

FY 2020(a) Residential Substance Abuse Treatment (RSAT) Program Application Workshop

Missouri Department of Public Safety (DPS)
Criminal Justice/Law Enforcement Unit (CJ/LE)



FY 2020(a) RSAT Purpose

- ▶ The purpose of Residential Substance Abuse Treatment (RSAT) Program
 - ▶ The RSAT for State Prisoners Program assists with developing and implementing residential substance abuse treatment programs within state correctional facilities, as well as within local correctional and detention facilities, in which inmates are incarcerated for a period of time sufficient to permit substance abuse treatment. The program encourages the establishment and maintenance of drug-free prisons and jails and developing and implementing specialized residential substance abuse treatment programs that identify and provide appropriate treatment to inmates with co-occurring mental health and substance abuse disorders or challenges.

FY 2020(a) RSAT Eligible Applicants

- ▶ Eligible Applicants
 - ▶ Any unit of state or local government within Missouri
 - ▶ Applicant agency must be its respective unit of state or local government
- ▶ Reference the Notice of Funding Opportunity for additional detail
 - ▶ [FY 2020\(a\) RSAT Notice of Funding Opportunity](#)

FY 2020(a) RSAT Application Forms

- ▶ The FY 2020(a) RSAT Application will include 5 forms:
 - ▶ General Information Form
 - ▶ Contact Information Form
 - ▶ Project Form RSAT
 - ▶ Budget 2020(a)
 - ▶ Named Attachments - New

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	06/08/2021	
Contact Information			
Project Form RSAT			
Budget 2020(a)			
Named Attachments - New			

General Information Form

- ▶ Complete the entire form as indicated:
 - ▶ **Primary Contact:** Select the desired contact from the drop-down field
 - ▶ **Project Title:** Enter “2020(a) RSAT – Agency name” (i.e. 2020(a) RSAT – Whoville)
 - ▶ **Organization:** Select the applicable applicant agency from the drop-down field

General Information

Primary Contact:* TEST TEST ▼

Project Title:*
(limited to 250 characters)* 2020(a) RSAT - Whoville

Organization:* BaseLine Organization ▼

Contact Information Form

- ▶ This form will collect information for the applicant agency contacts
 - ▶ **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, ect.)
 - ▶ **Project Director:** (Sheriff, or Chief of Police/Colonel)
 - ▶ **Fiscal Officer:** (Treasurer, Director of Finance, or person of similar duty)
 - ▶ **Point of Contact:** (individual that will act as the supervisor of the proposed project, if different from the Project Director)

Contact Information Form 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. 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 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 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.*

The above list is not an all-inclusive list. If you do not fall into the above listed categories, or 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:*
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.

Street Address 2:

City/State/Zip:* Missouri
City State Zip

Email:*

Phone:*
Ext.

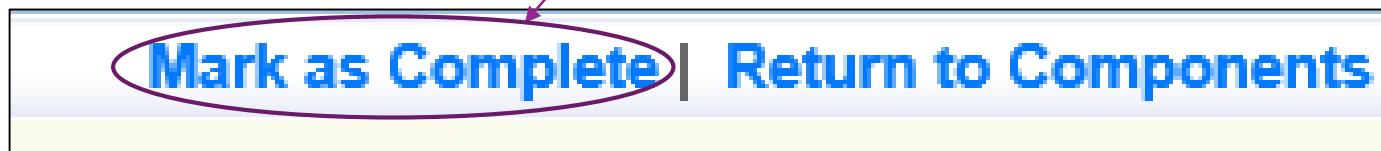
Fax:*

Contact Information Form cont.

- ▶ After the form has been completed:
 - ▶ Select "Save"



- ▶ Select "Mark as Complete"



Project Form RSAT

- ▶ The Project Form has 5 Sections:
 - ▶ Project
 - ▶ Program Requirements
 - ▶ Project Description
 - ▶ Risk Assessment
 - ▶ Certified Assurances

Project Form RSAT cont.

- ▶ Section 1 - Project
- ▶ 1. Select the Program Category
 - ▶ Residential
 - ▶ Jail-Based

- ▶ 2. Select Project Type
 - ▶ Statewide
 - ▶ Regional
 - ▶ Local

Section 1 - Project

1. Program Category:*
Jail-Based

2. Project Type:* ▼

Section 1 - Project

1. Program Category:* ▼

2. Project Type:*
Regional
Local

Section 2 - Program Requirements

Project Form cont.

- ▶ Section 2 - Program Requirements
 - ▶ Answer each Yes/No question
 - ▶ If you have answered “No” for questions 3, 4, 5, or 6; explain in narrative box

Section 2 - Program Requirements

The following questions are used to determine if the proposed project meets all of the criteria for this grant program. Please answer each question.

3. The RSAT Program requirements to support and implement a residential program, which engages inmates for a period of between 6 and 12 months, and a jail-based program, which engages inmates for at least 3 months. Does your proposed project meet this criteria?* Yes No

4. Does your proposed project require urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants, including both periodic and random testing, and for former participants while they remain in the custody of the state or local government?* Yes No

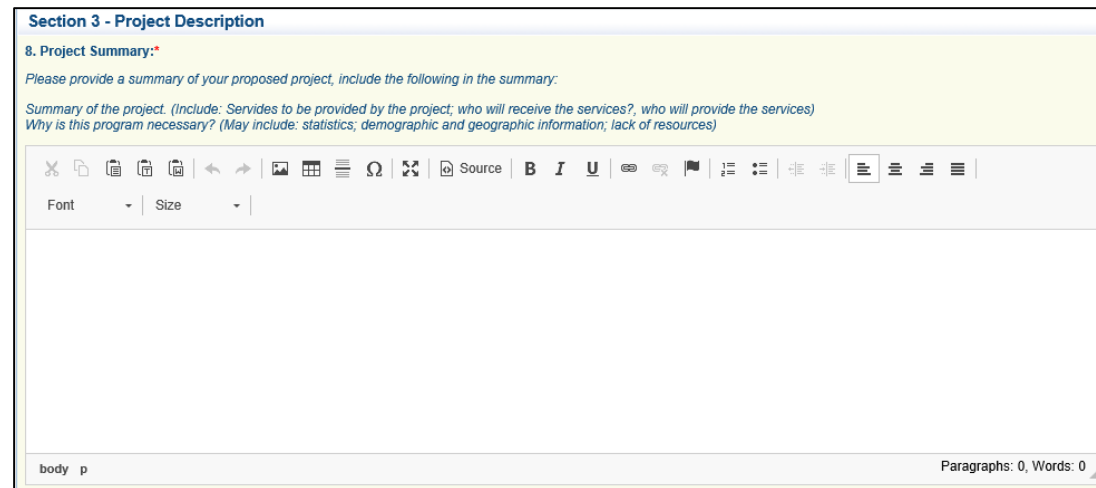
5. Does your proposed project provide residential treatment facilities set apart—in a separate facility or dedicated housing unit in a facility exclusively for use by RSAT participants—from the general correctional population?* Yes No

6. Does your proposed project ensure that individuals who participate in the BJA-funded substance abuse treatment program will be provided with aftercare services when they leave incarceration?* Yes No

7. If you answered no to any of the questions 3-6, please explain:

Project Form cont.

- ▶ Section 3 - Project Description
 - ▶ 8. Project Summary
 - ▶ Provide a summary of your proposed project
 - ▶ Include:
 - ▶ Services to be provided by the project; who will receive the services, who will provide those services



The screenshot shows a web form interface. At the top, it is titled "Section 3 - Project Description". Below this, there is a section labeled "8. Project Summary:" with a red asterisk indicating it is required. A light yellow background highlights the instructions: "Please provide a summary of your proposed project, include the following in the summary: Summary of the project. (Include: Services to be provided by the project; who will receive the services?, who will provide the services) Why is this program necessary? (May include: statistics, demographic and geographic information, lack of resources)". Below the text is a rich text editor toolbar with various icons for text formatting (bold, italic, underline), alignment, and other functions. The editor area is currently empty. At the bottom left of the form, it says "body p" and at the bottom right, it shows "Paragraphs: 0, Words: 0".

Project Form cont.

- ▶ Section 3 - Project Description cont.

- ▶ 9. After-care Services

- ▶ Provide a description of the after-care services to be provided by your proposed project
 - ▶ Fully explain how the project will meet the requirements

9. After-care Services:

Per 34 U.S.C. 10422(c), in order to be eligible for funding under the RSAT Program, an agency shall ensure that individuals who participate in the substance abuse treatment program with assistance provided under this program be provided with aftercare services. These services must involve coordination between the correctional treatment program and other social service and rehabilitation programs such as education and job training, parole supervision, halfway house, self-help, and peer group programs. To qualify as an aftercare program, the head of the substance abuse treatment program must work in conjunction with state and local authorities and organizations involved in substance abuse treatment to place program participants into community substance abuse treatment facilities upon their release. In addition, states should coordinate these activities with any SAMHSA-funded state and/or local programs that address the needs of this target population. A state may use amounts received for community reintegration if the chief executive officer of the state certifies that the state is providing, and will continue to provide, an adequate level of residential treatment services.

Provide a description of the after-care services to be provided by your proposed project. Fully explain the project and how it will meet the above listed requirement.

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Font ▾ Size ▾

Project Form cont.

- ▶ Section 3 - Project Description cont.
 - ▶ 10. Goals and Objectives
 - ▶ Goals: the projects desired results
 - ▶ Goals should be clearly stated, realistic and achievable
 - ▶ Objectives: the incremental stepping stones to achieve each goal
 - ▶ Objectives must be both measurable and achievable

10. Goals and Objectives: *

*Please use this section to explain the expectations of the proposed project. Please list below the Goals and Objectives. **Goals:** The projects desired results. Goals should be clearly stated, realistic and achievable.*

***Objectives:** The incremental stepping stones to achieve each goal. The objectives must be both measurable and achievable.*

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Project Form RSAT cont.

- ▶ Section 4 - Risk Assessment
 - ▶ These questions will be used by MO DPS to complete a Risk Assessment

Section 4 - Risk Assessment

The following questions will be used by MO DPS to complete a risk assessment. It is a federal grant requirement that this assessment be completed.

11. Does the applicant agency have new personnel that will be working on this award?:* Yes No


12. Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:* Yes No

13. Does the applicant agency receive any direct Federal awards?:* Yes No

13.a. If you answered yes to Question # F.3, please list the direct Federal awards the agency receives.

13.b. Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?: Yes No

14. Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?:* Yes No

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

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

Project Form RSAT cont.

▶ Section 5 – Certified Assurances

Section 5 - 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:

2020(a) RSAT Certified Assurances

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.


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 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 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.*

The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Department of Public Safety at (573) 526-9014.

Authorized Official Name:*

Authorized Official Job Title:*

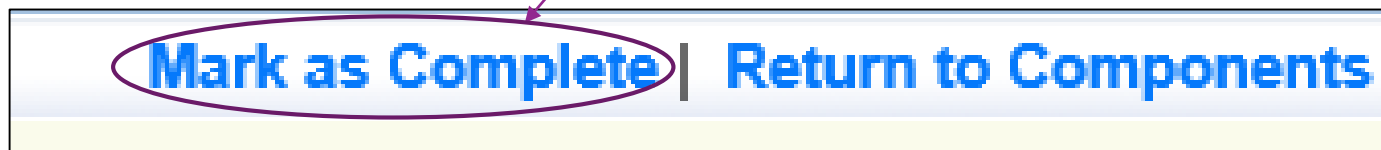
Date: * 

Project Form RSAT cont.

- ▶ After the form has been completed:
 - ▶ Select "Save"



- ▶ Select "Mark as Complete"



Budget Form

- ▶ Budget
 - ▶ Select "Add" for each Budget line

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.

Line Item Number:	Budget Line Category:	Line Name:	Line Description:	Total Funds for Budget Line:	Match funds for this budget line:	Federal Award Amount
				\$0.00	\$0.00	\$0.00

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, and how the funds support the 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.

Total Budget

Total Match Budget:	\$0.00
Total Federal Fund Amount:	\$0.00
Total Budget	\$0.00

Budget Form cont.

▶ **Budget Line Category:**

- ▶ **Line name:** should be a brief description of what the budget line is requesting (i.e. Personnel)
- ▶ **Description:** Description of the budget line (i.e. (3) Case Managers)
- ▶ **Total Funds for Budget Line:** This should be the total amount of the funds requested for the listed budget line
- ▶ **Match funds for this budget line:** This should be the total amount of funds that are matched for the listed budget line

Budget Form cont.

- ▶ Local Match
 - ▶ Federal funds awarded under RSAT may not cover more than 75% of the total costs of the project
 - ▶ Cash match
 - ▶ Includes cash spent for the project-related costs
 - ▶ In-Kind Match
 - ▶ Includes, but not limited to, the valuation of in-kind services (i.e. value of donated services)

Budget Form cont.

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

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: *	2. Personnel Benefits	<input type="text"/>
<i>Add a brief description of items included in line</i>	3. Overtime Personnel	
	4. Overtime Benefits	
Line Description: *	5. Travel/Training	<i>Personnel for multiple staff please list staff included.</i>
	6. Equipment	
	7. Supplies/Operations	<input type="text"/>
	8. Contractual	
Total Funds for Budget Line: *	<input type="text" value="\$0.00"/>	
	Include the total amount of this budget line both Federal and Match.	
Match funds for this budget line:	<input type="text" value="\$0.00"/>	
	If the any, or all of the funds requested in this line are match funds, enter that amount in this field.	

Budget Form cont.

- ▶ For each budget line category include
 - ▶ **Line Name:** What is the purpose of the line
 - ▶ **Line Description:** List what is included in the total amount being requested for the line (i.e. 1 Case Manager, 3 Counselors)
 - ▶ **Total Funds for the Budget Line:** List the total amount that is being sought for reimbursement through the grant
 - ▶ **Match Funds for this budget line:** List the amount of match funds for the budget line

- ▶ NOTE: Each piece of Equipment being requested will need a separate budget line.

Budget Form cont.

► 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.

Line Item Number	Budget Line Category	Line Name:	Line Description:	Total Funds for Budget Line:	Match funds for this budget line:	Federal Award Amount
1. Personnel	Personnel	Personnel	1 Case Manager, 3 Counselors	\$200,000.00	\$50,000.00	\$150,000.00
				\$200,000.00	\$50,000.00	\$150,000.00
2. Personnel Benefits	Personnel Benefits	FICA/Medicare/Medical/Dental/Life		\$10,000.00	\$2,500.00	\$7,500.00
				\$10,000.00	\$2,500.00	\$7,500.00
3. Overtime Personnel	Personnel Overtime	3 Counselors		\$10,000.00	\$2,500.00	\$7,500.00
				\$10,000.00	\$2,500.00	\$7,500.00
4. Overtime Benefits	Personnel Overtime Benefits	FICA/Medicare		\$765.00	\$191.25	\$573.75
				\$765.00	\$191.25	\$573.75
5. Travel/Training	National Training Conference (3)	Airfare/Baggage/Lodging/Meals/Shuttles/Taxis/Tolls/Parking		\$3,500.00	\$875.00	\$2,625.00
5. Travel/Training	Trauma Training	Fuel/Lodging/Meals/Registration/Rental Car		\$3,900.00	\$975.00	\$2,925.00
				\$7,400.00	\$1,850.00	\$5,550.00
6. Equipment	Laptop Computer	3 Laptop Computers		\$3,500.00	\$875.00	\$2,625.00
				\$3,500.00	\$875.00	\$2,625.00
7. Supplies/Operations	Supplies	See Justification for Itemized List of Supplies		\$1,000.00	\$250.00	\$750.00
				\$1,000.00	\$250.00	\$750.00
8. Contractual	Contractual Services	Assessment, Counseling, Education, management, Aftercare, Services		\$300,000.00	\$75,000.00	\$225,000.00
				\$300,000.00	\$75,000.00	\$225,000.00
				\$532,665.00	\$133,166.25	\$399,498.75

- To Edit a budget line, select the hyperlink of the line you wish to edit, or select "Edit" for a mass edit of all lines as well as the budget justification

Budget Form cont.

- ▶ Budget Justification: Please provide a separate justification for each Budget Line
 - ▶ **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.

- ▶ Budget Justification cont.
 - ▶ To add the Justification(s), select “Edit” in the top right corner

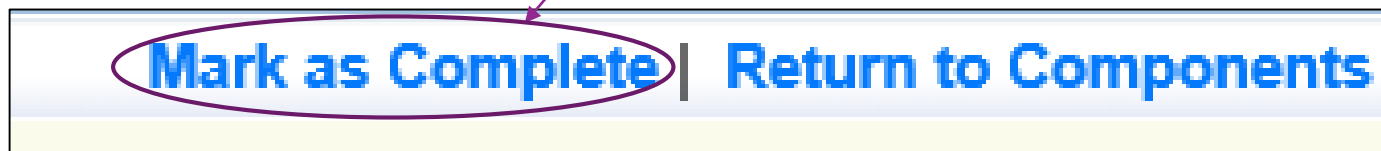


Budget Form cont.

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












- ▶ Select "Mark as Complete"



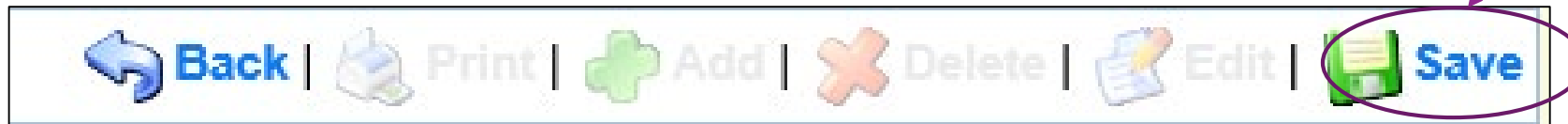
Named Attachments - New

- ▶ Attach the required attachments
 - ▶ Audit/Financial Statement
- ▶ Attach any additional documents that are important
 - ▶ Quotes
 - ▶ Training requests
 - ▶ Any additional supporting documents

Attachment	Description	File Name	Type	File Size	Date Uploaded	Delete?
Audit/Financial Statement (REQUIRED)*						
Federal Fund Schedule (REQUIRED if not included in Audit)						
Quote or other costs basis						
Training Request Form						
Other Supporting Information						
Other Supporting Information						
Other Supporting Information						
Other Supporting Information						
Other Supporting Information						

Named Attachments – New cont.

- ▶ Once the form has been completed:
 - ▶ Select “Save”



- ▶ Select “Mark as Complete”



Important Dates

- ▶ Application Period:
 - ▶ Wednesday, June 9, 2021 – Tuesday, July 6, 2021 5:00 p.m. CST
- ▶ Recorded Application Workshop (Online)/PowerPoint: June 9, 2021
- ▶ Compliance Workshop: July 29, 2021
- ▶ Program Start Date: July 1, 2021
- ▶ Program End Date: June 30, 2022

Questions

For any questions please contact our office:

▶ Michelle Branson
Grants Program Supervisor

▶ (573) 526-9014

▶ Michelle.Branson@dps.mo.gov

▶ Amelia Hentges
Grant Officer

▶ (573) 522-4094

▶ Amelia.Hentges@dps.mo.gov

▶ Becky Block
Grant Officer

▶ (573) 522-3455

▶ Rebecca.Block@dps.mo.gov

▶ Joni McCarter
Program Manager

▶ (573) 526-9020

▶ Joni.mccarter@dps.mo.gov