

911 GRANT PROGRAM

FY2019 Application Workshop



Missouri Office of Homeland Security Notice of Funding Opportunity

We are pleased to announce funding opportunity for the FY 2019 911 Grant Program

First round of applications opened March 2, 2020.

The second round of applications will open on June 8, 2020 . *Applications will not be accepted after the established deadline of 5:00 p.m. CST on June 19, 2020.*

This funding opportunity is made available through the Missouri Department of Public Safety's, electronic WebGrants System, accessible on the internet:

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

Key Dates

March 2, 2020:

Application Workshop Available Online

June 8, 2020:

Funding opportunity open in WebGrants
<https://dpsgrants.dps.mo.gov/>

June 19, 2020:

Applications due in WebGrants 5:00 pm CST
WebGrants will not accept any applications after this time

July 1, 2020:

Project Start Date

December 31, 2021:

Project End Date

911 GRANT PROGRAM

- Missouri Department of Public Safety (MO DPS), Missouri Interoperability Center (MIC), and the Missouri Office of Homeland Security (OHS) is facilitating the National Telecommunications and Information Administration (NTIA), and the National Highway Traffic Safety Administration (NHTSA)'s 911 Grant Program.
- This program will provide funding to eligible subrecipients for costs associated with the purchase of hardware, software and hosted services associated with enabling Next Generation (NG) 911 calls to be received, processed and dispatched. All projects must be within the NG911 strategy as defined in [RSMo 650.330](#). Applicants for this grant opportunity must ensure the purchase of hardware, software, and/or services comply with current NG911 standards, as listed in the Department of Homeland Security's SAFECOM Guidance. Each individual project, however, need not meet every listed standard.
- https://www.dhs.gov/sites/default/files/publications/fy_2020_safecom_guidance_on_emergency_communications_grants_final.pdf

911 GRANT PROGRAM, CONT.

- ▣ Examples of allowable hardware and software include: NG911 compliant voice recorders, new or updated Computer-Aided Dispatch (CAD) systems, updated computer hardware and broadband data infrastructure, emergency medical dispatch systems, subscription based access to hosted NG911 services, including but not limited to, Emergency Services Internet Protocol Network(s) (ESInet).

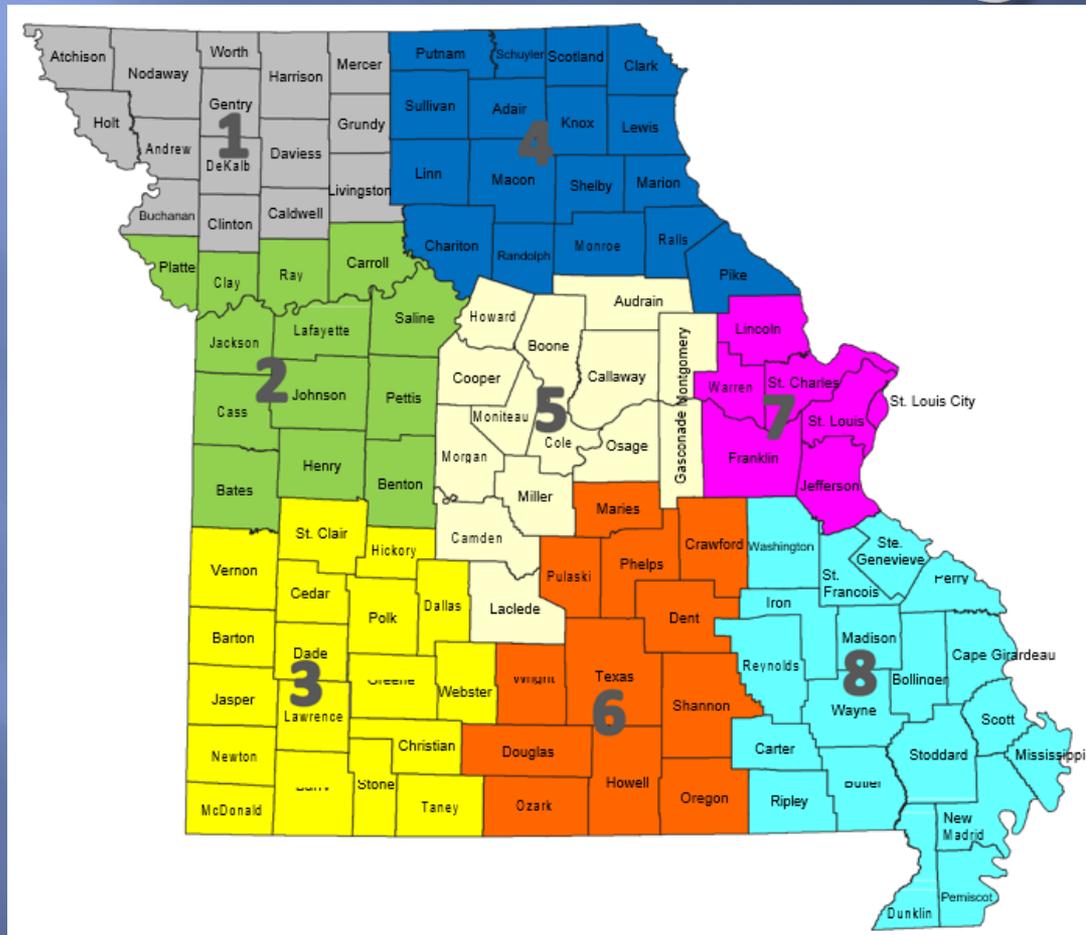
PROJECT PERIOD OF PERFORMANCE

- ▣ The period of performance for this grant is April 1, 2020 through December 31, 2021. No extensions will be allowed.

AWARD AMOUNT

- ▣ Federal funding for this project is \$2,446,504.00.
- ▣ By statute, the Federal share of the cost of any activity carried out under this grant program may not exceed 60% of eligible costs. For this program, subrecipients must provide 40% of the total eligible project costs in cash match. Funds from other Federal sources may not be used as matching funds. 911 fee funds may be used as matching funds.

911 Regional Coordination Center Committee Regions



Based on the identified coordination efforts that already exist a proposed draft "911 Regional Coordination Center Committee Regions" have been identified and shared for public comment.

Eligible Applicants

Missouri PSAPs and non-traditional PSAPs as defined by the [RSMo 190.400](#)

PSAP (Public Safety Answering Point) - An entity responsible for receiving 9-1-1 calls and processing those calls according to a specific operational policy.

Variations:

- ▣ Primary PSAP: A PSAP to which 9-1-1 calls are routed directly from the 9-1-1 Control Office.
- ▣ Secondary PSAP: A PSAP to which 9-1-1 calls are transferred from a Primary PSAP.
- ▣ Alternate PSAP: A PSAP designated to receive calls when the primary PSAP is unable to do so.

Eligible Applicants, Cont.

- ❑ Consolidated PSAP: A facility where multiple Public Safety Agencies choose to operate as a single 9-1-1 entity.
- ❑ Legacy PSAP: A PSAP that cannot process calls received via i3-defined call interfaces (IP-based calls) and still requires the use of CAMA or ISDN trunk technology for delivery of 9-1-1 emergency calls.
- ❑ Serving PSAP: The PSAP to which a call would normally be routed.
- ❑ NG9-1-1 PSAP: This term is used to denote a PSAP capable of processing calls and accessing data services as defined in NENA's i3 specification, NENA NENA-STA-010, and referred to therein as an "i3 PSAP".

For the purposes of the 911 Grant Program, all of these "variations" are eligible recipients.

Eligible Costs

- ▣ Projects must have a minimum total cost of \$10,000.00 to be considered (\$4,000.00 in local match and \$6,000.00 in federal funds.)

Calculating match from project total:

Total Project Cost X Federal Cost Share 60% = Federal Funds

Total Project Cost X Local Match Share 40% = Local Match Funds

Example: Total Project Cost \$100,000.00

\$100,000.00 X 60% = \$60,000.00 Federal Funds

\$100,000.00 X 40% = \$40,000.00 Match Funds

Eligible Costs, Cont.

- ▣ Calculating match from award total:
- ▣ Award Amount / Federal Cost Share 60% - Award Amount = Match Amount

Example: \$60,000.00 Federal Award Amount

$$\$60,000.00 / 60\% = \$100,000.00$$

$$\$100,000.00 - \$60,000.00 = \$40,000.00$$

$$\text{Project Total} = \$100,000$$

Eligible Costs, Cont.

- ▣ The maximum Federal portion for PSAP's, as defined by RSMo. 650.330, shall not exceed \$500,000.00. There are no maximum project costs, but the subrecipient will be required to pay the full difference between the Federal award amount granted and the project total costs.

Eligible Costs, Cont.

- ▣ All project costs must meet the requirements of the eligible cost categories from the 911 Grant Program Notice of Funding Opportunity.
 - 911 Grant Program Eligible Cost Categories - Projects must align to an eligible cost category
 - ▣ Costs to purchase hardware, software, and hosted services associated with enabling NG911 calls to be received, processed and dispatched.

This grant is for project implementation, it will cover a maximum of 12 months for maintenance, services, warranties and equipment leases. All expenses in excess of 12 months will be the responsibility of the applicant agency.

ELIGIBLE COSTS – PRE APPROVED

The following costs have been determined to meet all eligibility requirements for project funding:

- ❑ Replacement, upgrade, or enhancement of voice recorders.
- ❑ Replacement, upgrade, or enhancement of computer or network equipment for use solely by the PSAP.
- ❑ Replacement, upgrade, or enhancement of Computer Aided Dispatch (CAD) software. If the software is licensed per user, the maximum number of users is equal to 1.5 times the number of full-time communications officers employed by the PSAP.
- ❑ Backup phone systems for use solely in the PSAP. Phone systems for use both in the PSAP and by another department or departments.

ELIGIBLE COSTS – PRE APPROVED, Cont.

- ❑ Computer-based radio equipment for use solely in the PSAP.
- ❑ Implementation, replacement, upgrade, or enhancement of Emergency Dispatch Protocol System such as Emergency Medical Dispatch.
- ❑ Establishment, upgrade, or enhancement of IP networks needed to support the PSAP and their connection to emergency response organizations.
- ❑ Any of the above items for use in establishing or maintaining Regional or Multi-PSAP backup centers.
- ❑ Costs associated with establishing a RCC PSAP as defined by RSMo. 650.330 and designated a RCC by the MO 911 Service Board.
- ❑ Costs associated with establishing connectivity from a local PSAP “spoke” to their RCC PSAP as defined by RSMo. 650.330, and designated a RCC by the MO 911 Service Board.

ELIGIBLE COSTS – OTHER

- ▣ Other NG911 projects will be evaluated on a case-by-case basis.

INELIGIBLE COSTS

- ❑ Costs that are unallowable under the Cost Principles of the Uniform Administrative Requirements, 2 CFR Part 200, and Audit Requirements for Federal Awards, 2 CFR Part 200 Subpart F.
- ❑ Costs to operate legacy E-911 or 911 systems.
- ❑ Costs to operate the NG911 system, after it is fully operational.
- ❑ Activities related to construction or renovation.
- ❑ Costs related to subscriber radio equipment.
- ❑ Mass notification systems.
- ❑ Independent verification and validation (IV&V) testing for product, services, and system purchases.
- ❑ Costs incurred outside the grant period of performance.

Application Requirements

- ▣ Applications for this grant program will be accepted solely through the MO DPS WebGrants system, the MO DPS online electronic portal. This system will be utilized from the application phase through the administration and closeout phases for all funded projects. For additional information regarding the application submittal process, contact the OHS at (573) 526-9014 or (573) 526-9020.

Application Requirements, Cont.

- ▣ The WebGrants system records all application submittal dates and times. Applicants will receive an electronic email message through the WebGrants system confirming receipt of the full application. Interested applicants may apply through WebGrants at <https://dpsgrants.dps.mo.gov>.
- ▣ *The second round of applications will open on June 8, 2020. Applications will not be accepted after the established deadline of 5:00 p.m. on June 19, 2020.*
- ▣ Applications MUST also include a completed “Architecture” section from the NG911 Maturity State Self-Assessment Tool.

Application Instructions

- ▣ Information provided in the application will determine the score, be sure requested information is provided and accurate

WebGrants Application

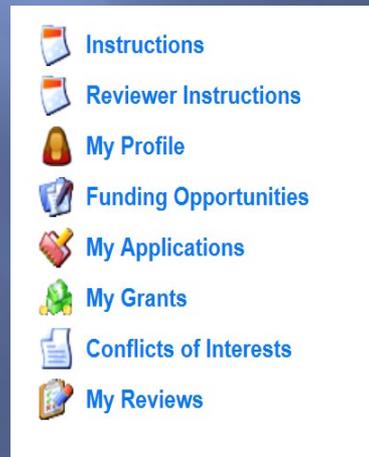
- ❑ dpsgrants.dps.mo.gov
- ❑ Log in or register as a new agency

The image shows a screenshot of the WebGrants application interface, divided into two panels. The left panel is titled "Log In" and contains a form with two input fields: "User ID:*" and "Password:*". Below the fields is a "Log In" button and two links: "Forgot User Id?" and "Forgot Password?". A blue arrow points from the right panel to the "User ID" field. The right panel features the Missouri Department of Public Safety logo at the top, which includes the text "Missouri Department of Public Safety" and a circular seal. Below the logo, the text "New to WebGrants - Missouri Department of Public Safety?" is displayed, followed by a blue arrow pointing to a "Register Here" link.

<p>Log In</p> <p>User ID:* <input type="text"/></p> <p>Password:* <input type="password"/></p> <p><input type="button" value="Log In"/></p> <p>Forgot User Id?</p> <p>Forgot Password?</p>	<p>Missouri Department of Public Safety</p> <p>New to WebGrants - Missouri Department of Public Safety?</p> <p>Register Here</p>
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Application Instructions, Cont.

- ❑ Select “Funding Opportunities” and select the FY19 NG911 – 911 Grant Program funding opportunity.



Application Instructions, Cont.

- ▣ FY19 NG911 – 911 Grant Program funding opportunity
- ▣ When opening the opportunity there will be a description and an attachments section
 - ▣ Both the NOFO and the Next Generation 911 Maturity State Self-Assessment Tool – Gap Analysis are available in the Attachments Section

Attachments

Click on the File Name to open attachment

Description	File Name	File Size
NG 911 Missouri NOFO	MO NG911 NOFO.docx	67 KB
Next Generation 911 Maturity State Self-Assessment Tool - Gap Analysis	NG911 Maturity State Self-Assessment Tool_11_12_19 Arc only.xlsm	524 KB

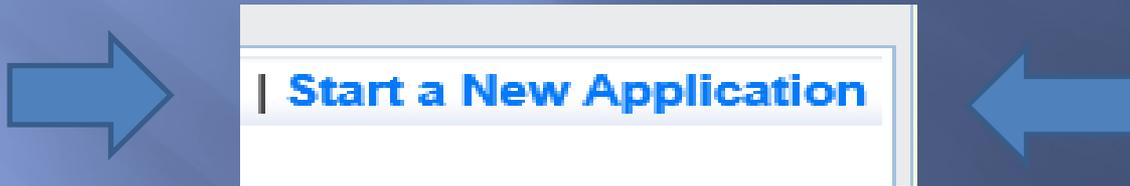
Next Generation 911 Maturity State Self-Assessment Tool, Gap Analysis, Cont.

- ❑ When you click on the link the form it will open up with Excel
- ❑ Answer all 31 questions
- ❑ Once done Export to PDF and save the file, this will later be attached to the application in the Named Attachments Section

Next Generation 911 Maturity State Self-Assessment Tool		
1		Please choose the description that best characterizes your ECC/PSAP: Dropdown Options Local: All remaining city, town, county, village, parish, tribal, and municipal organizations
<input type="button" value="Export to PDF"/>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Overall Maturity State #N/A </div>
Architecture		
		Dropdown Options
Routing & Location		Maturity State
2	Accurately, factually, and consistently characterize the routing currently in use and planning/funding sought.	#N/A
3	Characterize the Automatic Location Information (ALI)/Location Object use in database management systems (DBMS):	#N/A
4	Specify if a LIS or its equivalent is implemented with each originating service provider (OSP) for every ECC/PSAP within your jurisdiction:	
Geographic Information System (GIS) Data		Maturity State
5	Characterize to what extent a NG911 dataset has been created:	#N/A
6	Specify the usage of Emergency Call Routing Function (ECRF) in GIS data formatting:	#N/A
7	Specify the usage of Policy Routing Function (PRF) in GIS data formatting:	#N/A
8	Indicate if the data is formatted for Location Verification Function (LVF) use:	
Next Generation Core Service (NGCS) Elements		Maturity State
9	Characterize the implementation of Legacy Selective Router Gateway (LSRG):	#N/A

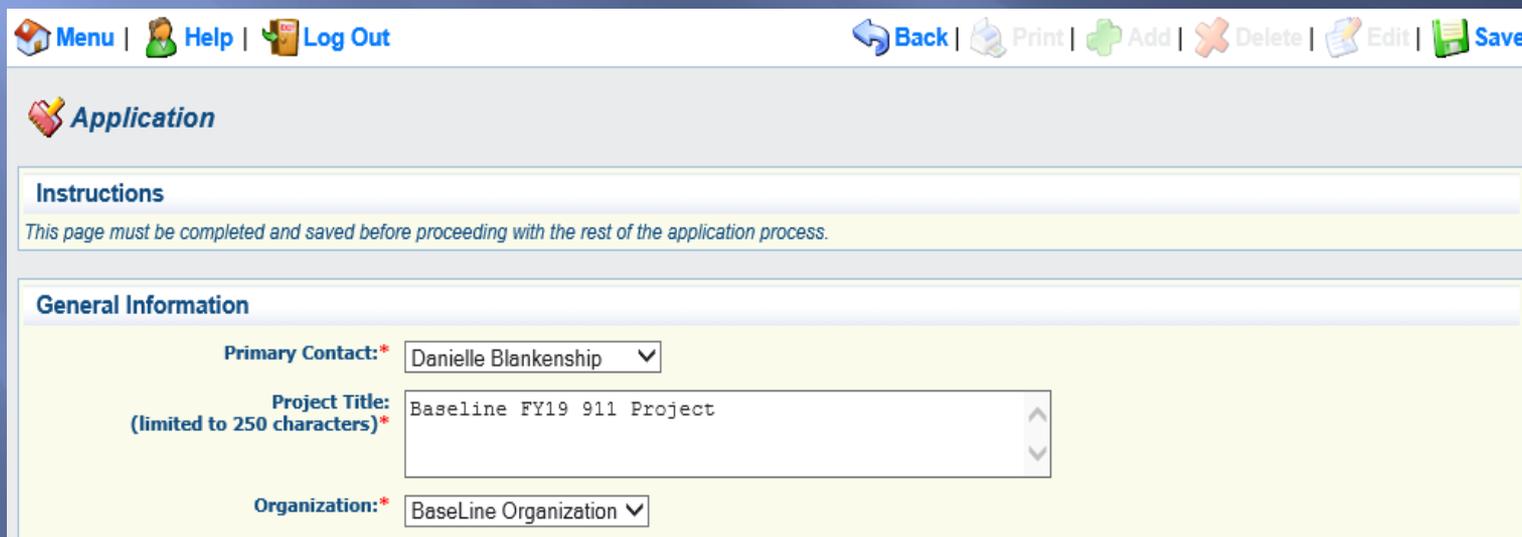
Application Instructions, Cont.

- ▣ Select “Start New Application”



Application Instructions, Cont.

- ❑ After selecting “Start a New Application”, complete the “General Information” section
- ❑ “Project Title” should be short and specific to the project, see example below
- ❑ After completing the “General Information,” click “Save”



The screenshot shows a web application interface. At the top, there is a navigation bar with icons and text for 'Menu', 'Help', and 'Log Out'. To the right of this bar are action buttons: 'Back', 'Print', 'Add', 'Delete', 'Edit', and 'Save'. A large blue arrow points from the right edge of the slide towards the 'Save' button. Below the navigation bar is a header section with an 'Application' icon and title. The main content area is divided into sections. The first section is 'Instructions', which contains a yellow highlighted box with the text: 'This page must be completed and saved before proceeding with the rest of the application process.' The second section is 'General Information', which contains three form fields: 'Primary Contact:*' with a dropdown menu showing 'Danielle Blankenship', 'Project Title: (limited to 250 characters)*' with a text input field containing 'Baseline FY19 911 Project', and 'Organization:*' with a dropdown menu showing 'BaseLine Organization'.

Application Instructions, Cont.

- ▣ Select “Go to Application Forms”



General Information	Go to Application Forms
System ID: 112125	
Project Title: Baseline FY19 911 Project	
Primary Contact: Danielle Blankenship	
Organization: BaseLine Organization	

- ▣ Complete each of the five “Application Forms” with all required information then “Save” and “Mark Complete”

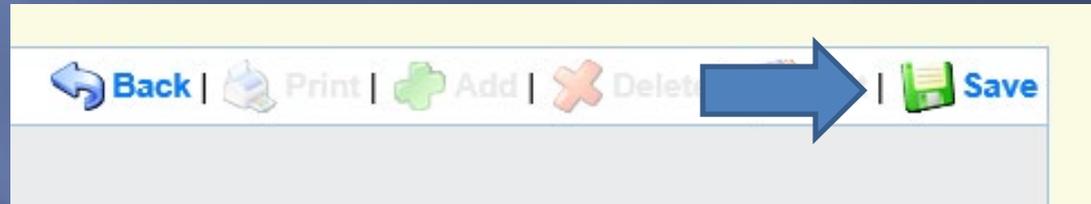
Application Forms
Form Name
General Information
Contact Information
Project Form
Budget
Named Attachments
Certified Assurances

Contact Information

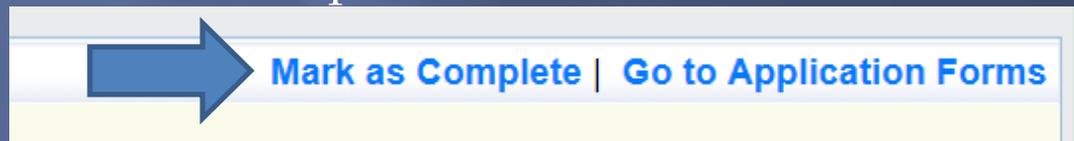
- Please complete all contact information for
 - Authorized Official
 - Project Director
 - Fiscal Officer
 - Project Contact Person

*The Authorized Official, Project Director, and Fiscal Officer **CANNOT** be the same person.*

- Required fields are designated with a red asterisk *
- Click “Save” at the top of the screen after entering all of the information



- Then “Mark as Complete”



Contact Information – Authorized Official

☐ Authorized Official

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract. Please refer to the list below to help determine the correct Authorized Official for the applicant agency:

- 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 (e.g.; the Sheriff is not the Authorized Official)
- If the applicant agency is a nonprofit, the Board Chair shall be the Authorized Official. (If applicable please upload a copy of 501C3 in the other attachments section of the application.)
- ***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 you agency, please contact the Missouri Office of Homeland Security at 573-526-8719.*

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 the "Certified Assurances" form

Contact Information – Authorized Official, 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.

- *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 nonprofit, the Board Chair/President shall be the Authorized Official. If applicable please upload copy of 501C3 in the Other Attachments section of this application.*
- ***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 Office of Homeland Security at (573) 526-9014***

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

Project Form

****Prior to completing the application the Next Generation 911 Maturity State Self-Assessment Tool, Gap Analysis needs to be completed.**

1. **Project Title:***

2. **Agency Name:***

3. **RCC Region:***

4. **Project Location Zip Code:***

5. **Project Activity Type:***

5a. **If this application is for a new/consolidation PSAP(s) has the plan been approved by the MO 911 Service Board?***

5b. **If this application is for an RCC-PSAP, has the RCC-PSAP been designated by the MO 911 Service Board?***

6. **Project Start Date:*** 

7. **Project End Date:*** 

8. Project Description:*

Provide a complete project description. The project description should contain a summary of what specific action is proposed and the objectives the project is designed to accomplish (the purpose). Provide how this project aligns to the Next Generation 911 Maturity State Self-Assessment Tool - Gap Analysis. How does this project move the PSAP(s) towards NG911 and what increased capabilities will the PSAP(s) have as a result?

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Go into great detail about the project. |

Project Form, Cont.

Enter or select:

- ▣ Project Title
- ▣ Agency name
- ▣ Region (based off the Region map that has been provided)
- ▣ Project Location Zip Code
- ▣ Project Activity Type that best represents your project
- ▣ Project Start Date
- ▣ Project End Date

Project Form, Cont.

- ▣ “Project Description” is very important and needs to include all information listed in the instructions
- ▣ The project should contain a summary of what specific action is proposed and the objectives the project is designed to accomplish (the purpose).
 - *Provide how this project aligns to the Next Generation 911 Maturity State Self-Assessment Tool – Gap Analysis*

Project Form, Cont.

9. Does this PSAP receive 911 calls?* Yes No

10. Is this PSAP a primary or secondary PSAP?* Primary ▾

11. What is the current phase of this PSAP (level of service)?* Basic (No 911 Equipment) ▾

12. What phase will this PSAP be after this project is complete?* Basic (No 911 Equipment) ▾

How many PSAPS are included in this project?

13. PSAPS:* 20

14. List all PSAPs included in this project:*

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Follow the instructions from the question.

Path: p Words:6

15. Describe individually how each PSAP listed in question 14 will benefit from this project. *

Include: How it relates to the Next Generation 911 Maturity Sate Self-Assessment Tool, GAP Analysis; the current phase of each PSAP and what phase they will be when this project is complete; additional functionality of each PSAP after this project is complete.

Font Family ▾ Font Size ▾ **B** *I* U | [List Icons] | [Cut] [Copy] [Paste] | [Link] [Unlink] | [Image] [Table] [Media]

Follow the instructions from the question.

Path: p Words:4

Audit Certification

- ▣ Utilizing your agency's most recent audit, please complete all required fields in the "Audit Details" section
 - If your agency does not have an audit, complete this section utilizing your most recent annual financial statement and attach the statement in lieu of the audit
 - *Note – If your audit covered a period that ended more than three years ago, please provide the most recent financial statement for your agency's last fiscal year, as well as a copy of the audit
- ▣ All attachments will be uploaded in the "Named Attachment" form on the application

Audit Certification, Cont.

- ▣ Complete the “Audit Certification” section indicating whether the \$750,000 threshold for federal audits was met per Part 2 CFR 200.501
 - The \$750,000 federal expenditure threshold is met when an agency has **expended** \$750,000 or more in federal funds during their last fiscal year. This information can be found on the agency’s most recent audit, annual financial statements, and/or SEFA. (The total amount of federal funds expended is derived from all federal sources)

Audit Certification, Cont.

Audit Details

16. Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?*

Yes 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.

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

18. By checking this box the applicant agency understands they are required to upload a copy of the agencies most recent completed audit in the Named Attachments section of this application:*

Risk Assessment

- ❑ The “Risk Assessment” section is to gather information the awarding agency (OHS) will use to conduct a risk assessment, of your agency, as required by 2 CFR 200.331 (b)
- ❑ Depending on the responses to these questions, the awarding agency may contact you for additional information

Risk Assessment

19. 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.

20. 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.

21. Does the applicant agency receive any direct Federal awards?:

Yes No

Direct grants are grant that you apply directly to the federal government for and there is no intermediary agency such as OHS.

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

No ▼

Budget Form

Enter each budget line by selecting “Add” and completing all required information, then “Save” and “Add” if additional budget lines are needed

- ▣ Equipment
- ▣ Contractual

Budget – Equipment, Cont.

Enter or Select:

- ❑ Line Item Name
- ❑ Quantity
- ❑ Item Cost
- ❑ Total Cost
- ❑ Local Match Amount
- ❑ Cost Category
- ❑ Eligible Costs
- ❑ Select “save” when done

Menu | Help | Log Out Back | Print | Add | Delete | Edit | Save

Application

Application: 112125 - Baseline FY19 911 Project

Program Area: 911 Grant Program

Funding Opportunities: 112034 - FY2019 911 Test Opportunity 2/13/20

Application Deadline: Final Application Deadline not Applicable

Organization: BaseLine Organization

Equipment

Line Item Name:* ×

Quantity*

Item Cost:*

Total Cost:*

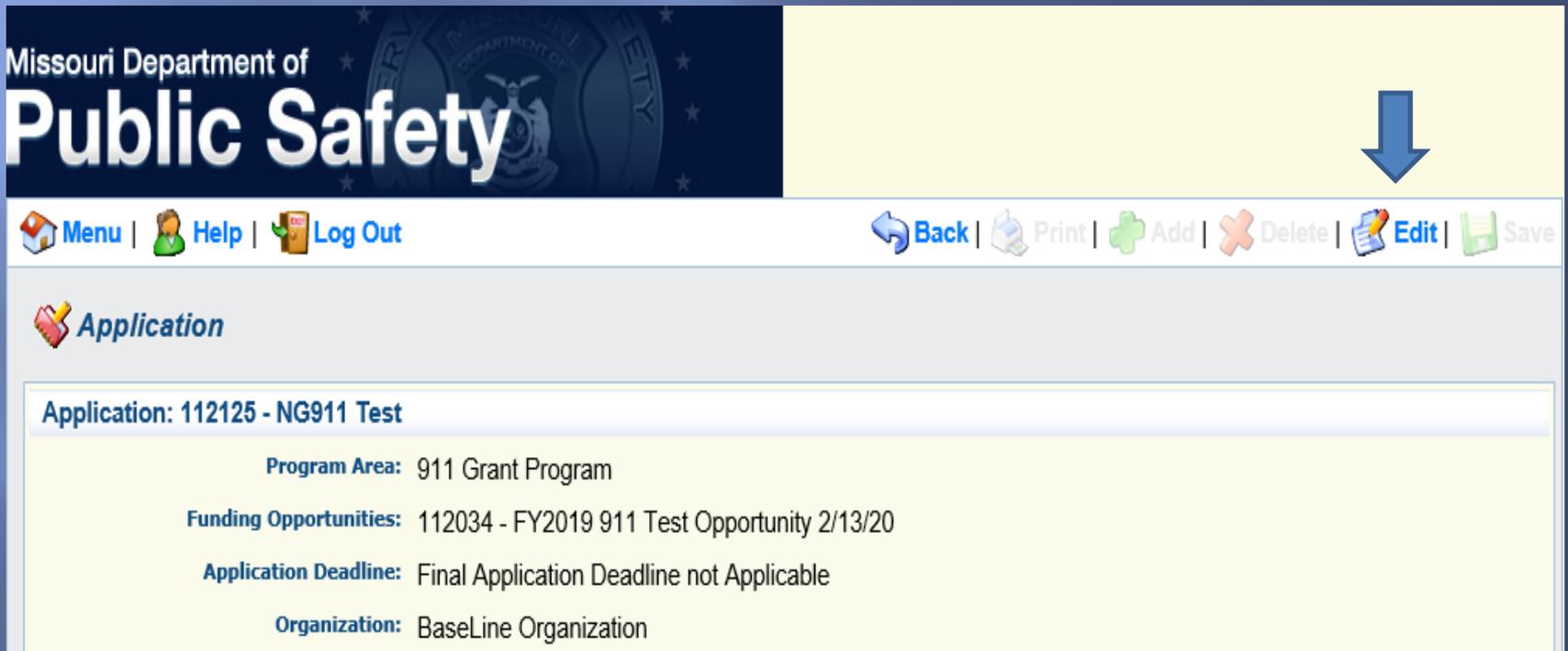
Local Match Amount:*

Cost Category:*

Eligible Costs:*

Budget Form, Cont.

- ❑ Provide required justification for all budget lines by clicking “Edit” at top of the page
- ❑ Justification for all sections can be completed at one time



The screenshot shows the Missouri Department of Public Safety application form interface. The header features the department's name and logo. A navigation bar includes links for Menu, Help, and Log Out, along with action buttons for Back, Print, Add, Delete, Edit, and Save. A large blue arrow points down from the top right. The main content area displays application details for '112125 - NG911 Test'.

Missouri Department of
Public Safety

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Application

Application: 112125 - NG911 Test

Program Area: 911 Grant Program

Funding Opportunities: 112034 - FY2019 911 Test Opportunity 2/13/20

Application Deadline: Final Application Deadline not Applicable

Organization: BaseLine Organization

Budget – Equipment, Cont.

- ▣ Justification should be provided separately for each equipment line.
- ▣ Provide justification for the amount requested.
- ▣ Address why the requested item is necessary for the success of the proposed project.
- ▣ Indicate who will use the item, how the item will be used and where the item will be housed.
- ▣ Describe how each item aligns to the *Next Generation 911 Maturity State Self-Assessment Tool, Gap Analysis*.
- ▣ Explain fully where/how the matching funds will be provided for this project.

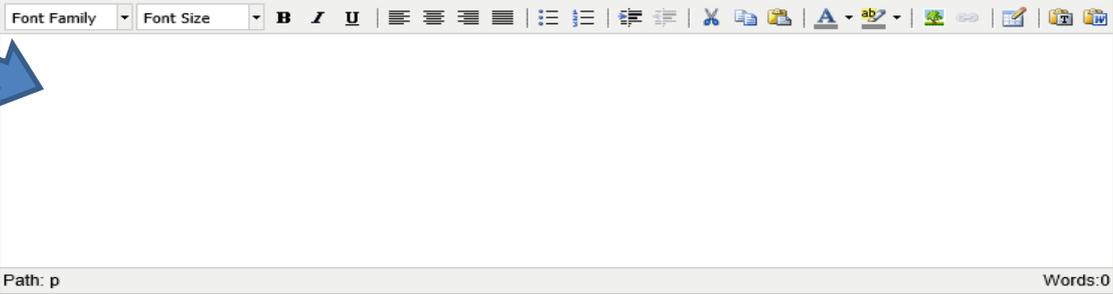
Budget – Equipment, Cont.

Equipment Justification

Provide separate justifications for each line item being requested. Provide justification for the amount requested. Address why the requested item is necessary for the success of the proposed project. Indicate who will use the item, how the item will be used and where the item will be housed. Align each item to the Next Generation 911 Maturity State Self-Assessment Tool, Gap Analysis.

Explain fully where/how the matching funds will be provided for this project.

Narrative Justification:



The screenshot shows a text editor interface for entering a narrative justification. It includes a toolbar with various formatting options like bold, italic, underline, and bullet points. A blue arrow points to the empty text area. At the bottom left, it says 'Path: p' and at the bottom right, it says 'Words:0'.

Path: p Words:0

- ❑ DO NOT put “See attachment” in the narrative justifications! Each section must be completed. If you have information that will not fit in the justification, please enter a summary in the justification and then include the statement “Additional information can be located in the “Named Attachment” section
- ❑ When justifications for all sections have been completed, select “Save” and “Mark as Complete” at the top of page

Budget – Contractual

- ▣ To enter the budget select “add” and complete the required information and “save”



Contractual						Add
Line Number:	Item Name:	Cost Category:	Contract Amount:	Local Match Amount:	Federal Amount:	Eligible Cost:
						\$0.00

Budget – Contractual, Cont.

Enter or Select

- ❑ Item Name
- ❑ Cost Category
- ❑ Contract Amount
- ❑ Local Match Amount
- ❑ Eligible Cost

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

Application

Application: 112125 - Baseline FY19 911 Project

Program Area: 911 Grant Program
Funding Opportunities: 112034 - FY2019 911 Test Opportunity 2/13/20
Application Deadline: Final Application Deadline not Applicable
Organization: BaseLine Organization

Contractual

Item Name:

Cost Category:

Contract Amount:

Local Match Amount:

Eligible Cost:

Named Attachments

- ▣ All attachments must be included in this section
- ▣ Required Attachments
 - Next Generation 911 Maturity State Self-Assessment Tool
 - Most recent audit
- ▣ Other Supporting Attachments
 - Quote/Estimate
 - Project Timeline
 - Approved Consolidation Plan, if applicable
 - MOU, if applicable
 - Other supporting information (up to 5 attachments)

Named Attachments, Cont.

- To add each attachment select the name of the attachment



Named Attachments							Mark as Complete Go to Application Forms
Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?	
Next Generation 911 Maturity State Self-Assessment Tool							
Most recent audit							
Other Documents:							
Quote/Estimate							
Project Timeline							
Approved Consolidation Plan, if applicable							
MOU, if applicable							
Other							
Other							
Other							
Other							
Other							

Last Edited By:

Named Attachments, Cont.

- Browse to select document
- Add a description to identify the document in the application, and select save

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Application

Attach File

Documents notated below with a red asterisk are required. Other listed documents are required if they are applicable to your project.

If our project has any additional information that needs to be included please attach it to one of the other sections below.

Please click on this link to access the [Next Generation 911 Maturity State Self-Assessment Tool, Gap Analysis](#)

Upload File: C:\Users\dblankenship\Desktop\TEST NG911MaturityStateSelf- Browse...

Description:* Maturity State Self-Assessment Tool

Named Attachments, Cont.

- The applicant agency's Next Generation 911 Maturity State Self-Assessment Tool, and the most recent audit, must be attached before this form can be "Mark as Complete"

Instructions						
Documents notated below with a red asterisk are required. Other listed documents are required if they are applicable to your project.						
If our project has any additional information that needs to be included please attach it to one of the other sections below.						
Please click on this link to access the Next Generation 911 Maturity State Self-Assessment Tool, Gap Analysis						
Named Attachments						Mark as Complete Go to Application Forms
Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Next Generation 911 Maturity State Self-Assessment Tool	Maturity State Self-Assessment Tool	TEST NG911MaturityStateSelf-AssessmentTool.xlsx	xlsm	525 KB	02/19/2020	
Most recent audit	Audit	TEST.docx	docx	12 KB	02/19/2020	
Other Documents:						
Quote/Estimate	Quote	TEST.docx	docx	12 KB	02/19/2020	
Project Timeline	Project Timeline	TEST.docx	docx	12 KB	02/19/2020	
Approved Consolidation Plan, if applicable				12 KB		
MOU, if applicable				12 KB		
Other				12 KB		
Other				12 KB		
Other				12 KB		
Other				12 KB		
Other				12 KB		

Certified Assurances

- ▣ The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.
 - The Authorized Official who was chosen will be the individual who signs the Certified Assurances
- ▣ In order to be eligible for the NG911 grant opportunity, the Certified Assurances document **MUST** be filled out and signed by the applicant agency's Authorized Official and submitted with the application.

Certified Assurances, Cont.

- ▣ Select Certified Assurances
- ▣ In the instructions there is a link for the Certified Assurances that will redirect you to the document required to fill out



Instructions

**** In order to be eligible for the NG911 grant opportunity, the **CERTIFIED ASSURANCES** document must be filled out and signed by the applicant agency's Authorized Official and submitted with the application.**

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 nonprofit, the Board Chair/President shall be the Authorized Official. If applicable please upload copy of 501C3 in the Other Attachments section of this application*
- ****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 Office of Homeland Security at (573) 526-8719****

Certified Assurances, Cont.

- ▣ When you click on the link the form will open enter these required fields:
 - Enter Agency Name
 - Project Title
 - Authorized Official
 - Project Request Total
 - Project Request Match
 - Project Request Grant



Office of Homeland Security
Division of Grants
P.O. Box 749, Jefferson City, MO 65101
Telephone: 573-526-6125
Fax: 573-526-9012

FY2019 NG911 Certified Assurances

Agency Name:

Project Title:

Authorized Official:

Project Request Total:

Project Request Match:

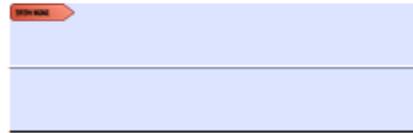
Project Request Grant:

Certified Assurances, Cont.

- ▣ The correct Authorized Official MUST sign and date the Certified Assurances

IMPORTANT: To be eligible for the 2019 NG911 grant opportunity this form must be dated and signed by the correct Authorized Official and submitted with the grant application.

Authorized Official Signature:



Date:

- ▣ Attach the document in the Certified Assurances under the Application Forms

Certified Assurances, Cont.

- ▣ Click “Edit” document to be able to upload the Certified Assurances
- ▣ Browse for the document
- ▣ Upload the document
- ▣ Click “Save”
- ▣ Mark as complete

Certified Assurances, Cont.

- The “Certified Assurances” section **MUST** be completed with the agency’s correct Authorized Official to be considered eligible for funding

Instructions

**** In order to be eligible for the NG911 grant opportunity, the **CERTIFIED ASSURANCES** document must be filled out and signed by the applicant agency’s Authorized Official and submitted with the application.**

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 nonprofit, the Board Chair/President shall be the Authorized Official. If applicable please upload copy of 501C3 in the Other Attachments section of this application*
- ***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 Office of Homeland Security at (573) 526-8719***

Certified Assurances

Authorized Official Name:*

Authorized Official Title:*

Signed Certified Assurance:
(Attachment)* Browse...

Applications can be saved without the Authorized Official’s information while they review, but MUST be completed before form can be marked complete

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	✓	02/19/2020	
Contact Information	✓	02/19/2020	
Project Form	✓	02/19/2020	
Budget	✓	02/19/2020	
Named Attachments	✓	02/19/2020	
Certified Assurances	✓	02/19/2020	

All applications must be submitted prior to
June 19, 2020 at 5:00 pm CST

Application Review

EVALUATION CRITERIA

- ▣ All applications will be reviewed for completeness, clarity, and compliance with program rules and requirements.
- ▣ Applications will be reviewed and scored by a committee comprised of staff from the MO DPS Director's Office, MO 911 Service Board Subcommittee and no less than three MO PSAP Directors or their designees.

Office of Homeland Security

Points of contact for WebGrants system issues

- ▣ Michelle Branson, (573) 526-9014,
Michelle.branson@dps.mo.gov
- ▣ Joni McCarter, (573) 526-9020,
Joni.mccarter@dps.mo.gov
- ▣ Maggie Glick, (573) 522-6125,
Maggie.glick@dps.mo.gov
- ▣ Chelsey Call, (573) 526-9203,
Chelsey.Call@dps.mo.gov