

FY 2020 Emergency Medical Services COVID-19 Relief Funding – Application Instructions



Funded through the Missouri Department of Public Safety, FY 2020 Coronavirus Emergency Supplemental Funding Program (CESF)

Registration in the WebGrants System

- ❖ The first step in the application process is to have your agency registered in the WebGrants System (If you already have a login to the system skip this step)
- ❖ The WebGrants system can be accessed at:
<https://dpsgrants.dps.mo.gov/index.do>
- ❖ Select Register Here



Registration in WebGrants System (Cont.)

- ❖ Complete all fields and select “Register”
- ❖ The registration request will be reviewed by DPS staff, and then the system will email you a user ID and password

Personal Information

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

Job Title: *

Email: *

Confirm Email: *

Mailing Address: *

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

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

City: [City] State/Province: [Missouri] Postal Code/Zip: [Postal Code/Zip]

Phone: * [Phone] [Ext.]

Fax: *

Organization Information

Applicant Agency: *

Organization Type: *

Federal Tax ID#: *
9 digits (no hyphen)

DUNS #: *
9-digit number

SAM/CCR CAGE Code: [SAM/CCR CAGE Code] [Valid Until Date]

Organization Website: *

Mailing Address: *

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

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


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

County: *

Congressional District: *
01
02
03
04
Hold "CTRL" to add additional districts

Phone: * [Phone] [Ext.]

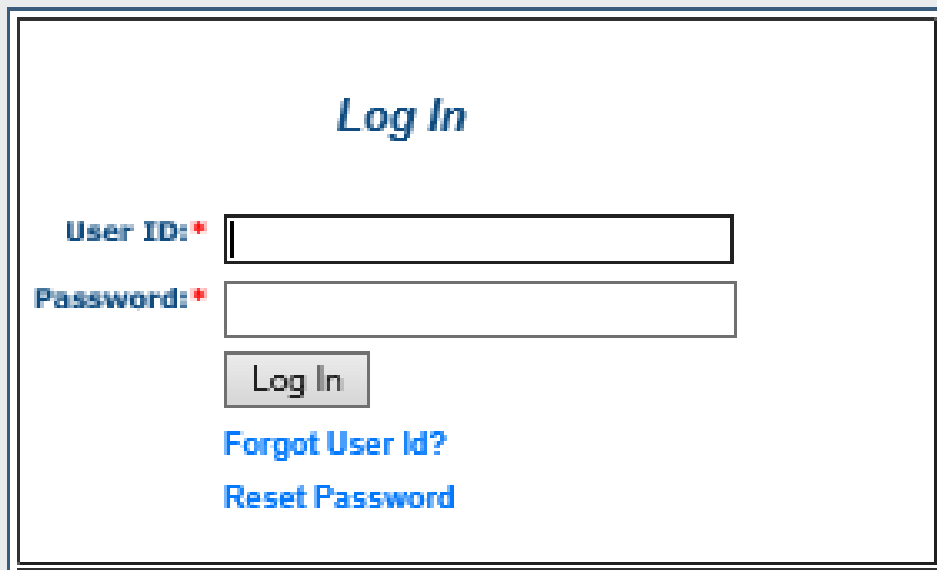
Fax: *

Verify Submission I'm not a robot  [Privacy](#) [Terms](#)

[Register](#)

Logging into WebGrants

- ❖ After you have received your system credentials you can log in to WebGrants <https://dpsgrants.dps.mo.gov/login.do>



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: *

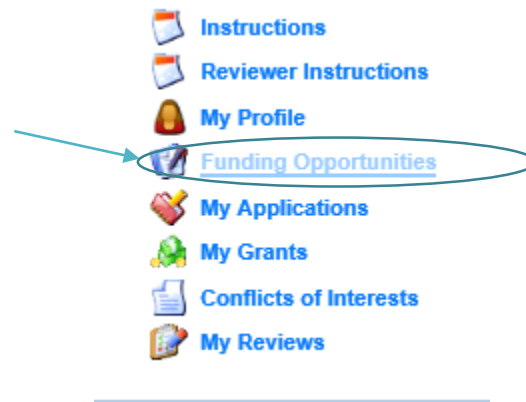
Password: *

[Forgot User Id?](#)

[Reset Password](#)

Applying for the Funding Opportunity

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



Applying for the Funding Opportunity (Cont.)

- ❖ Select the FY 2020 Emergency Medical Services COVID-19 Relief Funding Opportunity #123526, by selecting the blue Opportunity Title Link

123526	Criminal Justice Law Enforcement	Coronavirus Emergency Supplemental Funding (CESF)	FY 2020 Emergency Medical Services COVID-19 Relief Funding	03/19/2021
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Applying for the Funding Opportunity (Cont.)

- ❖ After entering the funding opportunity select “Start a New Application”



General Information

- ❖ Complete the General Information form
 - ❖ Select the Primary Contact from the drop down list
 - ❖ Enter a Project Title
 - ❖ Select your Organization from the drop down list
- ❖ Select “Save”

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

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

General Information

Primary Contact:* Chelse Dowell

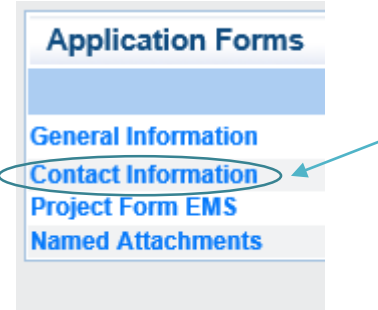
Project Title: (limited to 250 characters)* Emergency Medical Service COVID-19 Relief Funding - Baseline Organization

Organization:* BaseLine Organization

[Return to Top](#)

Contact Information

- ❖ Select “Contact Information” and complete the form
- ❖ Provide contact information for the: Authorized Official; Project Director; Fiscal Officer; and Project Contact Person (if different from the Project Director)
- ❖ Select “Save”
- ❖ Select “Mark as Complete”



A screenshot of a web application form titled "Application". The form contains the following information:

- Application: 123577 - Emergency Medical Service COVID-19 Relief Funding - Baseline Organization
- Program Area: Coronavirus Emergency Supplemental Funding (CESF)
- Funding Opportunities: 123570 - Copy - FY 2020 Emergency Medical Services COVID-19 Relief Funding
- Application Deadline: Final Application Deadline not Applicable
- Organization: BaseLine Organization

The form includes a "Save" button in the top right corner, which is circled in blue with an arrow pointing to it from the right. Below the application details is an "Instructions" section with the text: "Please have all requested information readily available. This form cannot be saved until all required fields are completed. Complete all required fields as indicated." The "Contact Information" section is highlighted in yellow and contains the following text:

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
- If the applicant agency is a college/university, the President shall be the Authorized Official
- If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts

If applicable please upload copy of SO/CO in the Named Attachments section of the application as one of the Other documents.

- If the applicant agency is an RPC or COG, the Executive 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 Office of Homeland Security at (573) 522-6125

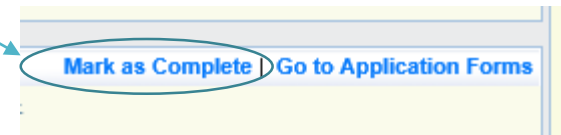
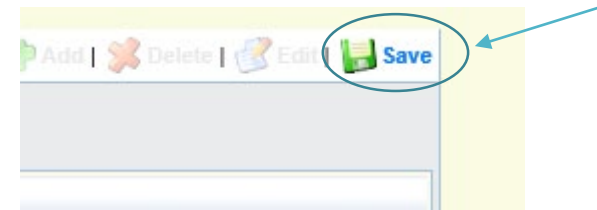
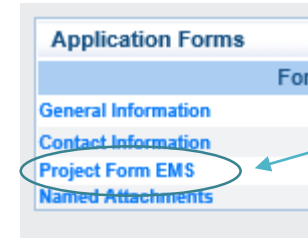
The form includes input fields for:

- Authorized Official: * (Title (Mr./Ms.etc), First Name, Last Name)
- Job Title: *
- Agency: *



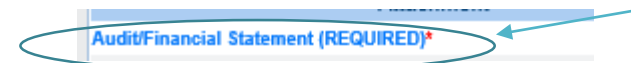
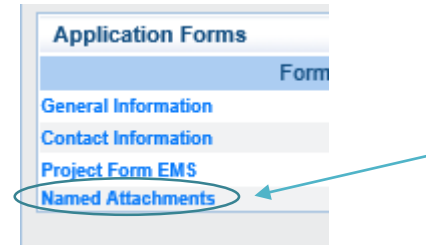
Project Form EMS

- ❖ Select “Project Form EMS”
- ❖ Complete all 15 questions following the directions given in the form
- ❖ Ensure that the Correct Authorized Official is listed in #13
 - ❖ instructions on the correct Authorized Official are listed above this section
 - ❖ *If you are unsure of the correct Authorized Official for your agency **please contact our office***
- ❖ Select “Save”
- ❖ Select “Mark as Complete”



Named Attachments

- ❖ Select “Named Attachments”
- ❖ The Audit/Financial Statement is **Required**
 - ❖ Attach your agency’s most recent audit, if they have never been audited, provide the agency’s financial statement for their most recent completed fiscal year
 - ❖ *Select “Audit/Financial Statement (REQUIRED)*”*
- ❖ *Select “Browse” to find the Audit/Financial Statement on your computer and add a description then select “Save”*



Named Attachments (Cont.)

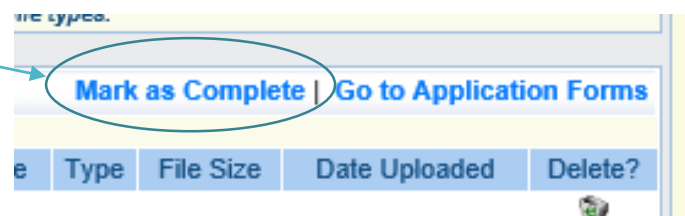
- ❖ If your agency has expended more than \$750,000 in federal funds in the most recently completed fiscal year, also provide a copy of their Federal Fund Schedule

Federal Fund Schedule (REQUIRED if not included in Audit)

- ❖ Any additional documents that you would like to provide can be submitted in Other Supporting Information sections

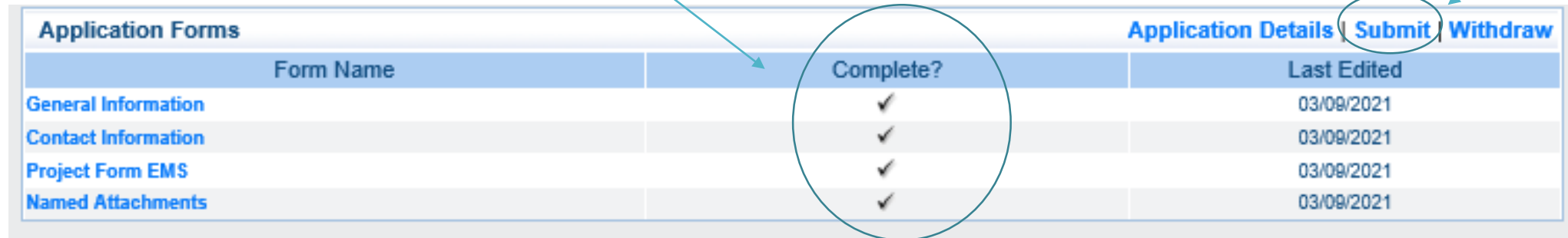
Other Supporting Information

- ❖ After all documents are loaded select “Mark as Complete”



Submit Application

- ❖ After all forms are marked complete, select “Submit”



The screenshot shows a table with four columns: 'Form Name', 'Complete?', 'Application Details', and 'Submit | Withdraw'. The 'Complete?' column contains four checkmarks, indicating all forms are complete. A red circle highlights the 'Complete?' column, and a red arrow points from the text 'After all forms are marked complete, select “Submit”' to this circle. Another red arrow points from the 'Submit' button in the table header to the text 'select “Submit”'.

Form Name	Complete?	Application Details	Submit Withdraw
General Information	✓	Last Edited	
Contact Information	✓	03/08/2021	
Project Form EMS	✓	03/08/2021	
Named Attachments	✓	03/08/2021	

Next Steps

- ❖ If your agency is eligible to participate the Department of Public Safety staff will contact you and provide further instructions
- ❖ If your agency is *not* eligible to participate the Department of Public Safety staff will notify you

Contacts

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