Missouri Department of Public Safety
Office of the Director

APPLICATION FOR FUNDING

P.O. Box 749
Jefferson City, MO 65102

1-888-394-6377
e-mail: www.dps.state.mo.us

SECTION 1 – INSTRUCTIONS

This application must be typewritten. Please refer to the enclosed instructions to complete this form.

SECTION 2 – GRANT PROGRAMS

- ☐ VOCA – Victims of Crime Act
- ☐ SSVF - State Services to Victims Fund
- ☐ STOP - Stop Violence Against Women Grant Program
- ☐ Byrne – Byrne Formula Grant (NCAP)
- ☐ MCLUP – Mo. Crime Lab Upgrade Program
- ☐ RSAT – Residential Substance Abuse & Treatment Program
- ☐ CLAP – Crime Lab Assistance Program
- ☐ LLEBG - Local Law Enforcement Block Grant
- ☐ LGSD – Local Government School District Program
- ☐ Title V – Delinquency & Youth Violence Prevention
- ☐ Title II – Juvenile Justice Formula Grants
- ☐ JAIBG – Juvenile Accountability Incentive Block Grant
- ☐ Challenge – Statewide Policies and Programs
- ☐ Paul Coverdell National Forensic Science Grant

AGENCY | FAX | PHONE

ADDRESS

CITY | STATE | ZIP

SECTION 4 – APPLICANT AUTHORIZED OFFICIAL

NAME | FAX | PHONE

TITLE

AGENCY

ADDRESS

CITY | STATE | ZIP

SECTION 5 – PROJECT DIRECTOR

NAME | FAX | PHONE

TITLE | E-Mail Address:

AGENCY

ADDRESS

CITY | STATE | ZIP

SECTION 6 – APPLICANT FISCAL OFFICER

NAME | FAX | PHONE

TITLE

AGENCY

ADDRESS

CITY | STATE | ZIP

SECTION 7 – NON-PROFIT BOARD CHAIRPERSON

NAME | FAX | PHONE

TITLE

AGENCY

ADDRESS

CITY | STATE | ZIP

SECTION 8 – PROJECT TITLE

SECTION 9 – TYPE OF APPLICATION

☐ New ☐ Revised ☐ Renewal ☐ Continuation

SECTION 10 – CURRENT CONTRACT NUMBER(S)

SECTION 11 – APPLICANT'S FEDERAL TAX I.D.

SECTION 12 – PROGRAM CATEGORY

SECTION 13 – CONTRACT PERIOD

BEGINNING DATE | ENDING DATE

SECTION 14 – TYPE OF PROJECT

☐ Statewide ☐ Regional ☐ Local

SECTION 15 – PROGRAM INCOME

Will Program Income be generated? ☐ Yes ☐ No

SECTION 16 – BUDGET

		Total Cost
PERSONNEL		
VOLUNTEER MATCH		
TRAVEL		
EQUIPMENT		
SUPPLIES/OPERATIONS		
CONTRACTUAL		
RENOVATION/CONSTRUCTION		
TOTAL PROJECT COSTS		0.00
FEDERAL/STATE SHARE	%	
LOCAL MATCH SHARE	%	

SECTION 17 – AUTHORIZED OFFICIAL'S SIGNATURE

Signature | Date

Instructions for Application for Funding

Section 1 – Instructions
This application must be typewritten.

Section 2 – Grant Programs
Select the appropriate grant program for which you are making application.

Section 3 – Applicant Agency
Enter the legal name and address of the organization that has the authority to legally bind the agency in a contract.

For an agency within a city government system (i.e. Police Department), the **city** is the applicant organization. For an agency within a county government system (i.e. Sheriff's Department, Prosecuting Attorney's Office), the **county** is the applicant organization. For an agency within a judicial circuit (i.e. Circuit Court, Juvenile Office), the **county** that provides fiscal management is the applicant organization.

Byrne and LLEBG– Only state and local units of government are eligible to apply for this funding.

LGSD – Only local units of government which have entered into a local government/school district partnership as defined in Section 589.300 to 589.310, Supp. 1995 are eligible to apply for this funding.

Title V - Only local units of government are eligible to apply for this funding.

Section 4 – Applicant Authorized Official – *This person cannot be the same person named as the Project Director.*

Enter the name and address of the individual who has the authority to legally bind the applicant agency, as listed in Section 3, in a contract.

City Government – If the applicant agency is a city, the mayor/city administrator shall be the Authorized Official.

County Government – If the applicant agency is a county, the county commissioner/administrator shall be the Authorized Official.

Private/Nonprofit – If the applicant agency is a private, nonprofit organization, the Authorized Official must be the individual who has the legal authority to bind the organization in a contract. Any potential funds awarded as a result of this application cannot be used for the salary of the Authorized Official. Generally, the executive director of the organization or the board chairperson for the organization may act as the Authorized Official.

Section 5 – Project Director
Enter the name and address of the person who will have direct oversight of the proposed project.

If the project agency is a local law enforcement agency, the Project Director shall be the chief or sheriff of that agency. Exceptions to this requirement are the St. Louis Metropolitan Police Department and the Kansas City Police Department.

Section 6 – Applicant Fiscal Officer
Enter the name and address of the individual who has responsibility for project accounting, reporting, and closeout.

Section 7 – Non-Profit Board Chairperson
Enter the name and address of the individual serving as the organization's board chairperson. Please provide an address other than the agency address if possible.

This section is not applicable to agencies that are not considered a 501 (c) (3) non-profit organization.

Section 8 – Project Title
Enter a carefully chosen, brief descriptive title.

Section 9 – Type of Application
Indicate the type of application based on the following:

NEW - If this application is being submitted as part of a competitive bid process, the type of application is considered **"New"**.

REVISED - If the agency has specifically been asked by the Department of Public Safety to revise a portion of a New or Renewal application, the type of application is considered **"Revised"**.

RENEWAL - If the agency has specifically been notified of the opportunity to renew an existing contract, the type of application is considered **"Renewal"**.

CONTINUATION – If this application is being submitted as part of a competitive bid process to continue a program currently funded by the Department of Public Safety, the type of application is considered **"Continuation"**.

Section 10 – Current Contract Number(s)
Indicate the DPS Contract Number if the applicant agency currently has a contract through the identified grant program.

Section 11 – Applicant's Federal Tax I.D. Number
Enter the applicant organization's Federal Tax Identification Number. This number must be included in order to document receipt of this application.

Section 12 – Program Category
Enter the appropriate categorical description for this proposed project. Refer to the Program Description section of the application for a listing of the appropriate categories.

This section is not required for VOCA, SSVF, STOP, Title V or Challenge grants.

Section 13 – Contract Period
Enter the appropriate contract period for this proposed project. Please see the following listing.

VOCA – October 1 through September 30
SSVF – July 1 through June 30
STOP – January 1 through December 31
Title V – October 1 through September 30
Title II – October 1 through September 30
JAIBG – October 1 through September 30
Challenge – See Program Description
Byrne – July 1 through June 30
MCLUP – July 1 through June 30
RSAT – July 1 through June 30
CLAP – July 1 through June 30
LLEBG – January 1 through June 30
LGSD – July 1 through June 30

Section 14 – Type of Project
Check the appropriate box.

Section 15 – Program Income
If program income will be generated by this proposed project, please indicate in this section. Refer to the program application for information on program income.

Section 16 – Budget
Refer to the program application for the appropriate funding categories for the proposed project. Enter the total cost amounts from each individual budget page in the appropriately identified space. Enter the total Project Cost based on the totals taken from the individual budget pages. Enter the federal/state share and the local match shares. Make sure that the total federal/state share from the individual budget pages agrees with the amount entered on this sheet. Also make sure that the total local match share calculated from the individual budget pages agrees with the amount entered in this section. Refer to the program application for the description of the local match share if required.

Section 17 – Authorized Official's Signature
This application must bear the **ORIGINAL SIGNATURE** of the Authorized Official as identified in Section 4.