SFY 2023
Economic Distress Zone Grant (EDZ)
Application Workshop

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

SFY 2023 Economic Distress Zone Grant (EDZ)

The goal of the SFY 2023 Economic Distress Zone Grant (EDZ) is to provide funding to organizations registered with the United States Internal Revenue Service (IRS) as a 501 (c) (3) corporation who provide services to residents of the State of Missouri in areas of high incidents of crime and deteriorating infrastructure for the purpose of deterring criminal behavior.

Eligible Applicants

▶ "Areas of high incidents of crime and deteriorating infrastructure" shall mean

   ❑ A city with a homicide rate of at least 7 times the national average according to the Federal Bureau of Investigation's Uniform Reporting System; a poverty rate that exceeds 20% according to the United States Census Bureau and has a school district with at least 80% of students who qualify for free or reduced lunch

▶ Eligible applicants include Non-profit 501 (c)(3) corporations located within the State of Missouri that provide service to the following areas:

   ▪ Village of Riverview

   ▪ City of Pagedale

   ▪ City of St, Louis

   ▪ Village of Hillsdale

   ▪ City of Vinita Park

   ▪ City of Moline Acres

   ▪ City of New Madrid

Ineligible Applicants

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

Allowable Costs

▶ Personnel, Personnel Benefits, Personnel Overtime, and Personnel Overtime Benefits

▶ Travel/Training

- ❑ Training and travel-related costs, and consultants hired to provide training at the project agency
- ❑ Training and travel costs for staff at the project agency to provide training as part of the program

▶ Equipment

- ❑ Tangible, nonexpendable personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost of $1,000 or more per unit

▶ Supplies/Operations

- ❑ Other tangible personal property that is not considered "equipment". This includes technology and mobile devices that cost less than $1,000 per unit

▶ Contractual

- ❑ Costs directly associated with the project and its activities that are secured on a contractual nature

Ineligible/Unallowable Costs

- Bonuses or commissions
- Construction/renovation projects
- Daily subsistence within official domicile
- Entertainment expenses and bar charges
- Finance fees for delinquent payments
- First class travel
- Indirect costs
- Less-than-lethal weapons

- Lobbying or fundraising
- Military-type equipment
- Office lease/purchase
- Personal incentives for employment
- Pre-paid fuel/phone cards
- Vehicles (lease or purchase)
- Weapons and ammunition
- Program costs for services provided outside of the eligible areas
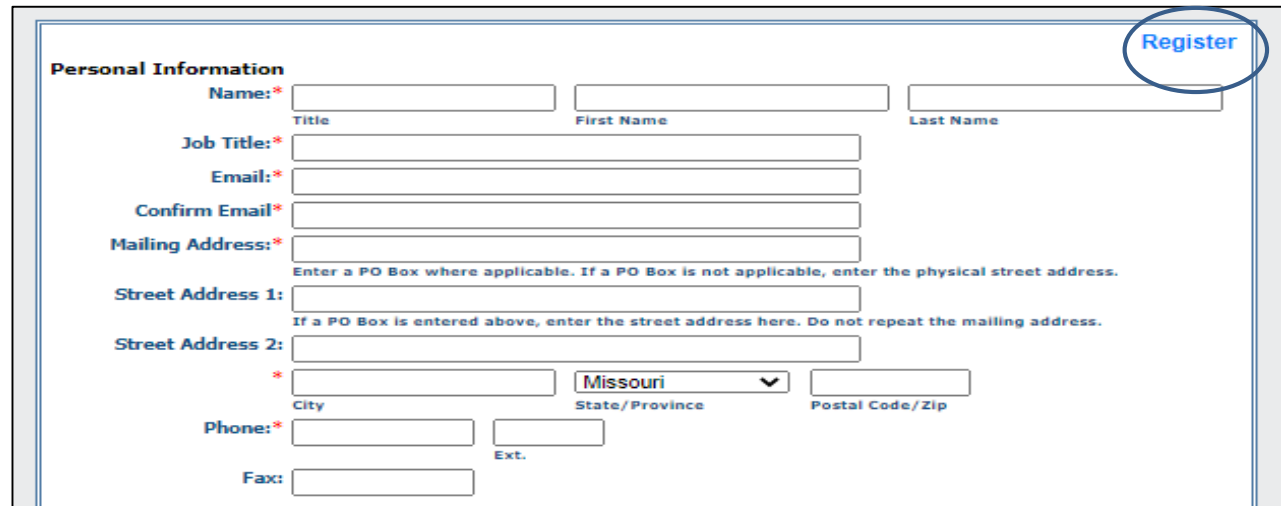
WebGrants System

▶ Applications will only be accepted through the Missouri Department of Public Safety (DPS) online WebGrants System

❑ **https://dpsgrants.dps.mo.gov/index.do**

▶ If the applicant is <u>not</u> 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

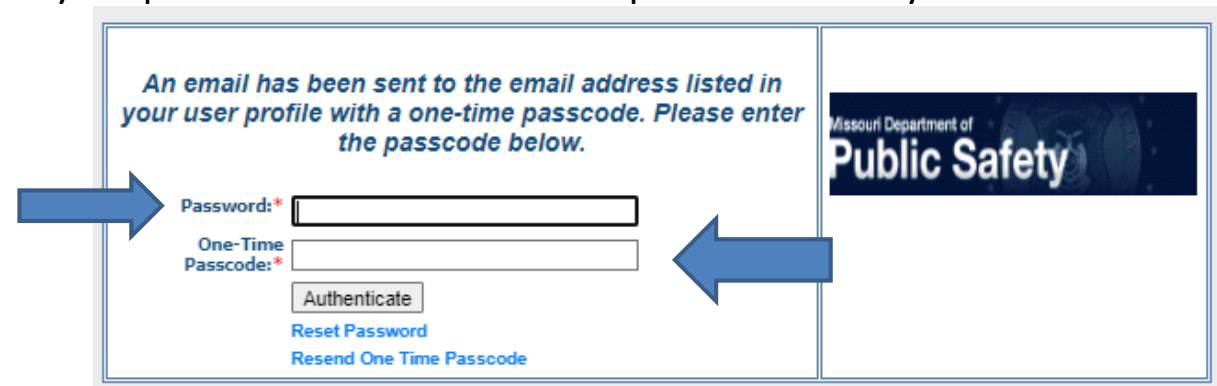▶ When your request has been approved you will receive emails with a User ID and Password

WebGrants Application

- If your agency is already registered in the system, someone with access will need to add new users

- Two-factor authentication: Enter your password and the one-time passcode sent by WebGrants

Funding Opportunity

After logging into the system select "Funding Opportunities"

Funding Opportunity

► The funding opportunity will be listed as:

❑ ID Number: 143364

❑ Program Area: Economic Distress Zone Grant (EDZ)

❑ Opportunity Title: SFY 2023 Economic Distress Zone Grant (EDZ)

❑ Application Opens: August 1, 2022

❑ Application Deadline: **August 26, 2022 at 5:00 pm CST**

► Select the blue link listed under Opportunity Title

Start a New Application

After selecting the correct Funding Opportunity select "Start a New Application"

General Information Form

▶ Complete the entire form as indicated:

❑ **Primary Contact:** Select the desired contact from the drop-down field

❑ **Project Title:** Enter EDZ 2023 – (Agency Name)

❑ **Organization:** Select the applicable applicant agency from the drop-down field

▶ Select "Save"
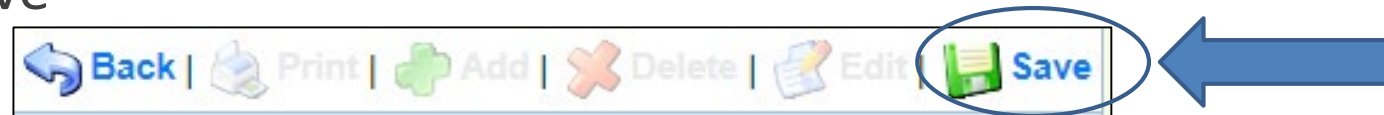
▶ Select "Go to Application Forms"   Go to Application Forms

Application Forms

The SFY 2023 Economic Distress Zone Grant (EDZ) will include 5 forms:

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

Application Forms	Application Details | Submit | Withdraw	
Form Name	**Complete?**	**Last Edited**
General Information	✔	07/29/2022
Contact Information		
EDZ Project Form		
Budget		
Named Attachments (EDZ)		

Contact Information

This form will collect information for the applicant agency contacts

- **Authorized Official:** The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicant's elected or appointed chief executive
  - ❑ If the applicant agency is a non-profit, the Board Chair shall be the Authorized Official
- **Project Director:** Individual that will have direct oversight of the proposed project
- **Fiscal Officer:** Individual who has responsibility for accounting and audit issues at the applicant agency
- **Project Contact Person:** Primary contact for day-to-day questions – the person that will be requesting reimbursement and submitting status reports

Contact Information

Contact Information

Authorized Official

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

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

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

If 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.

<u>**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.**</u>

Name:*	[ ] Title	[ ] First Name	[ ] Last Name
Job Title:*	[ ]		
Agency:*	[ ]		
Mailing Address:*	[ ] Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.		
Street Address 1:	[ ] If a PO Box is entered on the Mailing Address line, enter the physical street address here. Do not repeat the mailing address!		
Street Address 2:	[ ]		
City/State/Zip:*	[ ] City	Missouri ▾ State	[ ] Zip
Email:*	[ ]		
Phone:*	[ ] [ ] Ext.		
Fax:	[ ]		

Contact Information

▶ Once the form has been completed, select "Save"

Back | Print | Add | Delete | Edit | Save

▶ You can make edits to the form by selecting "Edit"

Back | Print | Add | Delete | Edit |

▶ Select "Mark as Complete"

Mark as Complete | Go to Application Forms
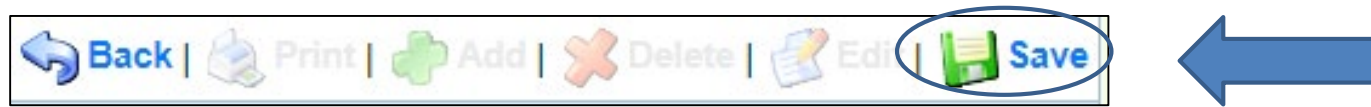
EDZ Project Form

The EDZ Project Form has 3 sections:

1. Project Description
   - ❑ This section consists of 18 questions
2. Audit Information and Risk Assessment
   - ❑ The section consists of 7 questions
3. Certified Assurances

EDZ Project Form

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

▶ Question 1

EDZ Project Form

▶ Question 2

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

EDZ Project Form

▶ Question 2.a

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

EDZ Project Form

▶ Question 3

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

EDZ Project Form

▶ Question 4

4. Please explain the need for this project.

Include the following:
* Please explain the funding need from this grant.
* Provide statistics that show the emerging need for this project.*

EDZ Project Form

▶ Question 5

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

EDZ Project Form

▶ Question 5.a

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

EDZ Project Form

▶ Question 5.b

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

EDZ Project Form

- Question 5.c

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

EDZ Project Form

▶ Question 5.d

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

EDZ Project Form

- Question 5.e

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

EDZ Project Form

▶ Question 5.f

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

EDZ Project Form

▶ Question 6.a

6. What is necessary to complete the proposed project?
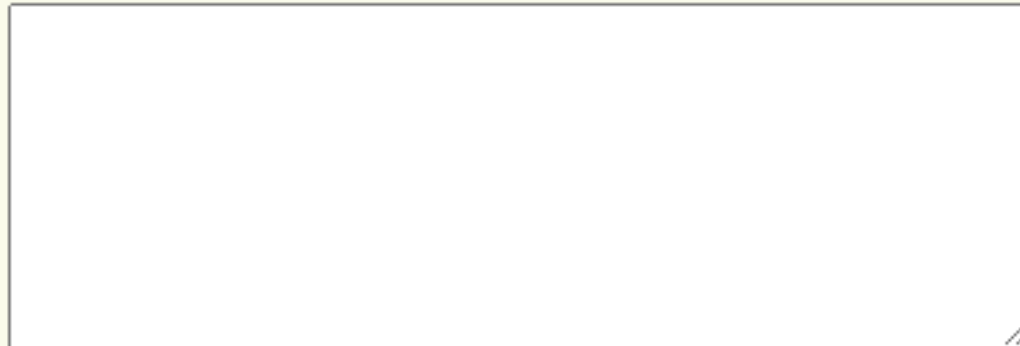
6.a. Please list the items being requested for the project. *

EDZ Project Form

▶ Question 6.b

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

EDZ Project Form

▶ Question 6.c

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

EDZ Project Form

▶ Question 7

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

EDZ Project Form

▶ Question 8

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

EDZ Project Form

▶ Question 9

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

EDZ Project Form

Section 2: Audit Information

Audit Information

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

◉ Yes ○ No

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

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

[   ]

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

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

☐

EDZ Project Form

Section 2: Risk Assessment

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

EDZ Project Form

Section 3: Certified Assurances

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

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

EDZ Project Form

Certified Assurances

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

SFY 2023 Economic Distress Zone Grant 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.*

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

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If you are unsure of who the Authorized Official is for your agency, please contact the Missouri Department of Public Safety at (573) 522-6125.
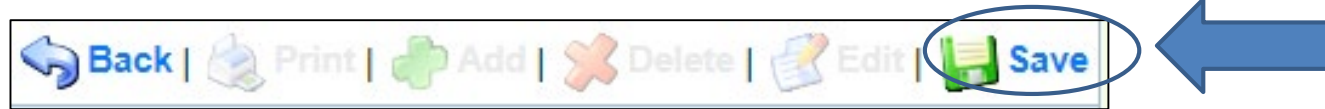
Authorized Official Name:* [   ]

Authorized Official Job Title:* [   ]

Date:* [   ] 📅

EDZ Project Form Completion

▶ Once the form has been completed, select "Save"

▶ You can make edits to the form by selecting "Edit"

▶ Select "Mark as Complete"

Budget

Budget

▶ Select "Budget"

Application Forms	Application Details	Submit	Withdraw
Form Name	Complete?	Last Edited	
General Information	✓	07/29/2022	
Contact Information	✓	07/29/2022	
EDZ Project Form	✓	07/29/2022	
Budget			
Named Attachments (EDZ)			

Budget

To add a budget line select "Add"

Budget

▶ **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. Project Manager)

▶ **Description:** Description of the budget line (i.e. Project Manager Salary)

▶ **Amount of Grant Funds Requested:** This should be the total amount of the funds requested for the listed budget line

Budget

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

Budget Form

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:*	1. Personnel
Line Name*	Project Director Salary
Description:*	Project Director Salary - 50 hours
Amount of Grant Funds Requested:*	$2,500.00

Budget Form

After all information has been added for a budget line, select "Save"
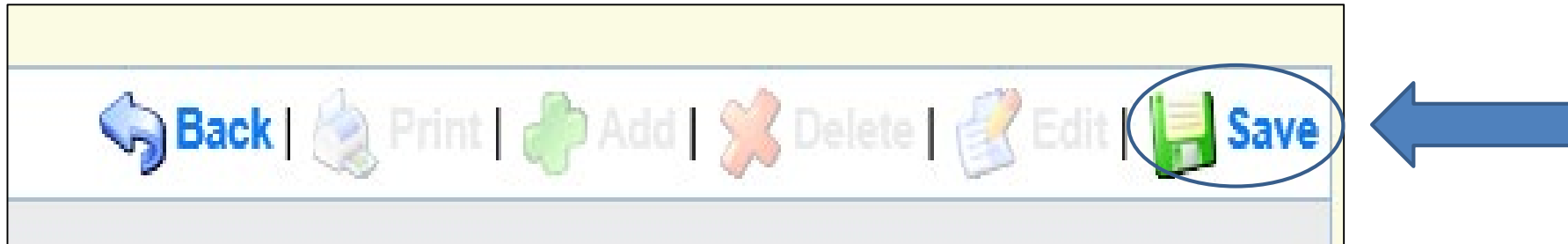
Budget Form

Completed Budget Example

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	Description:	Amount of Grant Funds Requested:
1. Personnel	Project Director Salary	Project Director Salary - 50 hours	$2,500.00
1. Personnel	Project Manager Salary	Project Manager Salary - 150 hours	$3,750.00
2. Personnel Benefits	Project Director Benefits	Project Director Benefits - 50%	$1,250.00
2. Personnel Benefits	Project Manager Benefits	Project Manager Benefits	$1,875.00
5. Travel/Training	Training Conference	Training Conference - Cleveland Ohio 10/2022 Meals/Lodging/Airfare	$2,500.00
6. Equipment	Gym Equipment	Basketball Goals (2)	$2,500.00
7. Supplies/Operations	Gym Supplies	Basketballs/Baseballs/Volleyballs	$1,000.00
8. Contractual	Youth Course Instructor	Youth Course Instructors - Sports Courses	$3,000.00

▶ To Edit a budget line, select the hyperlink of the line you wish to edit, or select "Edit" in the top right hand corner for a mass edit of all budget lines **as well as** the budget narrative justification

Budget Form

Narrative Justification

- ❑ **The Justification for each line should include the following:**
  - ▪ Justify why each requested budget line is necessary for the success of the proposed project
  - ▪ Cost Basis for the budget line request
- ❑ **Specific information for budget lines in these categories should also include:**
  - ▪ **Personnel 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

To add the Narrative Justification(s), select "Edit" in the top right corner
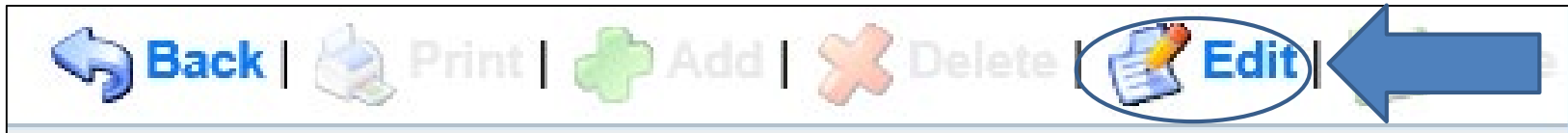
This form cannot be "Marked As Complete" until the Justification is entered

Budget Form

Narrative
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 sucess 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 sucess 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 sucess 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 sucess 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.

Suplies/Operations:

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

Contractual:

Justify why each requested budget line is necessary for the sucess 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

▶ Once the form has been completed, select "Save"

▶ You can make mass edits to the form by selecting "Edit"

▶ Select "Mark as Complete"

Named Attachments (EDZ)

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

Named Attachments (EDZ)

▶ To attach the most recent Audit/Financial Statement, select "Audit/Financial Statement (REQUIRED)"

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

Named Attachments (EDZ)

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

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

Named Attachments (EDZ) cont.

To attach the agencies 2021 Tax Exempt Form, select "2021 Return of Organization Exempt Form Income Tax Form 900 (REQUIRED)"

❑ This is a **required document**, that must be attached
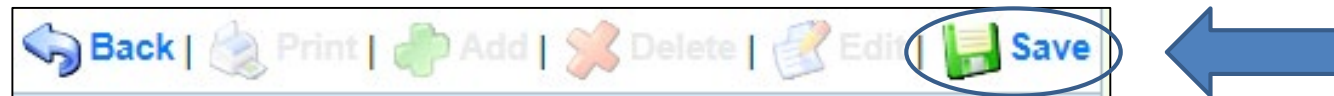
Named Attachments (EDZ)

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

- ❑ Examples:

  - ▪ Quotes

  - ▪ Letters of Support

  - ▪ Additional information that did not fit in the application

Named Attachments (EDZ) Completion

▶ Once the form has been completed, select "Save"

▶ You can make mass edits to the form by selecting "Edit"

▶ Select "Mark as Complete"

Application Completion

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

Application Forms		Application Details | Submit | Withdraw
Form Name	Complete?	Last Edited
General Information	✓	08/01/2022
Contact Information	✓	08/01/2022
EDZ Project Form	✓	08/01/2022
Budget	✓	08/01/2022
Named Attachments (EDZ)	✓	08/01/2022

A confirmation box will appear with a Confirmation Number once the application is submitted

Important Dates

- Application Period:
  - **Monday, August 1, 2022– Friday August 26, 2022 5:00 pm CST**
- Application Workshop PowerPoint posted online: Monday, August 1, 2022
  - PowerPoint will be posted at: https://dps.mo.gov/dir/programs/ohs/grantstraining/ under Grant Applications and Forms and SFY 2023 Economic Distress Zone Grant (EDZ)
- Compliance Workshop: September 2022
- Program Start Date: July 1, 2022
- Program End Date: April 30, 2023

Questions

For any questions please contact our office:

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