Missouri Department of

Public Safety

Missouri Office for Victims of Crime / Juvenile Justice

NOTICE OF FUNDING OPPORTUNITY
Title II Federal Formula Grant (Title II) WebGrants Instructions

APPLICATION DUE DATE:
3:00 pm September 26, 2024

Application Instructions

Applications for Title II funding must be submitted online via the DPS web-based grants management system, WebGrants, at https://dpsgrants.dps.mo.gov.

Before an application may be filled out in WebGrants, the following two steps must be completed:

1. **Provide or Acquire a UEI (Unique Entity ID) Number**
   Applicants for federal grants and cooperative agreements are required to have a Unique Entity ID (UEI) Number to submit an application. The Unique Entity ID is a 12-character alphanumeric ID assigned to an entity by SAM.gov. Obtaining a UEI number is a free, one-time activity. If your organization does not know its UEI number or needs to register for one, visit https://sam.gov

2. **Provide Registration (New or Renew) with the System for Award Management (SAM)**
   The **System for AwardManagement** (SAM) is **a Federal Government owned and operated** free web site that centralizes information about grant recipients. You can register online at https://www.sam.gov/. Please note that organizations must update or renew their SAM registration at least once a year to maintain an active registration.

   Federal guidelines require that applicant organizations must (1) be registered in SAM.gov prior to submitting an application; (2) provide a valid UEI number in its application; and (3) continue to maintain an active SAM registration with current information at all times during which it has an active award.

3. **Register as a User in WebGrants** *(for agencies NEW to WebGrants)*
   Visit WebGrants, to register as a user by providing the applicant agency's information. **Note: The deadline to register for WebGrants for this application is September 15, 2024**.

   Upon approval of the registration, DPS-OVC will confirm the registration and provide your User ID and Password (via email). If your registration is not approved, you will receive an email informing you of the denial reason(s).

   Once your registration is approved, you can add additional users from your organization to allow them access to the application and/or grant information. To add registered users, log into WebGrants, click 'My Profile' from the Main Menu, select the applicable Associated Organization name, click 'Add' under the Registered Users section, and complete all the required fields on the form. Users you add will not be subject to approval by DPS.

   As an approved WebGrants user you have access to apply for funding opportunities available through DPS. Log on to WebGrants with the UserID and Password and from the Main Menu screen, click the 'Funding Opportunities' link and then click the appropriate funding opportunity.

<u>**General Information Form:**</u>

Select the Primary Contact, enter the title of the application, and select the organization for which you are applying. Application titles should be brief; however, please select a **unique** title that is specific to your organization/project. For example, "2024 Title II Project" is **not** a unique title and is **not** specific to your organization/project.

<u>**Contact Information Form:**</u>

The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract (e.g. Board President, Presiding Commissioner, Mayor, City Administrator, University President, State Department Director). ***The Authorized Official and the Project Director cannot be the same person.***

The Project Director is the individual that will have direct oversight of the proposed project. If the project agency is a local law enforcement agency, the Project Director shall be the chief or sheriff of that agency.

!!!**The Authorized Official and the Project Director may not be the same person for this project**!!!

The Fiscal Officer is the individual who has responsibility for accounting and audit issues at the applicant agency level (e.g. City Clerk, County Treasurer, Director of Finance, Accountant, or Board Treasurer).

The Project Contact Person should be the individual who is most familiar with the program this grant will fund. ***This person can be the Project Director if that individual is most familiar with the program.***

Non-Profit Chairperson enter the name and address of the individual serving as the organization's board chairperson. (This section is not applicable to agencies that are not considered a non-profit organizations.) ***Please provide an address other than the agency address.***

- **Click Save.**
- **Click Mark as Complete**.

<u>**Project Summary Form:**</u>

Application Type – Indicate the type of application based on the following:
  o NEW – If this application is being submitted as part of a competitive bid process and is **not currently funded by DPS**, the type of application is considered "New".

o EXPAND/ENHANCE – To expand or enhance a current funded project.

Current Subaward Number – Indicate the current DPS Subaward Number if the applicant agency has a subaward through the identified grant program.

Title II Program Area – Please choose the eligible program area for the project: Alternatives to Detention, Delinquency Prevention, Reducing Ethnic Disparity, Gender-Specific Services or Mental Health needs of Youth in Custody.

Geographic Area(s) to be served – Identify the geographic area to be served by the proposed project.

Estimated Number of Youth to be Served – Indicate the estimated number of youth to be served during the performance period. If applying for funds to provide services that do not directly serve youth enter zero.

Federal Congressional District – Click on https://www.govtrack.us/congress/members/map to enter your service area to obtain your Federal Congressional District.

Project Income – If program income will be generated by this proposed project, please indicate in this section. Program income is defined as any income/revenue generated as a direct result of a grant-funded project.

- **Click Save.**
- **Click Mark as Complete.**

Project Narrative:
This section provides a brief summary of the proposed project and a general overview of the expected outcome(s) of the proposed project.

Information included in this summary should provide the general public and reviewers with a snapshot of the project. This information may also be used for public distribution, including OJJDP, the Missouri Legislature and media outlets. Please use good grammar, punctuation and refrain from using acronyms.

- **Click Save.**
- **Click Mark as Complete.**

Statement of the Problem Form:
This section must define the problem you intend to impact with the proposed project. Be specific. Do not include every issue the Applicant Agency addresses, but only the one(s) that will be impacted by the use of Title II grant funds.

The purpose of this narrative form is to describe the specific problem that the program/initiative will address. This should provide the grantor with a basic understanding of the problem(s) and sub-problem(s) that will be addressed, as well as information to support that the problem exists.

Please address the background information about the community/area you serve; the geographic location/jurisdiction you plan to serve; and demographics of the population in the location/jurisdiction served by your agency. Relevant facts and local statistics will enhance this section. Please be specific to the service area.

Using the headers bold/italicized below to organize this section, as a minimum, include the following:

- A statement identifying what the problem(s) you are trying to address. The statement should answer: ***What is the problem?***
- A statement describing why it's a problem. The statement should answer: ***Why is it a problem?***
- A statement describing why it's a problem in the area(s) to be served. The statement should answer: ***Why is it a problem here?***
- Provide an analysis of the data to support the problem. The analysis should demonstrate how data supports the fact that there is a problem. Be sure to cite the data referenced. Please make sure to provide the information in this section; however, if you would like to include additional data (maps), please feel to add in the "other Attachments" component. This section should answer: ***How does data support/indicate the problem?***
- Provide a comparison between available local, regional, state and national data pertaining to the identified problem. The comparison should demonstrate how the problem scales into comparison with the available data. This section should answer: ***How does the problem scale in comparison to regional, state or national data?***
- Identify existing resources (or the lack thereof) to demonstrate the need for funding to address the problem. This section should describe: ***Funding is being requested to address the problem(s) because _____ .***

- **Click Save.**
- **Click Mark as Complete.**

Program Goals and Objectives:
Explain your expectations (goals and objectives) for the proposed program **in outline format**.

The goal(s) should be defined in relation to one or more of the following Title II Program Areas:

☐ *Alternatives to Detention*
☐ *Delinquency Prevention*
☐ *Mental Health needs for Youth in Custody*
☐ *Reducing Racial and Ethnic Disparity*
☐ *Gender-Specific Services*

GOAL: A Goal is a broad based statement, which reflects an overall end result you are trying to attain. Goals are the grant program's desired results. The goals should be general, realistic, focused on what the program will ultimately achieve, and consistent with the overall mission/purpose of the agency.

> **Sample goal**: Reduction in Youth Violence within the community.

CHECK: Does the goal directly relate to the stated problem in the Statement of the Problem section?

OBJECTIVE: Provide objectives that measure progress toward achieving the goal. Objectives are the steps needed to achieve goals. Objectives should be concrete, action-oriented, and S.M.A.R.T. (Specific, Measurable, Achievable, Realistic, Timely).

Measurable objectives use words like "to increase", "to decrease", or "to maintain". Once you've written an objective, ask yourself if it allows you to measure something.

Sample objective: To decrease youth violence within our service area from 100 youth offenders to 80 youth offenders.

Check: Do the objectives relate to the problem and documentation of the problem (statistics) from the Statement of the Problem?

Be specific to this project; do not include overall agency goals and objectives. The agency may have an overarching Goal but must provide at least 3 objectives.

- **To add a Goal/Objective click ADD.**
- **Enter the Goal in the first box and enter the measurable Objective in the 2nd box.**
- **Click Save when finished.**
- **To additional Goals and Objectives, repeat the above process.**
- **Mark as Complete**

Evaluation Procedure:
Describe the process to be used to determine the overall effectiveness and success of your project/program.

For each performance measure identified in the application describe the procedures to be utilized to collect and report on the data necessary to measure the progress and success of the project/program.

The objectives, activities and timeline of the proposal should be referenced and tie into the evaluation process.

At a minimum, include the following information:

☐ What type(s) of data will be collected?
☐ How often (or at what intervals) will the collected data be evaluated?
☐ Who will evaluate the collected data?

NOTE: The Performance Measures are set by the OJJDP. This data must be collected on a continuous basis and reported to the Department of Public Safety on the monthly Status Report.

- **Complete the form.**
- **Click Save, then Mark as Complete**.

<u>Target Population Demographics</u>

Click this link to download the Target Population and Demographics Worksheet: *Target Population and Demographics Worksheet.*

From your computer open the worksheet, save the worksheet to your computer, complete the information and then save it again

Upload the completed document

- **Upload the form**
- **Attach the form**
- **Click Save, mark as complete**

<u>Methodology</u> – The methodology is considered the operational or "who, what, when, where, and how" portion of the proposal.

The agency will need to select one source from which the model program was selected. If "other" is selected please describe in the space provided in the application. If applicable, you can also upload additional information using the "Other Attachments" component.

The Methodology should clearly describe the method(s) to be used to achieve the goals(s) and objectives.

The Methodology should:

- be directly tied to the proposed goals, objectives and statement of the problem
- linked to the resources being requested in the budget
- explain why the method(s) were chosen by including research, experience, anecdotal opinion, and expert opinion
- carefully describe the structured activities that will move the project to the desired outcomes
- include information about whom the project will serve
- identify key stakeholders and collaborative partners

<u>Timeline:</u>

Create an anticipated timeline that includes any activities, trainings, presentations, meetings, etc. related to the proposed project.

The entries on the timeline should correlate with the objectives and methodology.

NOTE: If specific dates are unknown at the time of application, please generalize with the month and note the date is to be determined (TBD).

Remember all projects must be up and running within 90 days of the contract start date.

- **Enter the Model Program Title**
- **Select "Other" if needed**
- **Complete narrative**
- **Upload the project Timeline**
- **Click Save**
- **Click Mark as Complete**

Program Sustainability

Title II grant awards are defined by OJJDP as "seed money" for new and innovative programs at the state, regional, and local levels. New applicants must develop a sustainability plan that includes no more than up to three years of federal funding.

At the conclusion of federal funding, it is expected that sub-recipients will continue the Title II programming even if it is only at a reduced level.

Explain what steps will be taken to sustain this program beyond the three-year cycle of the grant.

Click Save

- **Click Mark as Complete**

Coordination of Services:

Explain how your agency will coordinate the activities of this project with other service providers in your community that serve the target population. Services may not necessarily be the same as offered by your project by serve the target population that you are intending to serve. Explain how the agency's services will complement other activities and services already in place in your community. **Do not merely state who you coordinate with; provide an explanation of**

specific activities. Coordination efforts should be supported by and tie back to submitted letters of collaboration and/or MOU's.

This section should answer the following:

- Who are other service providers in the community?
- How will the applicant agency avoid service duplication?
- How will referrals be obtained and shared?
- Does the applicant agency have formal agreements in place with these other services providers?
- Will the applicant agency set up formal agreements with the other services providers?

- **Complete the form**
- **Click Save**
- **Mark as Complete**

Reducing Racial and Ethnic Disparity

Pursuant to Section 223(a)(15) of the JJRA; the Missouri Department of Public Safety is required to address the disproportionate number of youth members of minority groups who come into contact with the juvenile justice system.

Whether reducing Racial and Ethnic Disparity (formerly known as Disproportionate Minority Contact) is the primary focus of your project/initiative or not, there is likely a link to your work. The Department of Public Safety is interested in any efforts to reduce racial and ethnic disparity in your community or target population.

Describe any efforts (or lack thereof) that are currently in place to address the disproportionate number of minority youth who have contact with the juvenile justice. If there are barriers to addressing racial and ethnic disparity, please describe.

Click Edit
- **Click Save, mark as complete**.

Non-Supplanting

The purpose of this form is to address the issue of supplanting. Supplanting is strictly **UNALLOWABLE** under this grant program. Supplanting is defined as taking the place of or replacing with something else.

Federal/State funds cannot be awarded toward budget items that are and will continue to be funded by another source of money. Federal/state funds shall only be used to supplement existing funds for program activities, and as a result, the Department of Public Safety must collect this information to ensure supplanting does not exist. Potential supplanting will be the subject of justification provide din the grant application and monitoring by the Missouri Department of Public Safety.

In this section, describe whether or not other federal, state, or local funds are available to applicant agency for the purpose of the proposed project. Be Specific!

If any of the following factors apply to the proposed project, please address each:
- If other federal, state or local funds are available, explain why Title II funds are being requested.
- If the application includes existing costs, explain how those costs are currently being funded and if and when that funding source will cease.
- If Program Income is anticipated or could be generated as a result of the proposed Title Ii funded project, explain how that income wil not supplant Title II funds.

An example of supplanting would be to request funding for an existing personnel position that is currently being funded by an existing local or state source.

- **Click Save**
- **Click Mark as Complete**

Budget Forms:
General Instructions:
- To add a budget line item, click Add; repeat to include as many budget lines as necessary.
- To provide the required justification for budget line items, click Edit.
- If you have added a line item under any budget category, justification for that budget category must be provided before this form can be saved.
- Provided examples assume a 12-month contract period; **this may not reflect the actual contract period for this funding opportunity!** Please refer to the "Project Period" listed on the cover page of the Notice of Funding Opportunity for the actual contract period.

Personnel:

- To include Personnel in your budget, click Add. If the project includes more than one individual, repeat this step for each person. If a raise is anticipated for an individual during the contract period, use multiple budget lines to reflect each increase.
- **Actual gross salary per pay period is required**. A current paystub must be uploaded in the Required Attachments section for requested (existing) positions.
- The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Grant Funded Time.
- Please note: The minimum percentage of time that may be budgeted on the grant is 10%. We will not fund any position that is less than 10% on the grant.

EXAMPLE 1 – Full-time, retained position paid bi-weekly (based on a one year contract, 26 pay periods/year) at a salary of $1,100 each pay period; no salary increase expected during the contract period.

Name	Title	Position *(Select from drop down box)*	Employment Status *(Select from drop down box)*	Salary per Pay Period	Number of Pay Periods	% of Grant Funded Time	Total Cost
Jane Smith	Advocate	Retained	FT	$1,100.00	26	100%	$28,600.00
							Total

EXAMPLE 2 – Full-time, created position paid monthly (based on a one year contract, 12 pay periods/year) at a salary of $2,383.33 each pay period; expected to receive a 3% salary increase after 6 months of employment (effective 3/1/2022). Employee will only spend 50% of his time on eligible SSVF activities.

Name	Title	Position *(Select from drop down box)*	Employment Status *(Select from drop down box)*	Salary per Pay Period	Number of Pay Periods	% of Grant Funded Time	Total Cost
John Doe 10/1/2024	Advocate	Created	FT	$2,383.33	6	50%	$7,150.00
John Doe 3/1/2025	Advocate	Created	FT	$2,454.83	6	50%	$7,364.49

*NOTE: THE TEXT ENTERED UNDER THE **NAME COLUMN** IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM, IF YOUR APPLICATION IS SUCCESSFUL.*

Personnel Justification:

- If personnel are **not** included in the budget, leave this section blank.
- If personnel are included in the budget, provide justification for each position. If the position is new (Created), provide a description of the job responsibilities the individual will be expected to perform.
- If the position currently exists (Retained), provide a description of the job responsibilities, experience, and/or any certification the individual possesses.
- If a salary increase is included, address the type/reason (e.g. merit, COLA, etc.) for the increase, the percentage of increase, and the effective date of the increase. This information is required in order for salary increases to be considered.
- If an increase and/or new line item is being requested, explain why it is being requested and how the agency has paid for this expense in the past.

Personnel Benefits:

- To include a fringe benefit in your budget, click Add. If an individual is eligible for multiple benefits, **repeat this step for each benefit**.
- Actual premium amounts are required. The Total Cost will automatically calculate as Salary/Premium x Percentage/# of Periods x % of Funding Requested.

- If an individual's time is not 100% funded by the grant, the fringe benefits must be prorated based upon the percentage of time funded by the grant.
- Some fringe benefits may be combined into one line item, i.e. FICA/Medicare, Workers Comp, and Pension. You may combine lines **only if the category has the same rate for all employees**.

Please Note: Personnel funded through City and County Governments are employees of the City or County and should receive the same benefits/pay as other similar employees in the City/County Government. If a premium rate or fringe benefit percentage is expected to change during the contract period, budget line items should be included to reflect both the initial rate/percentage and the change in rate/percentage.

EXAMPLE 1 – John Doe's total <u>requested</u> salary is $14,514.49 (this reflects 50% of his time being devoted to Title II activities); the following fringe benefits are also requested:

- o FICA/Medicare – 7.65% of salary
- o Pension/Retirement – 8% of salary
- o Medical Insurance - $200.00 per month, but agency anticipates increase effective 03/01/2022 to $220 per month
- o Life Insurance - $10.00 per month
- o Dental Insurance - $12.00 per month, but agency anticipates an increase effective 03/01/2022 to $14.40 per month
- o Unemployment Comp – 11.2% of the first $12,000 of salary
- o Workers Comp - $3.25 per $100 of salary

Category (Select from drop down box)	Item	Salary / Premium	Percentage / # of Periods	% Funding Requested	Total Cost
FICA/Medicare	FICA/Medicare – John Doe	$14,514.49	0.0765	100%	$1,110.36
Pension/ Retirement	Pension/ Retirement – John Doe	$14,514.49	0.08	100%	$1,161.16
Medical Insurance	Medical Insurance 10/01/2024 – John Doe	$200.00	6	50%	$600.00
Medical Insurance	Medical Insurance 03/01/2025 – John Doe	$220.00	6	50%	$660.00
Life Insurance	Life Insurance – John Doe	$8.00	12	50%	$48.00
Dental Insurance	Dental Insurance 10/01/2024 – John Doe	$12.00	6	50%	$36.00
Dental Insurance	Dental Insurance – 03/01/2025 John Doe	$14.40	6	50%	$43.20
Unemployment Comp	Unemployment Comp – John Doe	$12,000.00	0.112	50%	$672.00
Workers Comp	Workers Comp – John Doe	$14,514.49	.0325	100%	$471.72

*NOTE: THE TEXT ENTERED UNDER THE **ITEM COLUMN** IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM, IF YOUR APPLICATION IS SUCCESSFUL.*

Personnel Benefits Justification:

- If personnel benefits are **not** included in the budget, leave this section blank.
- If personnel benefits are included in the budget, provide justification for each fringe benefit. If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.
- If personnel are less than 100% funded, fringe benefits must be based upon the percentage of time requested.
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

Travel/Training:

- Include any travel or training related costs for which funding is requested. Travel or training related costs may include, but not be limited to: registration fees, airfare/baggage, airport parking, lodging, hotel parking, meals, rental car and fuel, mileage, shuttles, taxis, tolls, fleet vehicle mileage, etc.
- To include travel or training related costs in the budget, click Add. Repeat this step to include each requested expense. Each cost must be requested as a separate line item.
- Registration/tuition fees should be included under this budget category.
- Due to the uncertainty of shuttles, taxis, toll roads, and parking, a "Misc. Shuttles/Taxis/Tolls/Parking" line may be included to lump these variable expenses. However, the travel justification must thoroughly explain the "Miscellaneous" line.
- Lodging costs should be reasonably consistent with the State lodging rate. Meal costs (tip included) may not exceed the State per diem rates for the specified location.
- Travel must be by the most direct, practical route.
- The amount of mileage allowance shall not exceed the State Rate (currently $0.49 per mile). Incidentals will not be allowed. Agency travel policy will apply if it is more restrictive than the State Rate. The agency will need to attach their mileage policy.
- The Total Cost will automatically calculate as Unit Cost x Duration x Number.

EXAMPLE 1 – As an Advocate, Jane Smith is requesting to attend the 3-day ABC Conference training in August. She will need lodging for 4 nights at the State per diem rate of $95.00/day, meals for 4 days at a State per diem rate of $39.00/day, mileage allowance for driving her personal vehicle for 100 miles round-trip at $0.49/mile, and registration costing $130.

Item	Category *(Select from drop down box)*	Unit Cost *(Amount or rate per mile, month, day, ticket, etc.)*	Duration *(Number of months, miles, days, etc.)*	Number *(Number of vehicles, people, rooms, etc.)*	Total Cost
ABC Conference - Lodging	Lodging	$95.00	4	1	$380.00
ABC Conference - Meals	Meals	$39.00	4	1	$156.00
ABC Conference – Mileage	Mileage	$0.49	100	1	$49.00
ABC Conference – Registration	Registration Fee	$130.00	1	1	$130.00

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Travel/Training Justification:

- If travel/training is **not** included in the budget, leave this section blank.
- If travel/training is included in the budget, provide justification for each expense and why such is necessary to the success of the proposed project.
- For training, identify the location and date(s) of the training. If either the location or date(s) is unknown, clearly identify such. Describe the anticipated benefit and/or a synopsis of the training and who will be attending such event.
- If a specific training is not yet known, travel/training costs may be requested as "miscellaneous training" expenses. If awarded, "Misc. Training" not specifically outlined in the approved budget must be submitted to the DPS for approval at least 30 days **prior** to the training date.
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

Equipment:

- To include equipment in the budget, click Add. To include more than one item, repeat this step for each equipment item. Like items can be included as one budget line, for example: 2 laptop computers may be listed as a single line item.
- Equipment is defined as tangible property, having a useful life of more than one year and an acquisition cost of $1,000 or more per unit. Equipment must be recorded and tracked in an Inventory Control Listing and tagged to reflect its source of funding, where possible. Items not meeting these guidelines should be listed in the Supplies/Operations budget category.
- Vendor quotes, if available, may be uploaded under the "Other Attachments" component.
- The Total Cost will automatically calculate as Unit Cost x Quantity.
- Equipment costs should be reasonable and necessary to providing direct services to victims of crime.
- Any equipment requested should be prorated if used for purposes other than for providing direct services.

EXAMPLE 1 – Agency requests two replacement laptop computers for advocate use. The computers were priced from Dell at $1,000 each, plus $20 shipping.

Item	Description	Unit Cost	Quantity	Source of Bid	% of Funding Requested	Total Cost
Desktop Computers	Dell	$1,020.00	2	Dell.com	100%	$2,040.00

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IF YOUR APPLICATION IS SUCCESSFUL.*

Equipment Justification:

- If equipment is **not** included in the budget, leave this section blank.
- If equipment is included in the budget, provide justification for each item. Address why the item is needed, whether it is a replacement or an addition, who will use the item(s), and how it will be used.
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

Supplies/Operations:

- To include a supply or operational expense in the budget, click Add. To include more than one supply or operational expense, repeat this step for each budget item.

- The Total Cost will automatically calculate as Unit Cost x Quantity.

- Supplies/Operations must be prorated based on the proposed Title II budget vs. total agency budget.

- Membership dues, etc. cannot be requested (ineligible costs).

- The titles of DVDS, brochures, and other "miscellaneous items" not <u>specifically</u> outlined in the approved budget, must be submitted to the Missouri Department of Public Safety, Office of the Director, for approval **prior** to purchasing these items.

- The following list constitutes "Office Supplies" for the purposes of this grant project. A generic "office supplies" line item can be included in the Supplies/Operations budget in reference to this approved list; **you do not need to list separately any of the items contained in the list**.

> **Office Supplies** – pens, pencils, markers, highlighters, paper, letterhead, envelopes, paper clips, rubber bands, stapler, staples, rolodex, rolodex cards, scissors, note pad, telephone log, calendar, tape, tape dispenser, memo pad, post-it notes, white out, toner and print cartridges, correction tape, ruler, file folders, letter opener, hole punch, paper cutter, labels, dictionary, bulletin board, push pins, glue, flash drives and blank cd's, pencil/supplies holder, adding machine tape, business cards, phone cord, printer/computer cable, key tags, padlocks for cabinets, filing cart, index cards, notebook dividers, binder clips, ink-stamp, batteries, file box, binders, calculators.

- If you request funding for an item(s) that is <u>not</u> contained within the above list, **you will need to show that item(s) as a separate line item in the Supplies/Operations budget**.

- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

EXAMPLE 1 – Jane Smith requests office supplies specifically for this project (pens, pencils, paper, toner cartridges, staples, paper clips, rubber bands, batteries, postage, etc.) averaging $25/month for the 12 month contract period.

EXAMPLE 2 – Jane Smith also requests office telephone service for the 12 month contract period, which is shared with the department but averages 50% usage towards the proposed project. The telephone service costs $70/month.

EXAMPLE 3 – Jane Smith also requests internet service. The internet provider has indicated a rate increase from $45/month to $50/month after 7 months of the contract period (effective in April).

EXAMPLE 4 – Jane Smith also requests the Utilities (electric, water, sewer, and trash) be funded. These services average $150/month. However, only 23% of the agency funding comes from Title II.

EXAMPLE 5 – Jane Smith requests Office Rent. The landlord has indicated a rate increase from $400/month to $450/month after 6 months of the contract period (effective in April). However, only 23% of the agency funding comes from Title II.

Item	Basis for Cost Estimate *(Select from drop down box)*	Unit Cost	Quantity	% of Funding Requested	Total Cost
Office Supplies	Monthly	$25.00	12	100%	$300.00
Office Telephone	Monthly	$70.00	12	50%	$420.00
Internet (Oct-Mar)	Monthly	$45.00	6	100%	$270.00
Internet (Apr-Sept)	Monthly	$50.00	6	100%	$300.00
Utilities (Electric, Water, Sewer, Trash)	Monthly	$150.00	12	23%	$414.00
Office Rent (Oct-Mar)	Monthly	$400.00	6	23%	$552.00
Office Rent (Apr-Sept)	Monthly	$450.00	6	23%	$621.00

*THE TEXT ENTERED UNDER THE **ITEM COLUMN** IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM,*
IF YOUR APPLICATION IS SUCCESSFUL.

Supplies/Operations Justification:

- If supplies/operations are **not** included in the budget, leave this section blank.
- If supplies/operations are included in the budget, provide justification for each expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.

- If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

Contractual:

- To include contractual services in the budget, click Add. To include more than one type of contractual service, repeat this step for each budget item.
- The Total Cost will automatically calculate as Unit Cost x Quantity.
- The maximum **amount** that may be reimbursed for contractual expenses is **$81.25/hr** or **$650 per day**.

<u>EXAMPLE 1</u> – Agency proposes to contract with a Therapist to counsel victims a total of 156 hours during the contract period (3 hrs/week x 52 weeks); the Therapist will charge the agency $35/hour for her services.

Item	Basis for Cost Estimate *(Select from drop down box)*	Unit Cost	Quantity	% of Funding Requested	Total Cost
Therapist	Hourly	$35.00	156	100%	$5,460.00

*THE TEXT ENTERED UNDER THE **ITEM COLUMN** IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM, IF YOUR APPLICATION IS SUCCESSFUL.*

Contractual Justification:

- If contractual services are **not** included in the budget, leave this section blank.
- If contractual services are included in the budget, provide justification for each expense. Address why each item is necessary for the proposed project and who will benefit from the services.
- If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.
- If contractual budget items are necessary for the Title II project, you must have a written contract for those services. A draft contract should be submitted with the application outlining what services will be performed, who will perform the requested contractual services, when they will be performed, and the rate at which they will be performed.
- A final signed contract for services must be submitted **prior** to reimbursement.
- If an increase and/or new line item is being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

Once you have completed your budget, click Save.
      It is highly recommended that you check your budget for accuracy at this point.
Click Edit to change entries and/or justification.
Mark as Complete when edits are complete.

<u>**Audit Requirements:**</u>
This form is necessary for the Missouri Department of Public Safety to gather general audit information relating to your agency. If awarded grant funds under this application, you will be required to submit a copy of your agency's last financial audit if you meet the requirements.

The **Federal Amount** refers to funds received directly from the Federal Government or federal funds passed through state agencies.
The **State Amount** refers to funds received directly from the State of Missouri, not including federal pass-thru funds.

- Complete the form
- Click Save.
- Mark as Complete.

<u>**Required Attachments:**</u>
Scan all like documents into one file (i.e. job descriptions and payroll records should be one file).

- To add Required Attachments, click on the appropriate Attachment name (blue hyperlink) and upload the document; type a brief description of the document, and click Save.
- Required Attachments include:
    - **Agency Organizational Chart *(REQUIRED)*** - The chart must include the positions and titles pertinent to this project.
    - **Letters of Support *(REQUIRED)***: Letters Support should be from agencies you work with to provide effective services in your community or service area
        - Letters of support should describe the work done between the agencies to address crime victimization and the services provided by this project.
        - Your letters of support should tie back to the Coordination of Services section of the narrative.
        - A minimum of 2 current letters of support should be submitted

    - **Job Descriptions** (if applicable): Submit only for personnel paid by this proposed project; job descriptions should include the job duties for the position and the minimum qualifications desired. Most recent payroll records/paystub are required for requested positions.
    - **Memorandum(s) of Understanding** (if applicable*):* Please provide MOU's, if applicable, that tie back to your Coordination of Services.

o **Documentation of Not-for-Profit Status** (if applicable): Please attach a copy of the IRS Determination Letter. Please do **not** send your tax-exempt status letter from the State of Missouri.
o **Board of Directors listing** (if applicable): A list of your organization's Board of Directors. This list should include the positions/titles held by each Board Member and their contact information

- **Mark as Complete**.

Other Attachments:

This attachment section is for any additional information you would like to provide about your agency.

Scan all like documents into one attachment (i.e. all evaluation tools/surveys should be in one file).

- **Click Add to upload the document; type a brief description of the document, and click Save.**
- **Repeat the process for each additional attachment.**
- **Mark as Complete.**

Self-Evaluation Risk Assessment:

This form is used to determine if the applicant agency will be subject to special conditions, if awarded a contract for funding.

- **This form should be completed by the Authorized Official or Executive Director of the agency.**
- **Complete this form and click Save.**
- **Mark as Complete.**

Application Certified Assurances:
- **This form should be completed by selecting the checkbox.**
- **Click Save.**
- **Mark as Complete.**

SUBMITTING THE APPLICATION

Once all application forms are marked "Complete", you are encouraged to review your entire application. To review your application online click "Application Details".

Print a copy for your files. Click "Application Details" select Print, or Print to PDF, to print or save a copy of the completed application.

NOTE: Failure to submit a completed application will disqualify the proposal from further consideration. Applicants will **not** be contacted if they fail to submit all required information.

When the application is ready for submission, click the **Submit** button and wait for confirmation.

Once submitted, you cannot make changes to the application!

WEBGRANTS TECHNICAL ISSUES

If the applicant experiences **WebGrants technical issues**, which are beyond the applicant's control, and the WebGrants technical issues prevent submission of the application by the deadline, the applicant must contact the Department of Public Safety staff **by e-mail** <u>**within 24 hours after the deadline**</u> to request approval to submit the application. In the email, the applicant must include:

1) A description of the technical difficulties;

2) A timeline of submission efforts;

3) A screen shot of the error message/code;

4) Any other relevant information that might be useful;

5) Contact information for the person attempting to submit the application.

DPS will consider the information provided in order to determine if the application will be accepted late.
Please **send all emails to <u>michelle.parks@dps.mo.gov</u>**; in the subject line, notate "Application Technical Issues.