

SFY 2022 Economic Distress Zone Grant (EDZ) Application Workshop

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



SFY 2022 Economic Distress Zone Grant (EDZ)

- ▶ The purpose of SFY 2022 Economic Distress Zone Grant (EDZ)
 - ▶ The goal of the Economic Distress Zone Fund Grant 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 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

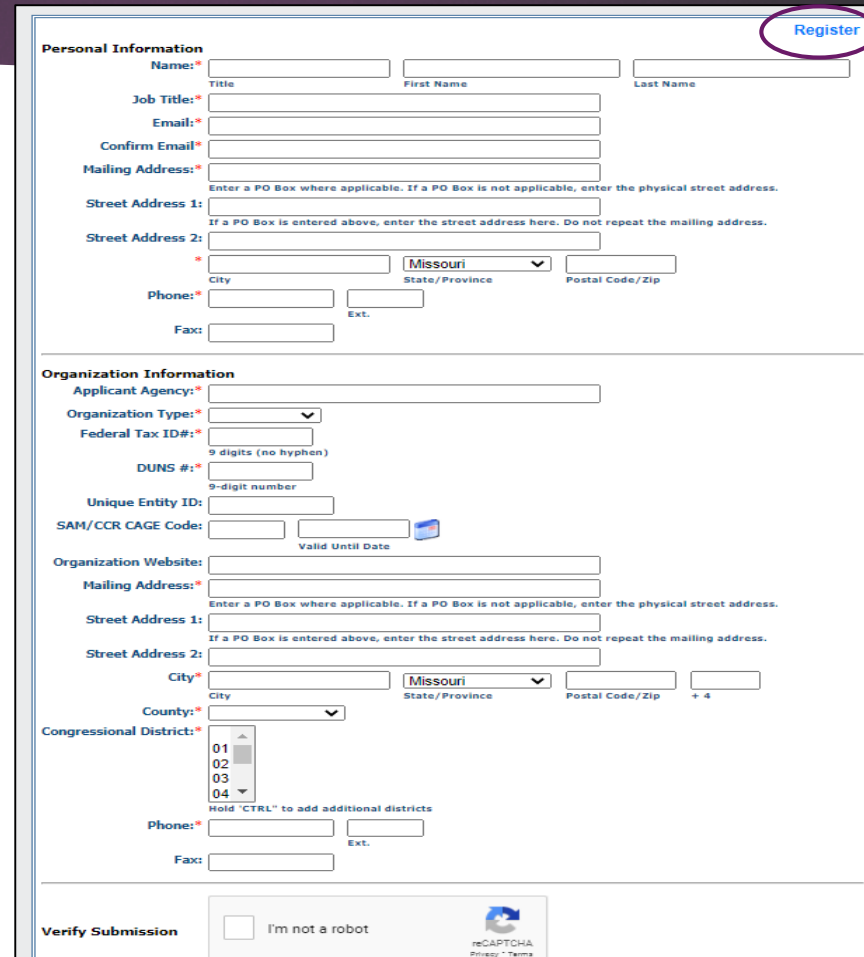
WebGrants System

- ▶ 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 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 the WebGrants Registration form, which is divided into two main sections: Personal Information and Organization Information. The 'Register' button is located in the top right corner of the form, circled in red, with a red arrow pointing to it from the right. The form includes various input fields for personal and organizational data, including name, job title, email, address, phone, and state selection. A reCAPTCHA verification box is at the bottom.

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

Street Address 2:

City: 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

Unique Entity ID:

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

Street Address 2:


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

County: *

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

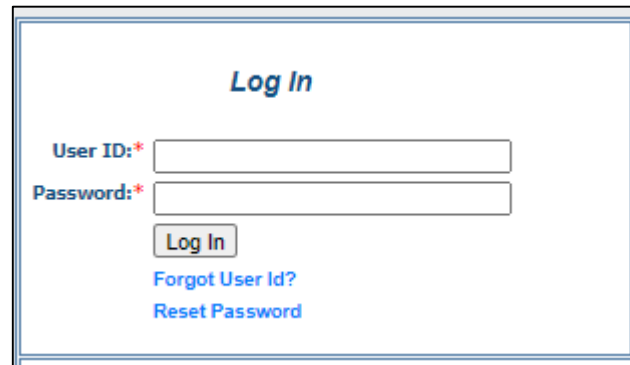
Phone: * Ext.:

Fax:

Verify Submission ☐ I'm not a robot 

WebGrants Login

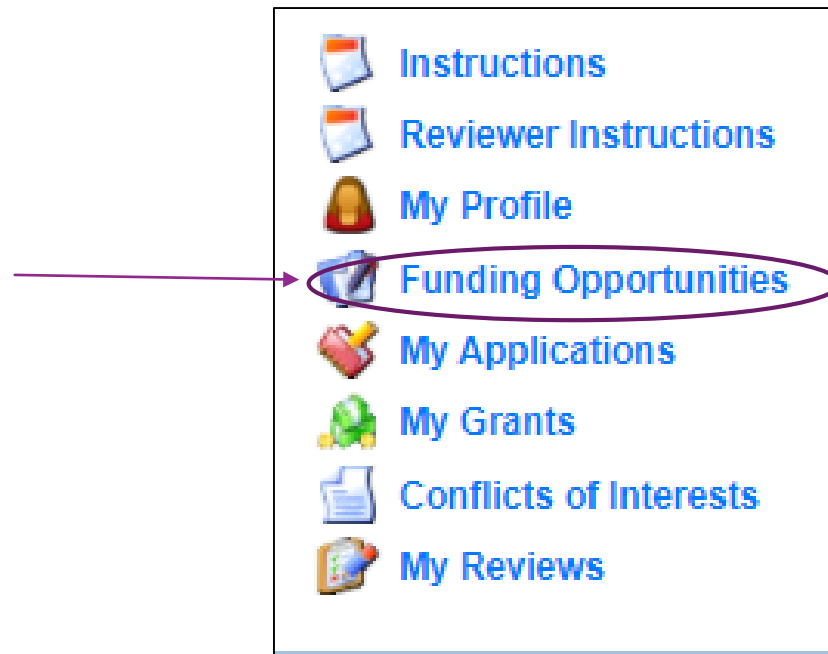
- If the applicant is already registered, or has received their User ID, and Password they will use the Log In section



The image shows a screenshot of a web browser window displaying the 'Log In' section of the WebGrants system. The window has a thin blue border. At the top center, the text 'Log In' is displayed in a blue, italicized font. Below this, there are two input fields. The first is labeled 'User ID: *' in blue text, followed by a white rectangular input box. The second is labeled 'Password: *' in blue text, followed by another white rectangular input box. Below the password field is a small, rectangular button with the text 'Log In' in black. At the bottom of the form, there are two links in blue text: 'Forgot User Id?' and 'Reset Password'.

Funding Opportunity

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




Funding Opportunity cont.

- ▶ The funding opportunity will be listed as:
 - ▶ ID Number: 131931
 - ▶ Program Area: Economic Distress Zone Grant (EDZ)
 - ▶ Opportunity Title: SFY 2022 Economic Distress Zone Grant (EDZ)
 - ▶ Application Opens: 10/18/2021
 - ▶ Application Deadline: **10/29/2021 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”

 **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](#)

General Information Form

- ▶ Complete the entire form as indicated:
 - ▶ **Primary Contact:** Select the desired contact from the drop-down field
 - ▶ **Project Title:** Enter EDZ 2022 – (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 2022 Economic Distress Zone Grant (EDZ) will include 5 forms:
 - ▶ General Information
 - ▶ Contact Information
 - ▶ EDZ Project Form
 - ▶ Budget Form
 - ▶ Named Attachments (EDZ)

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	10/14/2021	
Contact Information			
EDZ Project Form			
Budget Form			
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 cont.

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. **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 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.

****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.****

Name:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title	First Name	Last Name
Job Title:*	<input type="text"/>		
Agency:*	<input type="text"/>		
Mailing Address:*	<input type="text"/>		
	Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.		
Street Address 1:	<input type="text"/>		
	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:	<input type="text"/>		
City/State/Zip:*	<input type="text"/>	Missouri	<input type="text"/>
	City	State	Zip
Email:*	<input type="text"/>		
Phone:*	<input type="text"/>	<input type="text"/>	
		Ext.	
Fax:	<input type="text"/>		

Contact Information cont.

- ▶ Once the form has been completed
- ▶ Select "Save"



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



- ▶ Select "Mark as Complete"



EDZ Project Form

- ▶ The EDZ Project Form has 3 sections:
 - ▶ Project Description
 - ▶ This section consists of 18 questions
 - ▶ Audit Information and Risk Assessment
 - ▶ The section consists of 7 questions
 - ▶ Certified Assurances

EDZ Project Form cont.

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

EDZ Project Form

Project Description

1. Describe your entity's current efforts in deterring crimes in the eligible area(s) (or other areas if this program is to expand an existing program into an eligible area)*

EDZ Project Form cont.

► Question 2

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



EDZ Project Form cont.

► Question 2.a

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

A large, empty rectangular box with a thin black border, intended for the user to provide crime statistics. It is located to the right of the question text. In the bottom right corner of the box, there is a small icon consisting of two parallel diagonal lines.

EDZ Project Form cont.

► Question 3

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

A large, empty rectangular box with a thin black border, intended for the user to provide a description of their proposed project and how it will deter crime. The box is currently blank.


EDZ Project Form cont.

► 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 cont.

► Question 5

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

A large, empty rectangular box with a thin black border, intended for the user to write their response to Question 5. The box is positioned to the right of the question text.

EDZ Project Form cont.

► Question 5.a

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

*



EDZ Project Form cont.

► Question 5.b

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



EDZ Project Form cont.

► Question 5.c

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



EDZ Project Form cont.

► Question 5.d

<p>5.d. What interactions has your agency had with public schools in the past?*</p>	
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EDZ Project Form cont.

► Question 5.e

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



EDZ Project Form cont.

► Question 5.f

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



EDZ Project Form cont.

► Question 6.a

6. What is necessary to complete the proposed project?

6.a. Please list the items being requested for the project. *

A large, empty rectangular box with a thin black border, intended for the user to list the items requested for the project. The box is positioned to the right of the question text. In the bottom right corner of the box, there is a small icon consisting of two parallel diagonal lines.

EDZ Project Form cont.

► 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?

A large, empty rectangular box with a thin black border, intended for the user to provide their answer to question 6.b. In the bottom right corner of the box, there is a small icon consisting of two parallel diagonal lines.

EDZ Project Form cont.

► 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 cont.

► Question 7


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

A large, empty rectangular box with a thin black border, intended for the user to write their answer to Question 7. In the bottom right corner of this box, there is a small icon consisting of two parallel diagonal lines.

EDZ Project Form cont.

► Question 8

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



EDZ Project Form cont.

► Question 9

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



EDZ Project Form cont.

- ▶ Section 2:
 - ▶ Audit Information

Audit Information

10. Has the Applicant Agency exceeded the state expenditure threshold of \$350,000 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:* ☐

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


Risk Assessment	
13. Does the applicant agency have new personnel that will be working on this award?:*	<input checked="" type="radio"/> Yes <input type="radio"/> No New personnel is defined as working with this award type less than 12 months.
14. Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:*	<input checked="" type="radio"/> Yes <input type="radio"/> No New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.
15. Does the applicant agency receive any direct Federal awards?:*	<input type="radio"/> Yes <input checked="" type="radio"/> No Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.
16. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:*	Yes ▼

Project Form cont.

- ▶ Section 3:
 - ▶ Certified Assurances
 - ▶ Authorized Official signature:
 - ▶ If the applicant agency is a Non-profit, the Board Chair shall be the Authorized Official

Project Form cont.

► Certified Assurances cont.

Certified Assurances
<p>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:</p>
<p>FY 2022 Economic Distress Zone Grant Certified Assurances</p>
<p>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.</p>
<p>I have read and agree to the terms and conditions of the grant.* <input type="radio"/> Yes <input type="radio"/> No</p>
<p>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.</p>
<p>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:</p>
<ul style="list-style-type: none">• If the applicant agency is a nonprofit, the Board Chair shall be the Authorized Official
<p>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.</p>
<p>**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.**</p>
<p>Authorized Official Name:* <input type="text"/></p>
<p>Authorized Official Job Title:* <input type="text"/></p>
<p>Date:* <input type="text"/> </p>

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 Form

- ▶ Budget
 - ▶ Select "Budget Form"

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	10/14/2021	
Contact Information	✓	10/15/2021	
EDZ Project Form	✓	10/15/2021	
Budget Form			
Named Attachments (EDZ)			

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:*	<div>1. Personnel</div> <div>2. Personnel Benefits</div> <div>3. Overtime Personnel</div> <div>4. Overtime Benefits</div> <div>5. Travel/Training</div> <div>6. Equipment</div> <div>7. Supplies/Operations</div> <div>8. Contractual</div>
Line Name:*	<input type="text"/>
Description:*	<input type="text"/>
Amount of Grant Funds Requested:*	<input type="text"/>

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*	1. Personnel ▼
Line Name:*	Salary for Part-time Yogurt Chef
Line Description:*	TBH - Yogurt Chef, 65 Hours x
Amount of Grant Funds Requested*	5000.00

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			
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
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" in the top right hand corner for a mass edit of all budget lines **as well as** the budget narrative 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

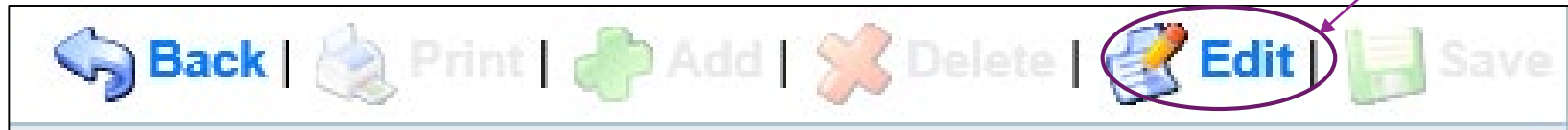
► **Specific information for budget lines in these categories should also include:**

- **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.

- ▶ Narrative Justification cont.

- ▶ 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 cont.

- Narrative Justification
 - 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

- ▶ 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”

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	10/14/2021	
Contact Information	✓	10/15/2021	
EDZ Project Form	✓	10/15/2021	
Budget Form	✓	10/15/2021	
Named Attachments (EDZ)			

Named Attachments (EDZ) cont.

- ▶ 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) Mark as Complete | Go to Application Forms

Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Audit/Financial Statement (REQUIRED)*						
Proof of agencies 501(c)(3) Status(REQUIRED)*						
2020 Return of Organization Exempt Form Income Tax Form 990(REQUIRED)*						
Other Supporting Information						
Other Supporting Information						
Other Supporting Information						
Other Supporting Information						

Named Attachments (EDZ) cont.

- ▶ 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) Mark as Complete | Go to Application Forms








Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Audit/Financial Statement (REQUIRED)*						
Proof of agencies 501(c)(3) Status(REQUIRED)*						
2020 Return of Organization Exempt Form Income Tax Form 990(REQUIRED)*						
Other Supporting Information						
Other Supporting Information						
Other Supporting Information						
Other Supporting Information						

Named Attachments (EDZ) cont.

- ▶ To attach the agencies 2020 Tax Exempt Form, select “2020 Return of Organization Exempt Form Income Tax Form 990(REQUIRED)”
 - ▶ This is a required document, that must be attached

Named Attachments (EDZ)

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

Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Audit/Financial Statement (REQUIRED)*						
Proof of agencies 501(c)(3) Status(REQUIRED)*						
2020 Return of Organization Exempt Form Income Tax Form 990(REQUIRED)*						
Other Supporting Information						
Other Supporting Information						
Other Supporting Information						
Other Supporting Information						

Named Attachments (EDZ) cont.

- ▶ 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"

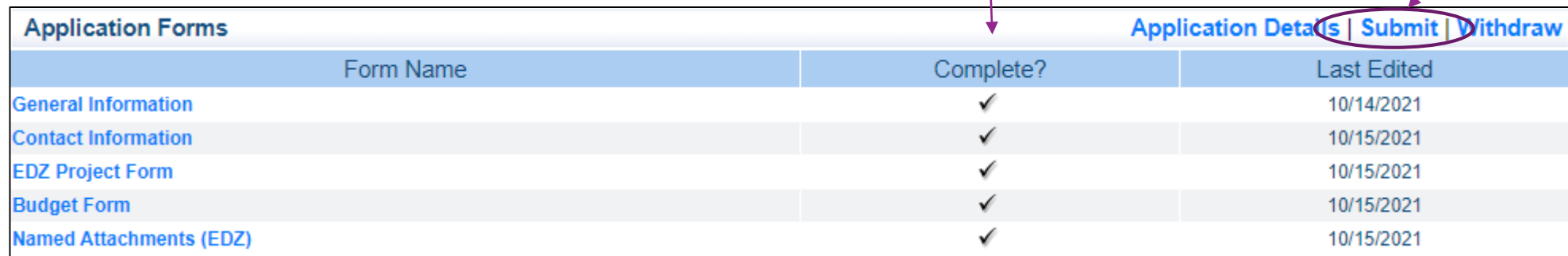


- ▶ Select "Mark as Complete"



Application Completion

- Once all forms have been “Marked As Complete” the application can be submitted



The screenshot shows a web interface with a table titled 'Application Forms'. The table has three columns: 'Form Name', 'Complete?', and 'Last Edited'. All five rows in the table have a checkmark in the 'Complete?' column. To the right of the table, there are three links: 'Application Details', 'Submit', and 'Withdraw'. The 'Submit' link is circled in red. A purple arrow points from the text 'Marked As Complete' in the bullet point above to the 'Complete?' column header. Another purple arrow points from the text 'the application can be submitted' to the circled 'Submit' link.

Application Forms			Application Details Submit Withdraw
Form Name	Complete?	Last Edited	
General Information	✓	10/14/2021	
Contact Information	✓	10/15/2021	
EDZ Project Form	✓	10/15/2021	
Budget Form	✓	10/15/2021	
Named Attachments (EDZ)	✓	10/15/2021	

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

Important Dates

- ▶ Application Period:
 - ▶ **Monday, October 18, 2021 – Friday October 29, 2021 5:00 pm CST**
- ▶ Application Workshop PowerPoint posted online: Monday, October 18, 2021
 - ▶ PowerPoint will be posted at:
<https://dps.mo.gov/dir/programs/ohs/grantstraining/> under Grant Applications and Forms and SFY 2022 Economic Distress Zone Grant (EDZ)
- ▶ Compliance Workshop: November 2021
- ▶ Program Start Date: November 15, 2021
- ▶ Program End Date: May 30, 2022

Questions

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