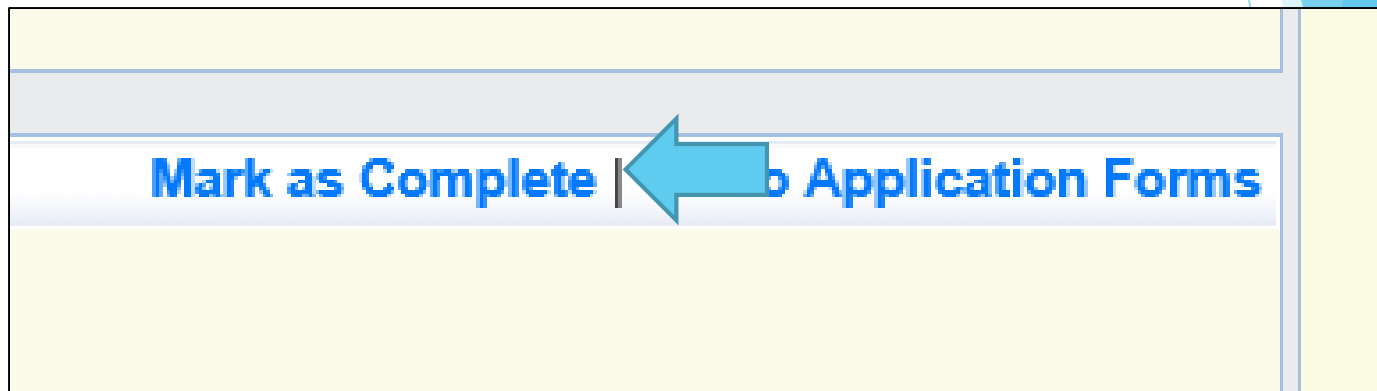
- ▶ After the Project Form has been completed select “Save” at the top of the page



- ▶ After selecting “Save” verify that the signed Certified Assurances is signed by the correct Authorized official

Project Description Form (cont.)

- ▶ When all information has been added to the Project form select “Mark as Complete”



Named Attachments

- ▶ Select “Named Attachments”

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	01/05/2023	
Contact Information	✓	01/05/2023	
Budget	✓	01/05/2023	
Project Description Form	✓	01/05/2023	
Named Attachments			

- ▶ To add an attachment select the name of the attachment

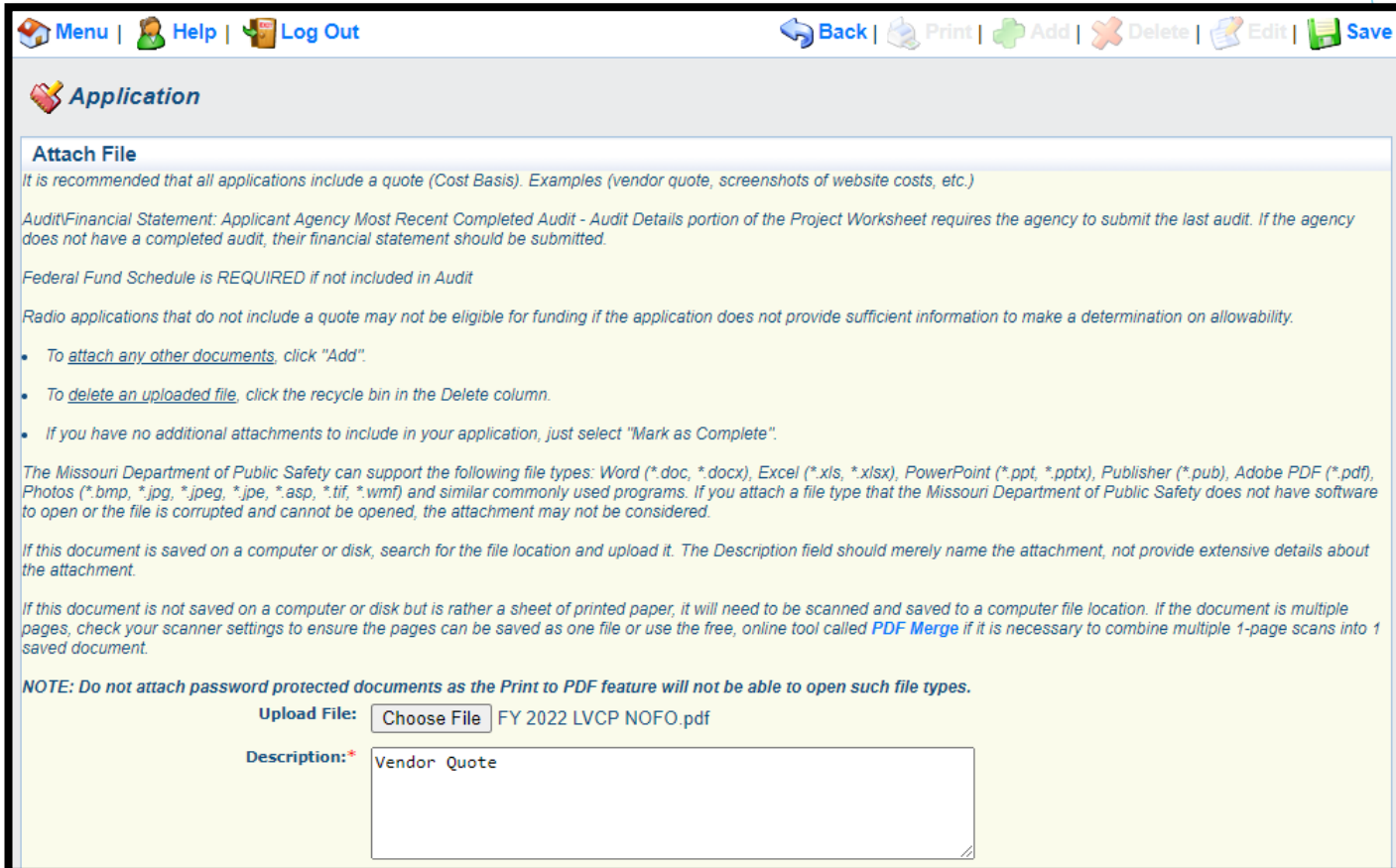
Named Attachments		Mark as Complete Go to Application Forms					
<i>Audit: - Please attach the agencies most recent Audit, if it is older than 3 years or you do not have an audit, please attach the agencies most recent annual financial report.</i>							
Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?	
Mission Statement:							
Required if applicable:							
Audit:							
501(c)(3) Documentation:							
Other items that may be applicable to the project:							
Other:							
Other:							
Other:							
Other:							
Other:							

Named Attachments (cont.)

- ▶ Required Attachments
 - ▶ Mission Statement for the applicant agency
 - ▶ Most recent audit, or annual financial report if an audit has not been completed
 - ▶ 501(c)(3) Documentation
- ▶ Recommended Attachments
 - ▶ Quote (Cost basis)
 - ▶ Examples: Vendor quotes, screenshots of website costs, etc.
 - ▶ If the project is to expand an existing program, flyers or brochure

Named Attachments (cont.)

- ▶ Browse your computer to select document
- ▶ Add a description to identify the document in the application and select “Save”



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Application

Attach File

It is recommended that all applications include a quote (Cost Basis). Examples (vendor quote, screenshots of website costs, etc.)

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

Federal Fund Schedule is REQUIRED if not included in Audit

Radio applications that do not include a quote may not be eligible for funding if the application does not provide sufficient information to make a determination on allowability.

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

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

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

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use the free, online tool called [PDF Merge](#) if it is necessary to combine multiple 1-page scans into 1 saved document.

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

Upload File: FY 2022 LVCP NOFO.pdf

Description:*

Application Instructions

- ▶ The WSSL application process is competitive, DPS will not request additional information from applicants prior to the funding determination process
- ▶ Information provided in the application will be used to determine funding, ensure that all necessary information is provided

Application Submission

- ▶ All forms must be marked complete in order to submit the application
- ▶ When everything is complete select “Submit”



Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	01/05/2023	
Contact Information	✓	01/05/2023	
Budget	✓	01/05/2023	
Project Description Form	✓	01/05/2023	
Named Attachments	✓	01/05/2023	

All applications must be submitted prior to the deadline of September 20, 2023 at 4:00 pm CST

DPS Grant Contacts

Brandy Boessen

Grant Specialist

(573) 751-5289

Brandy.Boessen@dps.mo.gov

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Manager

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