

# Welcome To The FY 2021 RSAT Application Workshop Webinar!

Thank you for joining us today. We will get started shortly.

Please review a few housekeeping rules:

1. Please mute your audio. This helps to minimize the sound and interruptions. You can do this by selecting “mute” on the meeting screen.
2. You are welcome to use the chat box throughout the presentation. We will have a chat box monitor that will try to answer any questions during the presentation.
3. We will have a question and answer forum at the end of the presentation. If you have a question before the end, please utilize the chat box.
4. When we are talking or sharing our screen, please write in the chat box and let us know if you can't hear or see something.

# FY 2021 Residential Substance Abuse Treatment (RSAT) Program Application Workshop

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



# Sam.gov – UEI Updates

- ▶ Effective April 4, 2022 all organizations applying for federal funds must have an Unique Entity Identifier (UEI) number.
  - ▶ Current and inactive SAM.gov registrants have already been assigned their Unique Entity Identifier (UEI) and can view it within SAM.gov. The Unique Entity Identifier (UEI) is currently located below the DUNS Number on your entity registration record. You must be signed in to your SAM.gov account to view entity records. Once you have your Unique Entity Identifier, please email it to [dpscjl@dps.mo.gov](mailto:dpscjl@dps.mo.gov).

# How to find your entity's Unique Entity Identifier:

- ▶ Log into [SAM.gov](https://SAM.gov).
- ▶ In your Workspace, select the numbered bubble above Active in the Entity Management widget.

The screenshot shows the SAM.gov Workspace interface. The main content area is titled "Entity Management" and includes a "Register Entity" button. Below this is the "Entity Registration" section, which displays five status bubbles: ACTIVE (1), DRAFT (1), WORK IN PROGRESS (0), SUBMITTED (0), and PHRR (0). A purple arrow points to the "1" bubble above the ACTIVE status. Below the bubbles, it states "Next Update Due: Jun 10, 2022" and "Due in Next 30 days: 0 Entity Registrations". The "Unique Entity ID" section below shows four bubbles: ACTIVE (0), DRAFT (0), WORK IN PROGRESS (0), and SUBMITTED (0). On the right side, there is a sidebar with "Profile", "Download", "Pending", and "Notifica" (partially visible) sections.

# How to find your entity's Unique Entity Identifier Continued

- ▶ You should then see your records appear, and the UEI number appears on the left side of each record.

The screenshot displays a web application interface for managing non-federal entities. On the left, there is a sidebar with a search bar containing 'Non-Federal Entities' and a 'Filter By' section. The 'Filter By' section includes 'Search by Keyword', 'Entity', and 'Registration Status'. Under 'Registration Status', the 'Active' option is selected with a green checkmark. Below this are 'Expiration Date' and 'Address Update' filters, and a 'Reset' button. The main content area shows a list of entities. The first record is for 'VILLAGE'. A purple arrow points to the 'DUNS' Unique Entity ID field in this record. Other fields for this record include 'Purpose of Registration: Federal Assistance Awards', 'Registration Status: Active', and 'Expiration Date: Jun 10, 2022'. Below this, there are fields for 'SAM Unique Entity ID', 'Address', and 'CAGE/NCAGE'.

# How to register for your entity's Unique Entity Identifier

- ▶ If your entity does not have a DUNS Number:
  - ▶ Sign in to your SAM.gov account and the system will navigate you to your Workspace. On the "Entity Management" widget, select the "Get Started" button to begin requesting your Unique Entity ID.

The screenshot displays the SAM.gov Workspace interface. On the left, the 'Entity Management' widget is highlighted with a red dashed border. It contains a 'Get Started' button in the top right corner, which is pointed to by a red arrow. Below the button, there are four status indicators for Entity Registration: ACTIVE (0), DRAFT (0), WORK IN PROGRESS (0), and SUBMITTED (0). A 'Next Update Due' section indicates 'Due in Next 30 days: 0 Entity Registrations'. Below this, there are two status indicators for Unique Entity ID: ACTIVE (0) and DRAFT (0). On the right side of the workspace, there is a 'Profile' section with a user icon and a 'Downloads' button. Below that are 'Saved Searches' and 'Following' buttons. Further down are 'Pending Requests' (No pending requests) and 'Notifications' (No available notifications) sections, each with a 'See All' link.

- ▶ NOTE: If you require an Unique Entity Identifier for SAM.gov entity registration or an update to your entity name or address, go to SAM.gov on or after 04/04/2022 to complete the process.

# FY 2021 RSAT Purpose

- ▶ The purpose of the Residential Substance Abuse Treatment (RSAT) Program is to assist 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 2021 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 2021 RSAT Notice of Funding Opportunity](#)



# FY 2021 RSAT Application Forms

- ▶ The FY 2021 RSAT Application will include 5 forms:
  - ▶ General Information Form
  - ▶ Contact Information Form
  - ▶ Budget
  - ▶ Project Form
  - ▶ Named Attachments

Application Forms		Application Details   <a href="#">Submit</a>   <a href="#">Withdraw</a>	
Form Name	Complete?	Last Edited	
<a href="#">General Information</a>	✓	04/13/2022	
<a href="#">Contact Information</a>			
<a href="#">Budget</a>			
<a href="#">Project Form</a>			
<a href="#">Named Attachments</a>			

# General Information Form

- ▶ Complete the entire form as indicated:
  - ▶ **Primary Contact:** Select the desired contact from the drop-down field
  - ▶ **Project Title:** Enter “2021 RSAT – Agency name” (i.e. 2021 RSAT – Holiday Hills)
  - ▶ **Organization:** Select the applicable applicant agency from the drop-down field

### General Information

**Primary Contact:\***

**Project Title:  
(limited to 250 characters)\***

**Organization:\***

# Contact Information Form

- ▶ This form will collect information for the applicant agency contacts:
  - ▶ **Authorized Official:** (Presiding Commissioner, County Executive, Mayor, etc.)
  - ▶ **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 Continued

## Contact Information

### Authorized Official

*The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract. Refer to the above mentioned Grant Solicitation for further instructions.*

**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.

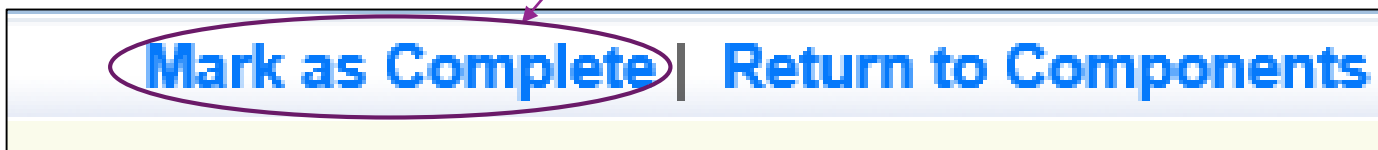
**Fax:\***

# Contact Information Form Continued

- ▶ When 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 & Audit
  - ▶ Certified Assurances

# Project Form RSAT Continued

- ▶ Section 1 – Project:
  - ▶ 1. Select the Program Category:
    - ▶ Residential
    - ▶ Jail-Based
  
  - ▶ 2. Select Project Type:
    - ▶ Statewide
    - ▶ Regional
    - ▶ Local

**Section 1 - Project**

1. Program Category:\*

2. Project Type:\*

**Section 1 - Project**

1. Program Category:\*

2. Project Type:\*

**Section 2 - Program Requirements**

# Project Form Continued

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

5.a Please explain how you are meeting this requirement, or why you cannot meet this requirement:\*

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 Continued

- ▶ 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

**Section 3 - Project Description**

*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)*

**8. Project Summary:\***

# Project Form Continued

- ▶ Section 3 - Project Description Continued:
  - ▶ 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

*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.**

**9. After-care Services:\***

# Project Form Continued

- ▶ Section 3 - Project Description Continued:
  - ▶ 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

*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.*

**10. Goals and Objectives: \***

# Project Form RSAT Continued

## ► Section 4 - Risk Assessment:

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

**Section 4 - Risk Assessment & Audit**

*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.**

**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 Continued

## ► 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:*

#### 2021 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:\***

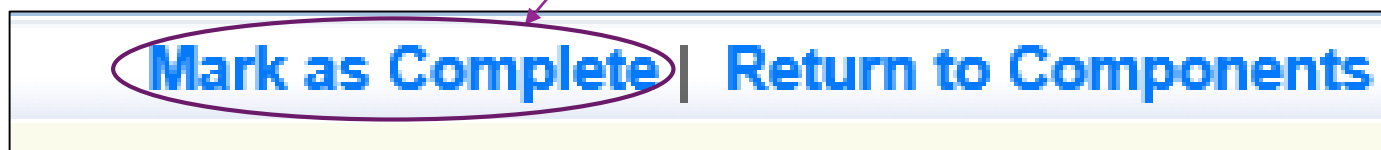
**Date: \***  

# Project Form RSAT Continued

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



- ▶ Select "Mark as Complete"



# Budget Form

- ▶ Select "Add" for each budget line

[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

<b>Total Match Budget:</b>	\$0.00
<b>Total Federal Fund Amount:</b>	\$0.00
<b>Total Budget</b>	\$0.00

# Budget Form Continued

- ▶ 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 Continued

- ▶ 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 Continued

- ▶ For each budget line select one (1) of the eight (8) 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: \***

**Line Name: \***

*Add a brief description of items included in line*

**Line Description: \***

**Total Funds for Budget Line: \***

**Match funds for this budget line:**

**Include the total amount of this budget line both Federal and Match.**

**If the any, or all of the funds requested in this line are match funds, enter that amount in this field.**

# Budget Form Continued

- ▶ 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 Continued

► Completed Budget Example:

Budget				<a href="#">Go to Application Forms</a>   <a href="#">Add</a>		
<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>						
Line Item Number:	Budget Line Category:	Line Name:	Line Description:	Total Funds for Budget Line:	Match funds for this budget line:	Federal Award Amount
	<a href="#">5. Travel/Training</a>	AATOD Conference	Airfare, lodging, meals, ground transportation, registration fee	\$3,266.00	\$0.00	\$3,266.00
				<b>\$3,266.00</b>	<b>\$0.00</b>	<b>\$3,266.00</b>
	<a href="#">6. Equipment</a>	Projector	Projector and Installation	\$35,000.00	\$0.00	\$35,000.00
				<b>\$35,000.00</b>	<b>\$0.00</b>	<b>\$35,000.00</b>
	<a href="#">7. Supplies/Operations</a>	Security Cameras	Security cameras, wiring installation, and enclosures	\$1,810.32	\$0.00	\$1,810.32
	<a href="#">7. Supplies/Operations</a>	Offender Daily Cost	Proportion of estimated offender cost for FY23	\$0.00	\$100,525.00	(\$100,525.00)
				<b>\$1,810.32</b>	<b>\$100,525.00</b>	<b>(\$98,714.68)</b>
	<a href="#">8. Contractual</a>	Contractual Costs	Assessment, Counseling, Education, Management, Aftercare, etc. Services	\$300,100.00	\$0.00	\$300,100.00
				<b>\$300,100.00</b>	<b>\$0.00</b>	<b>\$300,100.00</b>
				<b>\$340,176.32</b>	<b>\$100,525.00</b>	<b>\$239,651.32</b>

- 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 Continued

- ▶ 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

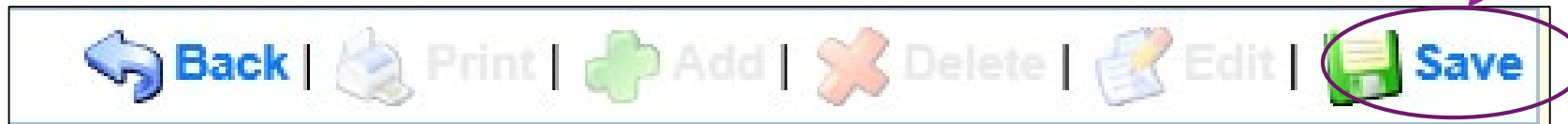
# Budget Form Continued

- ▶ Budget Justification Continued:
  - ▶ To add the Justification(s), select "Edit" in the top right corner

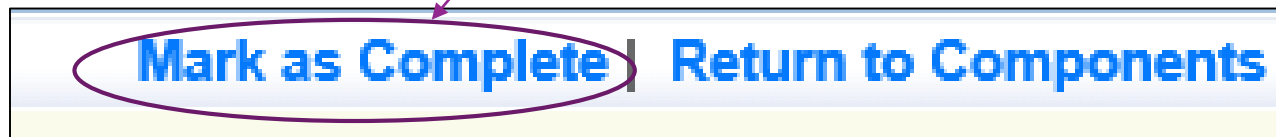


# Budget Form Continued

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












- ▶ Select "Mark as Complete"



# Named Attachments

- ▶ 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						

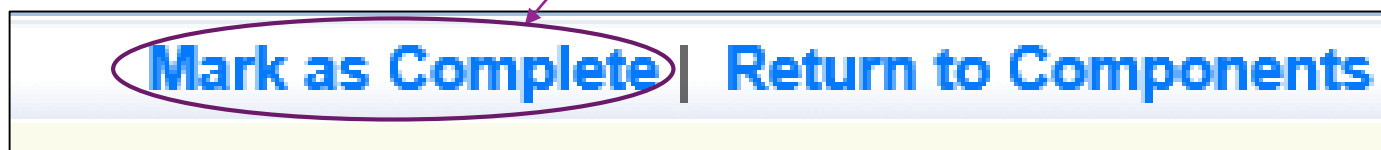


# Named Attachments Continued

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



- ▶ Select "Mark as Complete"



# Important Dates

- ▶ Application Period:
  - ▶ Tuesday, April 19, 2022 – Friday, May 13, 2022 5:00 p.m. CST
- ▶ WebEx Application Workshop: April 19, 2022
- ▶ Compliance Workshop: July 7, 2022 from 9:30 a.m. – 11:30 a.m. CST
- ▶ Program Start Date: July 1, 2022
- ▶ Program End Date: June 30, 2023

# Contacts

For any questions please contact our office:

- ▶ Krystal Barnes  
Grant Specialist
  - ▶ (573) 751-1318
  - ▶ [Krystal.Barnes@dps.mo.gov](mailto:Krystal.Barnes@dps.mo.gov)
- ▶ Michelle Branson  
Grants Program Supervisor
  - ▶ (573) 526-9014
  - ▶ [Michelle.Branson@dps.mo.gov](mailto:Michelle.Branson@dps.mo.gov)
- ▶ Joni McCarter  
Program Manager
  - ▶ (573) 526-9020
  - ▶ [Joni.mccarter@dps.mo.gov](mailto:Joni.mccarter@dps.mo.gov)