

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)

Re-Opened Funding Opportunity

- ❖ Agencies that have already applied and received a letter stating they are eligible for this program do NOT need to re-apply
- ❖ Dates funding opportunity will be re-opened for new applicants:
September 13, 2021 – September 24, 2021 5:00 PM CST

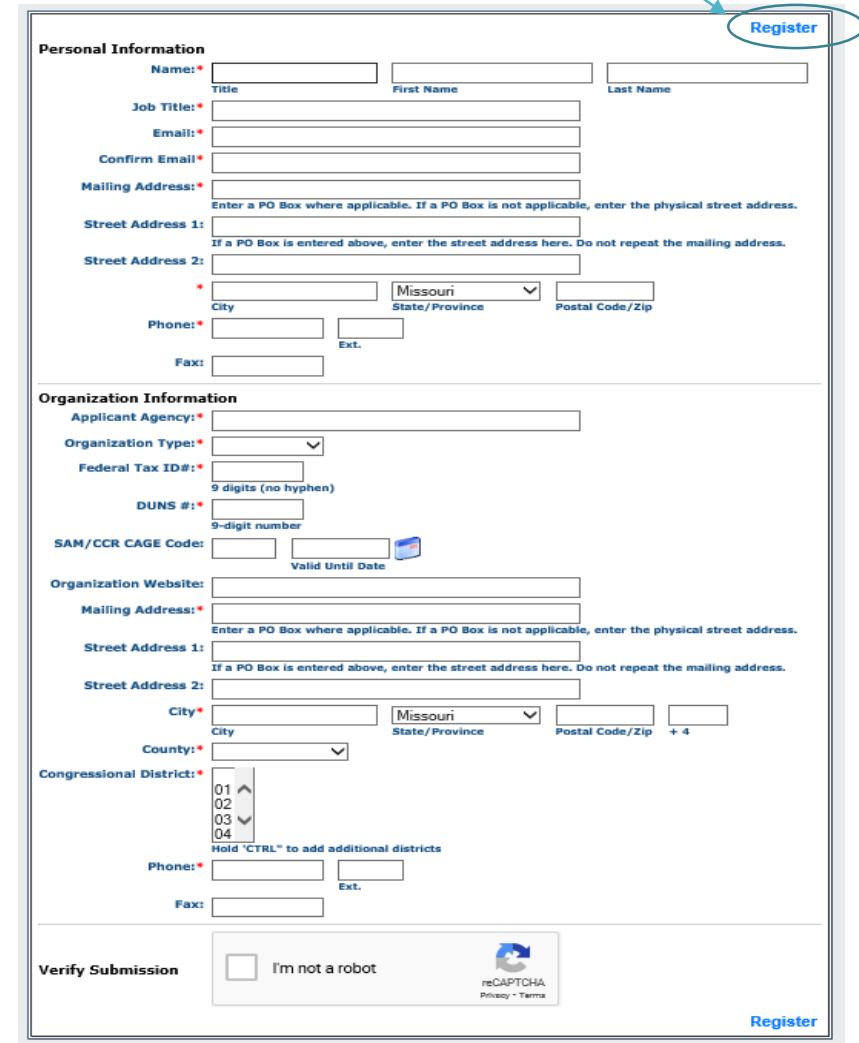
Registration in the WebGrants System

- ❖ Your agency must be registered in the WebGrants System (If you already have a login you do not have to register again)
- ❖ The WebGrants system can be accessed at:
<https://dpsgrants.dps.mo.gov/index.do>
- ❖ Select “Register Here”



Registration in WebGrants System (Cont.)

- ❖ Complete all required fields and select “Register”
- ❖ The registration request will be reviewed by DPS staff, and you will receive a system generated email with your user ID and password



Personal Information

Name: *
Title First Name Last Name

Job Title: *

Email: *

Confirm Email: *

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

Street Address 1:

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

City: Missouri State/Province Postal Code/Zip

Phone: * Ext.

Fax:

Organization Information

Applicant Agency: *

Organization Type: *

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

DUNS #: *
9-digit number

SAM/CCR CAGE Code: Valid Until Date

Organization Website:

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

Street Address 1:

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


City: * Missouri State/Province Postal Code/Zip + 4

County: *

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

Phone: * Ext.

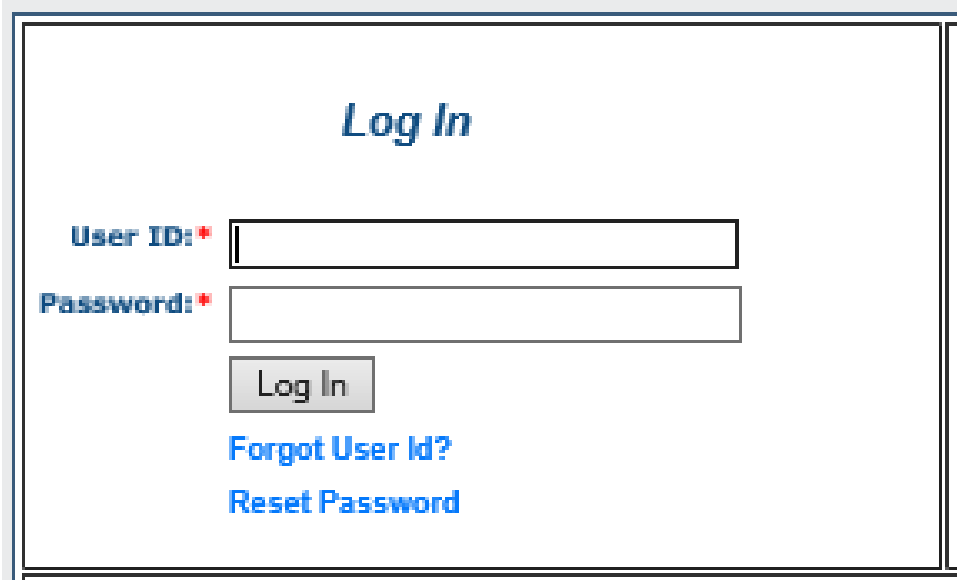
Fax:

Verify Submission ☐ I'm not a robot  reCAPTCHA
Privacy Terms

[Register](#)

Logging into WebGrants

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



The image shows a web browser window displaying a login form titled "Log In". The form contains two input fields: "User ID:" and "Password:", both marked with a red asterisk. Below the password field 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: *

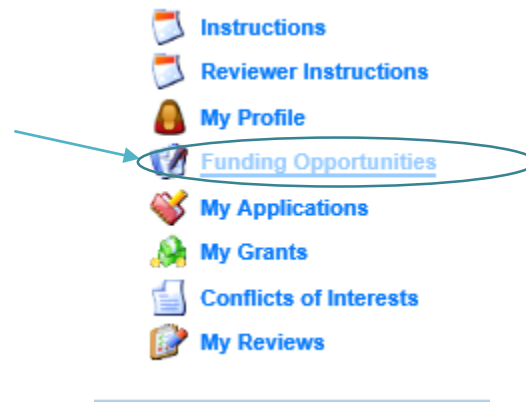
Password: *

[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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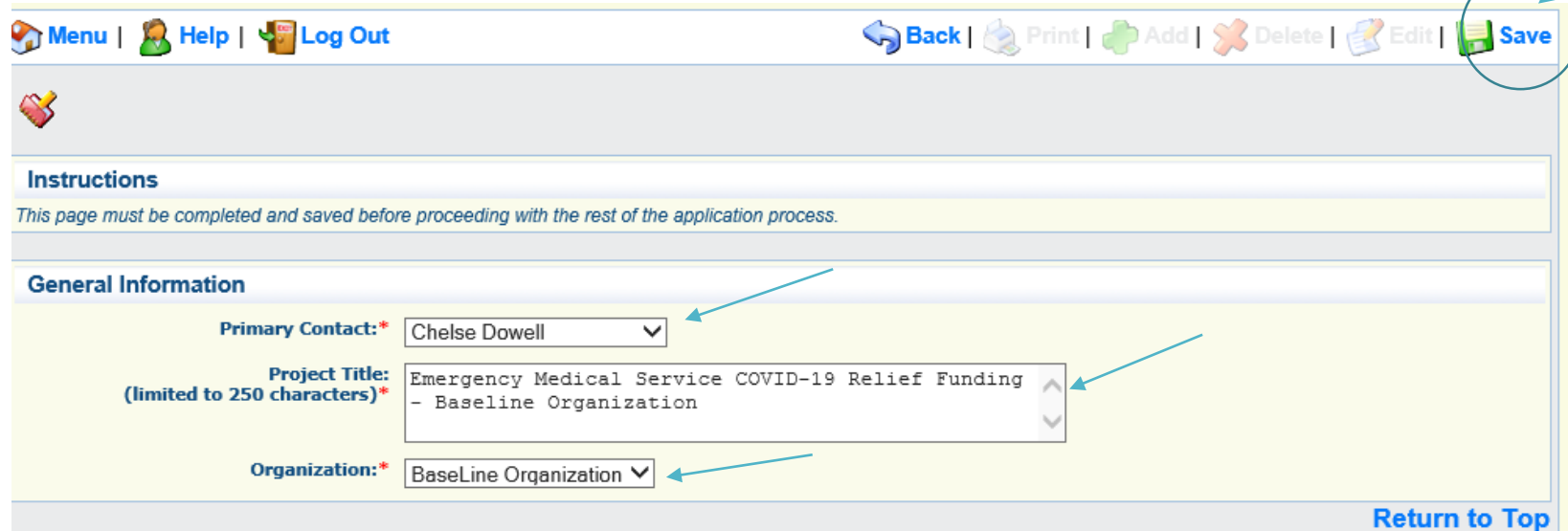
Applying for the Funding Opportunity (Cont.)

- ❖ After selecting 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”



The screenshot shows a web application interface for entering general information. At the top is a navigation bar with links: Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. The Save button is circled in blue with an arrow pointing to it from the right. Below the navigation bar is a section titled 'Instructions' with the text: 'This page must be completed and saved before proceeding with the rest of the application process.' The main section is titled 'General Information' and contains three fields: 'Primary Contact:' with a dropdown menu showing 'Chelse Dowell', 'Project Title:' with a text input field containing 'Emergency Medical Service COVID-19 Relief Funding - Baseline Organization' and a character count '(limited to 250 characters)', and 'Organization:' with a dropdown menu showing 'BaseLine Organization'. Three blue arrows point to these fields from the right. At the bottom right is a 'Return to Top' link.

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

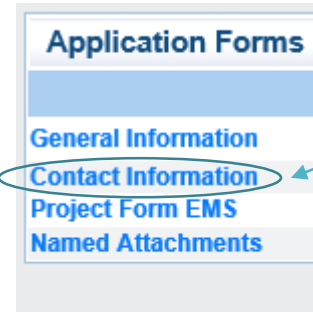
Project Title:* Emergency Medical Service COVID-19 Relief Funding - Baseline Organization
(limited to 250 characters)*

Organization:* BaseLine Organization

Return to Top

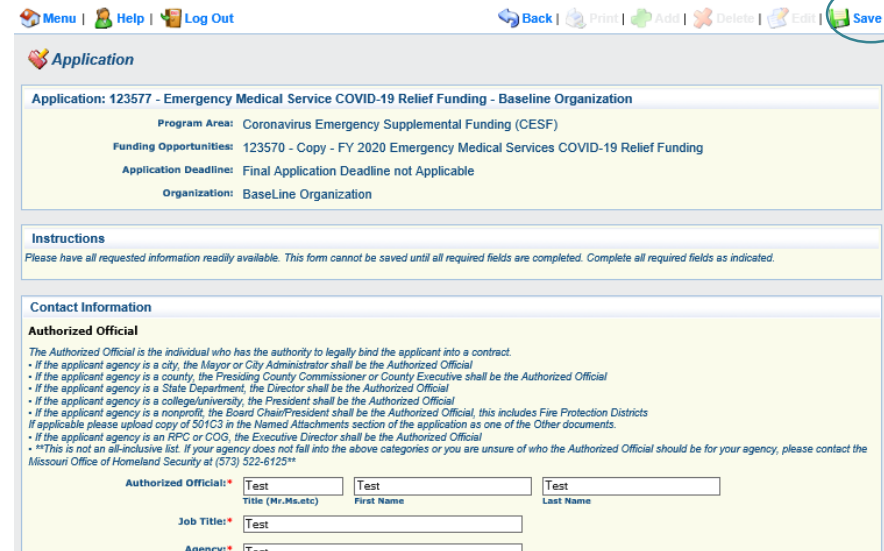
Contact Information

- ❖ 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”



Application Forms

- General Information
- Contact Information**
- Project Form EMS
- Named Attachments



Menu | Help | Log Out

Back | Print | Add | Delete | Edit | **Save**

Application

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

Instructions

Please have all requested information readily available. This form cannot be saved until all required fields are completed. Complete all required fields as indicated.

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
- 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 501(c)(3) 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**

Authorized Official: * Test Title (Mr./Ms.etc) First Name Last Name

Job Title: * Test

Agency: * Test

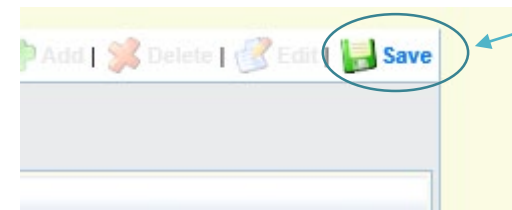
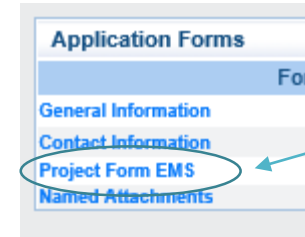


are completed. Complete all required fields as indicated.

Mark as Complete | **Go to Application Forms**

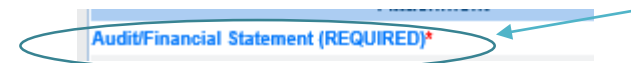
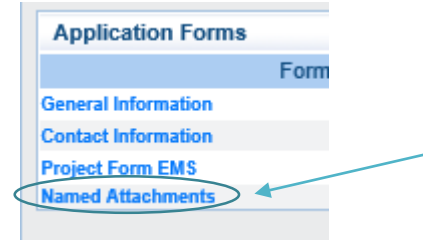
Project Form EMS

- ❖ 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 for further guidance***
- ❖ 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.)

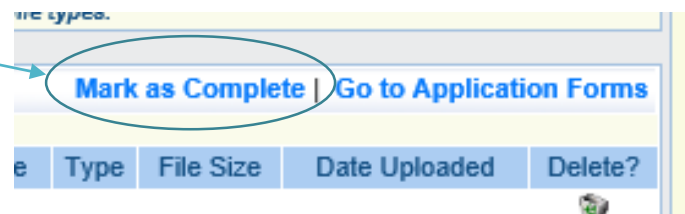
- ❖ If your agency has expended more than \$750,000 in federal funds in the most recently completed fiscal year, also provide a copy of their Federal Fund Schedule

Federal Fund Schedule (REQUIRED if not included in Audit)

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

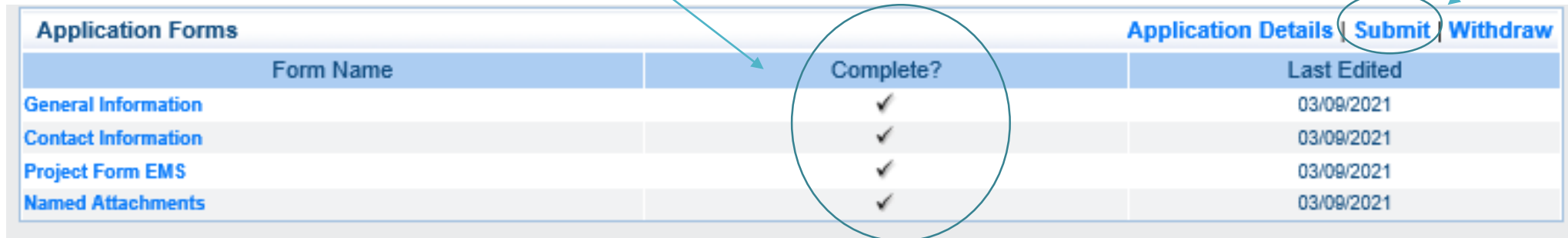
Other Supporting Information

- ❖ 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 application form details. A blue circle highlights the 'Complete?' column, which contains four checkmarks. A blue arrow points from the text 'After all forms are marked complete, select “Submit”' to this circle. Another blue arrow points from the same text to the 'Submit' button, which is circled in blue in the top right corner of the table.

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

Next Steps

- ❖ If your agency has already received a letter stating they are eligible for this program **DO NOT** re-apply
- ❖ 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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