

FFY 2020 Crimes Against Children/Sex Crimes COVID-19 Funding

Funding provided by the Coronavirus Emergency Supplemental Funding Program (CESF), through the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA)



FFY 2020 Crimes Against Children/Sex Crimes COVID-19 Funding

- ▶ The purpose of FFY 2020 Crimes Against Children/Sex Crimes COVID-19 Funding
 - ▶ The FFY 2020 Crimes Against Children/Sex Crimes COVID-19 Funding is being made available to law enforcement agencies and prosecutors involved in the investigation and prosecution of crimes against children, which increased during the COVID-19 pandemic. Eligible entities must demonstrate an increase in crimes against children in their application.

Eligible Applicants

- ▶ The following Missouri entities are eligible to apply for the FFY 2020 Crimes Against Children/Sex Crimes COVID-19 Funding:
 - ▶ Law Enforcement Agencies (State and Local)
 - ▶ Prosecutors (State and Local)
- ▶ Reference the Notice of Funding Opportunity for additional details
 - ▶ <https://dps.mo.gov/dir/programs/ohs/grantstraining/documents/FY20-CESF-CAC-NOFO.pdf>

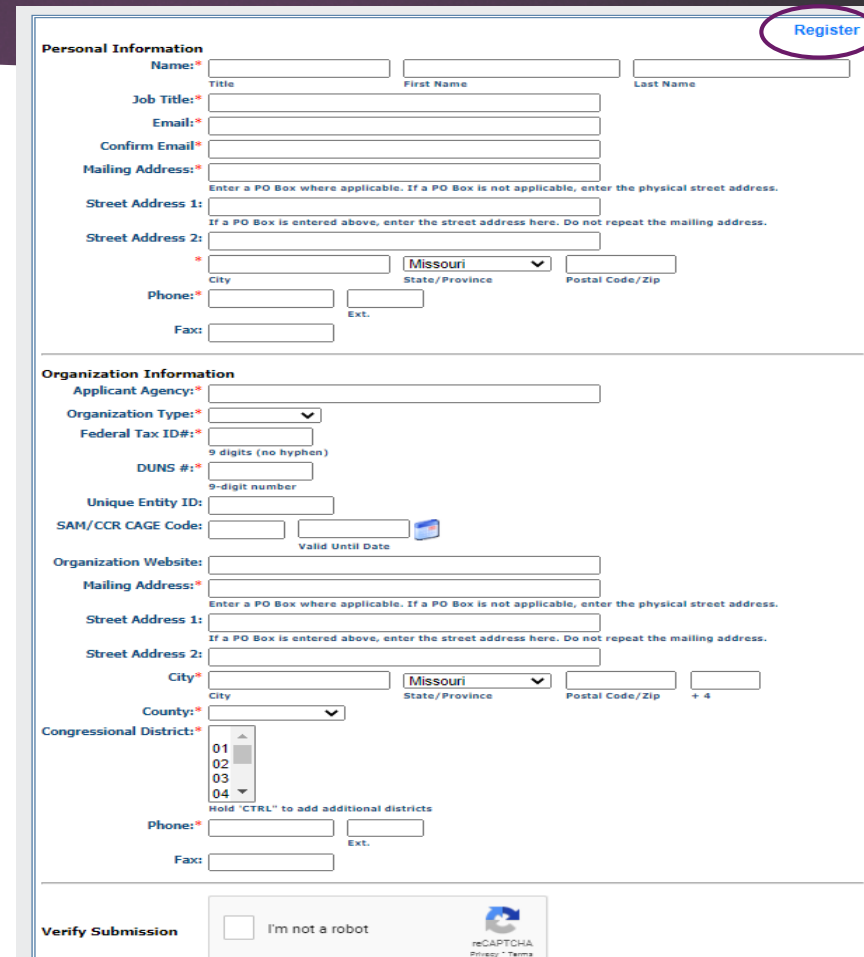
WebGrants System

- ▶ 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



WebGrants Registration

- ▶ Fill out all requested information and select “Register”, 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



The screenshot shows a registration form with two main sections: Personal Information and Organization Information. The 'Register' button is circled in purple in the top right corner. The form includes various input fields for name, job title, email, mailing address, phone, and organization details. A reCAPTCHA widget is located at the bottom of the form.

Personal Information

Name: [Title] [First Name] [Last Name]

Job Title: [Text Box]

Email: [Text Box]

Confirm Email: [Text Box]

Mailing Address: [Text Box]

Street Address 1: [Text Box]
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 2: [Text Box]
If a PO Box is entered above, enter the street address here. Do not repeat the mailing address.

City: [Text Box] **State/Province:** [Missouri] **Postal Code/Zip:** [Text Box]

Phone: [Text Box] **Ext.:** [Text Box]

Fax: [Text Box]

Organization Information

Applicant Agency: [Text Box]

Organization Type: [Dropdown]

Federal Tax ID#: [Text Box]
9 digits (no hyphen)

DUNS #: [Text Box]
9-digit number

Unique Entity ID: [Text Box]

SAM/CCR CAGE Code: [Text Box] [Text Box] **Valid Until Date:** [Text Box]

Organization Website: [Text Box]

Mailing Address: [Text Box]

Street Address 1: [Text Box]
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 2: [Text Box]
If a PO Box is entered above, enter the street address here. Do not repeat the mailing address.


City: [Text Box] **State/Province:** [Missouri] **Postal Code/Zip:** [Text Box] + 4

County: [Dropdown]

Congressional District: [List Box: 01, 02, 03, 04]
Hold 'CTRL' to add additional districts

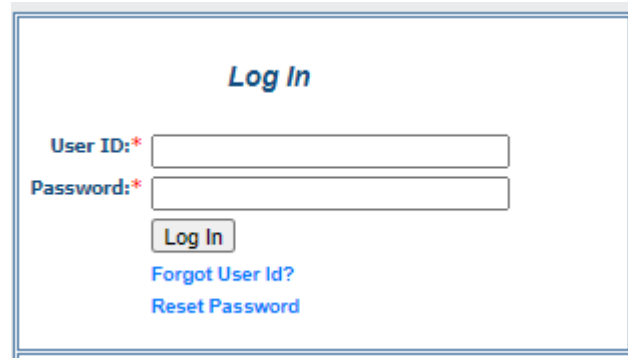
Phone: [Text Box] **Ext.:** [Text Box]

Fax: [Text Box]

Verify Submission I'm not a robot 

WebGrants Login

- ▶ If the applicant is already registered, or has received their User ID, and Password they will use the Log In section



The screenshot shows a login form titled "Log In". It contains two input fields: "User ID:*" and "Password:*". Below the input fields is a "Log In" button. At the bottom of the form, there are two links: "Forgot User Id?" and "Reset Password".

Log In

User ID:*

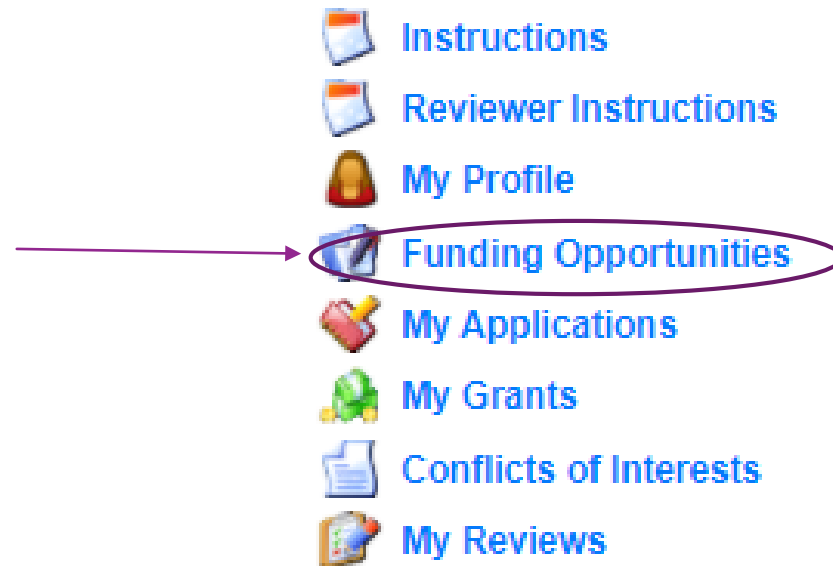
Password:*

[Forgot User Id?](#)

[Reset Password](#)

Funding Opportunities

- ▶ After logging into the system select “Funding Opportunities”




Funding Opportunity (Cont.)

- ▶ The funding opportunity will be listed as:
 - ▶ ID Number: 128776
 - ▶ Program Area: FFY 2020 Coronavirus Emergency Supplemental Funding (CESF)
 - ▶ Opportunity Title: Crimes Against Children/Sex Crimes COVID-19 Funding
 - ▶ Application Deadline: 8/31/21
- ▶ Select the blue link listed under Opportunity Title

Start a New Application

- ▶ After selecting the correct funding Opportunity select “Start a New Application”

 **Funding Opportunities**

Current Applications

Any previously created applications, for this opportunity, appear below. To start a new application for this opportunity, Click the Start a New Application link or to copy data from an old application, click on the Copy Existing Application link.

ID	Application Title	Status
No existing applications		

Opportunity Details [Copy Existing Application](#) [Start a New Application](#)

Application Forms

- ▶ The FFY 2020 Crimes Against Children/Sex Crimes COVID-19 Funding Application will include 5 forms:
 - ▶ General Information Form
 - ▶ Contact Information Form
 - ▶ CAC Project Form
 - ▶ Budget Form
 - ▶ Named Attachments Form

Application Forms		Application Details Submit Withdraw
Form Name	Complete?	Last Edited
General Information	✓	07/30/2021
Contact Information		
CAC Project Form		
Budget		
Named Attachments		

General Information Form

- ▶ Complete the entire form as indicated:
 - ▶ **Primary Contact:** Select the desired contact from the drop-down field
 - ▶ **Project Title:** Enter CAC 2020 – (Agency Name)
 - ▶ **Organization:** Select the applicable applicant agency from the drop-down field

Contact Information Form

- ▶ This form will collect information for the applicant agency contacts
 - ▶ **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, etc.)
 - ▶ **Project Director:** (Sheriff, Chief of Police/Colonel, Prosecuting Attorney)
 - ▶ **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty)
 - ▶ **Point of Contact:** (primary contact for day-to-day questions – the person that will be requesting reimbursement and submitting status reports)

Contact Information Form (Cont.)

Contact Information

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 city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official

• ****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****

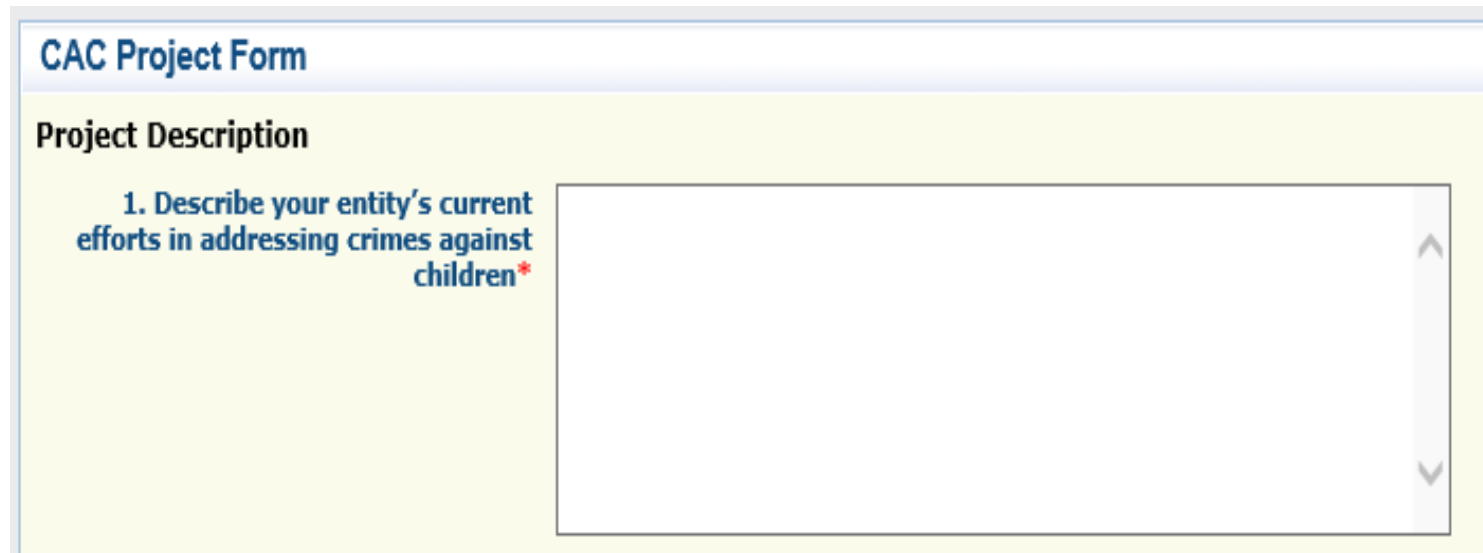
Authorized Official:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title (Mr.Ms.etc)	First Name	Last Name
Job Title:*	<input type="text"/>		
Agency:*	<input type="text"/>		
Mailing Address:*	<input type="text"/>		
Street Address 1:	<input type="text"/>		
Street Address 2:	<input type="text"/>		
*	<input type="text"/>	Missouri	<input type="text"/>
	City	State	Zip Code
Email:*	<input type="text"/>		
Phone:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Office	Ext.	Cell
Fax:	<input type="text"/>		

Project Form

- ▶ The Project Form has 3 sections:
 - ▶ Project Description
 - ▶ This section consists of 16 questions
 - ▶ Audit Information and Risk Assessment
 - ▶ The section consists of 7 questions
 - ▶ Certified Assurances

Project Form cont.

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



CAC Project Form

Project Description

1. Describe your entity's current efforts in addressing crimes against children*

A large, empty text input box with a vertical scrollbar on the right side, intended for the user to provide their answer to the question.

Project Form cont.

▶ Question 2

2. Please provide a description of your proposed project. Include how the project will assist criminal justice entities and/or those involved in the investigation or prosecution of crimes against children.*



Project Form cont.

▶ Question 3

3. Please explain the need for this project. *

Project Form cont.

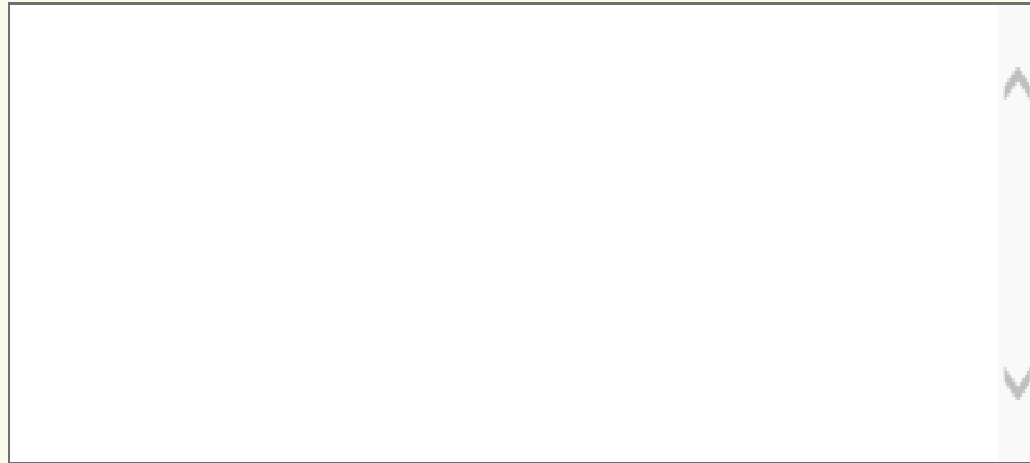
▶ Question 4

4. How does the project relate to the COVID-19 pandemic?*

Project Form cont.

▶ Question 5

5. Provide statistics for 2019, 2020 and year-to-date 2021 that show the emerging need for this project.*



Project Form cont.

▶ Objective 6

6. How was this emerging need brought on by the COVID-19 pandemic?*

Project Form cont.

▶ Question 7

7. How will this grant enhance your partnership(s) with law enforcement agencies and/or prosecutors to address crimes against children?*

Project Form cont.

▶ Question 8

8. What geographical area(s) will be served by this project?*

Project Form cont.

▶ Question 9

9. What is necessary to complete the proposed project?*

Project Form cont.

▶ Question 10

10. Please list the items being requested for the project. *

Project Form cont.

▶ Question 11

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

Project Form cont.

▶ Question 12

12. 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?

*



Project Form cont.

- ▶ Question 13 and 14

13. If you are a state agency requesting personnel, do you have the full-time employee (FTE) authorization to cover hiring new personnel? Yes No

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

Project Form cont.

▶ Question 15

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

Project Form cont.

▶ Question 16

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

Project Form cont.

- ▶ Section 2:
 - ▶ Audit Information

Audit Information and Risk Assessment	
Audit Information	
17. Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?*	<input type="radio"/> Yes <input type="radio"/> No If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.
18. Date last audit completed: MM/DD/YYYY	<input type="text"/> If an agency has never had an audit, please enter the date of their last annual financial statement.
19. 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:*	<input type="checkbox"/>

Project Form cont.

▶ Section 2:

- ▶ Risk Assessment: the information obtained in this section will be used by DPS staff to conduct a risk assessment, of your agency, as required by 2 CFR 200.331 (b)

Risk Assessment

20. 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.

21. 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.

22. Does the applicant agency receive any direct Federal awards?:* Yes No
Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.

23. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:*

Project Form cont.

- ▶ Section 3:
- ▶ Certified Assurances
 - ▶ Authorized Official signature will be one of the following:
 - ▶ If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
 - ▶ If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
 - ▶ If the applicant agency is a State Department, the Director shall be the Authorized Official

Project Form cont.

► Certified Assurances cont.

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:

FY 2020 CESF CAC 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 city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official

If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

****The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Department of Public Safety at (573) 522-6125.****

Authorized Official Name:*

Authorized Official Job Title:*

Date:* 

Project Form Completion

- ▶ After all information has been provided, select “Save”
 - ▶ After the information has been saved select “Mark as Complete”



Budget Form

- ▶ Budget
 - ▶ Select "Budget"

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	07/30/2021	
Contact Information	✓	07/30/2021	
CAC Project Form	✓	07/30/2021	
Budget			
Named Attachments			

Budget Form (Cont.)

- ▶ To add a budget line select “Add”

Instructions

Budget:

To add a new item to a budget category, click "Add".

To revise an item that has been added to a budget category, click on the respective blue hyperlink in the Item column of the budget to open the specific budget line or click "Edit" on the toolbar to open all budget lines and justification text boxes at once.

To delete an item that has been added to a budget category, click on the respective blue hyperlink in the Item column of the budget and click "Delete".

Budget Justification:

To provide or edit the required justification for a budget category, click "Edit". If you have added a line item under any budget category, justification for that budget category must be provided before the justification portion of the form can be saved. Required sections will be marked with a red asterisk (*).

Budget [Mark as Complete](#) | [Go to Application Forms](#) | [Add](#)

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

Budget Line Category	Line Name:	Line Description:	Amount of Grant Funds Requested
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Budget Form (Cont.)

- ▶ **Budget Line Category:** From the dropdown list select the budget category that best fits the item you are adding
- ▶ **Line name:** should be a brief description of what the budget line is requesting (i.e. Personnel task force officers)
- ▶ **Description:** Description of the budget line (i.e. (3) task force officers)
- ▶ **Amount of Grant Funds Requested:** This should be the total amount of the funds requested for the listed budget line

Budget Form (Cont.)

- ▶ For each budget line select one of the eight budget categories from the dropdown menu

Budget	
<i>To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.</i>	
Budget Line Category:*	<ul style="list-style-type: none">1. Personnel2. Personnel Benefits3. Overtime Personnel4. Overtime Benefits5. Travel/Training6. Equipment7. Supplies/Operations8. Contractual
Line Name:*	<input type="text"/>
Description:*	<input type="text"/>
Amount of Grant Funds Requested:*	

Budget Form (Cont.)

- ▶ Add the following information after selecting the correct Budget Category
 - ▶ Line Name
 - ▶ Line Description
 - ▶ Amount of Grant Funds Requested (Total)

Budget

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

Budget Line Category*

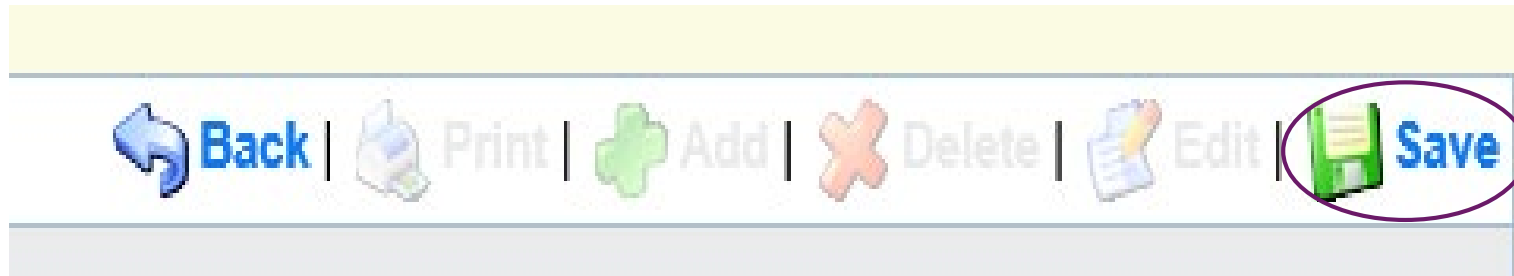
Line Name:*

Line Description:*

Amount of Grant Funds Requested*

Budget Form (Cont.)

- ▶ After all information has been added for a budget line, select “Save”



Budget Form cont.

► Completed Budget Example

Budget Negotiate Component Create New Version Return to Components Add			
<i>To include lines in your budget, click "Add". If the project includes more than one budget line, repeat this step for each budget line.</i>			
Budget Line Category	Line Name:	Line Description:	Amount of Grant Funds Requested
1. Personnel	Salary for Part-time Yogurt Chef	TBH - Yogurt Chef, 65 Hours	\$5,000.00
2. Personnel Benefits	Benefits for Part-time Yogurt Chef	TBH - Yogurt Chef, Benefits FICA/Medicare 7.65%	\$400.00
5. Travel/Training	FroYo Training Conference	Meals, Lodging, Airfare for conference 10/01/2022	\$3,500.00
5. Travel/Training	Toppings Training Online Course (3 Staff)	Registration fee, training 12/01/22	\$500.00
6. Equipment	Freezer	Industrial Freezer	\$50,000.00
7. Supplies/Operations	Toppings	Frozen Yogurt Toppings (whipped Cream, Nuts, Cookies, etc)	\$500.00
7. Supplies/Operations	Yogurt	Yogurt	\$850.00
8. Contractual	Contract with Private Chef for Staff Training	Fee to contract with chef for staff training Dec 2021 - March 2022	\$4,500.00

- To Edit a budget line, select the hyperlink of the line you wish to edit, or select "Edit" for a mass edit of all lines as well as the budget justification

Budget Form cont.

▶ 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 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 basis 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 Form cont.

- ▶ Justification cont.
 - ▶ To add the Justification(s), select “Edit” in the top right corner



Budget Form cont.

- ▶ Justification cont.
- ▶ Justification Example

Budget Justification

Budget Justification*

(For each budget line requested please provide a separate justification.)

The Justification for each line should include the following:

1. Justify why each requested budget line is necessary for the success of the proposed project.
2. Cost Basis for the budget line request.

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.

Personnel and Personnel Overtime:

Justify why each requested budget line is necessary for the success of the proposed project. Cost basis for each budget line requested.

Description of job responsibilities the individual will be expected to perform for this project/program.

Benefit and Overtime Benefits:

Justify why each requested budget line is necessary for the success of the proposed project. Cost basis for each budget line requested.

List which benefits are included and the rate of each benefit.

Travel/Training:

Justify why each requested budget line is necessary for the success of the proposed project. Cost basis for each budget line requested.

List each training separately in the budget and in the justification provide the cost breakdown for the training (Registration, hotel, per diem, etc.)

Equipment:

Justify why each requested budget line is necessary for the success of the proposed project. Cost basis for each budget line requested.

In justification please include if the item is new or a replacement, and who will be using the equipment.

Supplies/Operations:

Justify why each requested budget line is necessary for the success of the proposed project. Cost basis for each budget line requested.

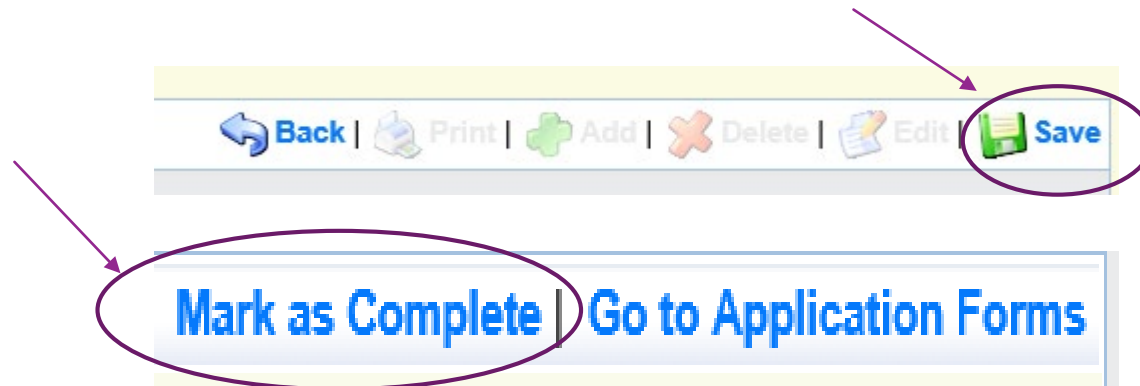
Contractual:

Justify why each requested budget line is necessary for the success of the proposed project. Cost basis for each budget line requested.

Provide the dates of service for any contracts or contracted services

Budget Form Completion

- ▶ After all budget lines have been added and a full justification has been provided for each line, select “Save”, then select, “Mark as Complete”










Named Attachments

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

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	07/30/2021	
Contact Information	✓	07/30/2021	
CAC Project Form	✓	07/30/2021	
Budget	✓	08/01/2021	
Named Attachments			

Named Attachments (Cont.)








- ▶ To Attach the most recent Audit, select “Audit/Financial Statement (Required)”

Named Attachments							Mark as Complete Go to Application Forms
Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?	
Audit/Financial Statement (REQUIRED)*							
Federal Fund Schedule (REQUIRED if not included in Audit)							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							

Last Edited By:

Named Attachments (Cont.)

- ▶ If the agency does not have an audit that includes the Federal Fund Schedule, this will need to be attached separately
 - ▶ Select Federal Fund Schedule (Required if not included in Audit)

Named Attachments		Mark as Complete Go to Application Forms					
Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?	
Audit/Financial Statement (REQUIRED)*							
Federal Fund Schedule (REQUIRED if not included in Audit)							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							
Other Supporting Information							

Last Edited By:

Named Attachments (Cont.)

- ▶ Any additional information you would like to supply can be attached in the Other Supporting Information section
 - ▶ Examples: Quotes, Letters of Support, Additional information that did not fit in the application

Important Dates

- ▶ Application Period:
 - ▶ Monday August 2, 2021 – August 31, 2021 5:00 pm CST
- ▶ Recorded Application Workshop (Online)/PowerPoint: August 2, 2021
- ▶ Compliance Workshop: October 2021
- ▶ Program Start Date: October 1, 2021
- ▶ Program End Date: September 30, 2022

Questions

For any questions please contact our office:

▶ Michelle Branson
Grant Program Supervisor

▶ (573) 526-9014

▶ Michelle.Branson@dps.mo.gov

▶ Chelsey Call
Grant Program Supervisor

▶ (573) 526-9203

▶ Chelsey.call@dps.mo.gov

▶ Joni McCarter
Program Manager

▶ (573) 526-9020

▶ Joni.mccarter@dps.mo.gov