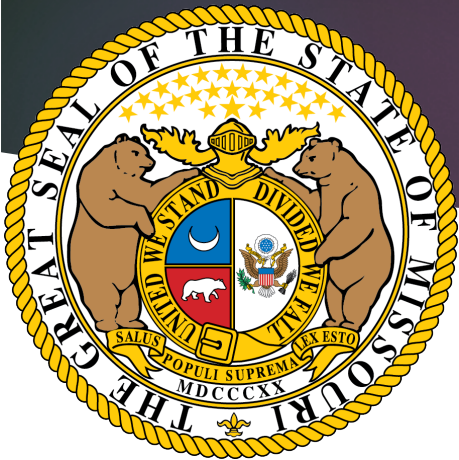


SFY 2025 Deputy Sheriff Salary Supplementation Fund (DSSSF)



Application Workshop



DSSSF Purpose

- ▶ Program purpose is to supplement salaries for Sheriff Deputies around the State.
- ▶ Funding formula, approved by the MoSMART Board, is as follows:
 - ▶ Deputies with an annual salary:
 - ▶ Below \$25,500 will receive an annual supplement amount of \$8,500
 - ▶ \$25,501 - \$32,500 will receive a supplement to increase their annual salary to \$34,000
 - ▶ \$32,501 to \$49,999 will receive an annual supplement of \$1,500
 - ▶ \$50,000 and over are not eligible for supplement

LEA Compliance

- ▶ To be eligible for DSSSF funding, each law enforcement agency will need to be compliant at the time of application and remain compliant for the duration of the grant period of performance with the following:
- ▶ [Section 590.650 RSMo](#) - Vehicle Stops Report:
 - ▶ Pursuant to 590.650.3 RSMo, (1) every law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and (2) each law enforcement agency shall submit the report to the attorney general no later than March 1 of the following calendar year.
 - ▶ NOTE: It is the responsibility of the applicant to verify the submission of this report with the Attorney General's Office prior to submitting an application. Failure to submit the Racial Profiling Report will result in the automatic denial of the application. A copy of such report need not be submitted with the application.

LEA Compliance, cont.

- ▶ [Section 590.700 RSMO](#) – Written Policy on Recording of Custodial Interrogations:
 - ▶ Pursuant to 5900.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of this section
 - ▶ NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application
- ▶ [Section 43.544 RSMo](#) – Written Policy on Forwarding Intoxication-Related Traffic Offenses:
 - ▶ Pursuant to 43.411.1 RSMO, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses to the central repository as required in [Section 43.503 RSMo](#) and shall certify adoption of such policy when applying for any grants administered by the Department of Public Safety

LEA Compliance, cont.

- ▶ [Section 590.1265 RSMo](#) – Police Use of Force Transparency Act of 2021:
 - ▶ Use of Force incidents reporting standards and procedures, publication of report data, analysis report. Each law enforcement agency shall certify compliance with this statute when accepting any grants administered by the Department of Public Safety
- ▶ [Section 590.30 RSMo](#) – Rap Back Program:
 - ▶ Pursuant to Section RSMo 590.030, all law enforcement agencies shall enroll in the state and federal Rap Back programs on or before January 1, 2022 and continue to remain enrolled. The law enforcement agency shall take all necessary steps to maintain officer enrollment for all officers commissioned with that agency in the Rap Back programs. An officer shall submit to being fingerprinted at any law enforcement agency upon commissioning and for as long as the officer is commissioned with that agency.


LEA Compliance, cont.

- ▶ [Section 43.505 RSMo](#) – National Incident-Based Reporting System (NIBRS) *formerly Uniform Crime reporting (UCR)*:
 - ▶ Pursuant to [Section RSMo 43.505](#), Uniform Crime Reporting system – duties of department – violations, penalty. Each law enforcement agency is required to submit crime incident reports to the department of public safety on forms or in the format prescribed by the department and submit any other crime incident information which may be required by the department of public safety. For purposes of grant eligibility, law enforcement agencies will be considered non-compliant if they have not submitted MIBRS reports for three or more months. Each law enforcement agency shall certify compliance with [Section RSMo 43.505](#) when accepting any grants administered by the Department of Public Safety.
 - ▶ NOTE: Show Me Crime Reporting provides a no cost option for agencies to comply with Section 43.505 RSMo. Agencies that are not currently compliant with Section 43.505 RSMo will not be eligible to apply until they have registered with Show Me Crime Reporting and have begun submitting MIBRS reports.
<https://showmecrime.mo.gov/CrimeReporting/MIBRSRegistration.html>

Login

- ▶ To begin an application login to the WebGrants System
 - ▶ Returning users or Organizations
 - ▶ Enter User ID & Password
 - ▶ New Users select “Click here to Register”



 **Enter your user id and password**

User ID
This field is required.

Password
This field is required.

SIGN IN

[Forgot User ID?](#) [Reset Password?](#)

[Click here to Register](#)

New User

- ▶ If you are applying as a “New User”
 - ▶ Complete the Registration
 - ▶ It may take a few days for your request to be approved by DPS staff

Registration

Save Registration Information

Personnel Contact Information

Please note that fields in red font with an asterisk indicates a required field. Any non-required, black font, fields can be skipped.

Name:
Salutation First Name Middle Last Name

Job Title*:

Email*:

Mailing Address*:

City State/Province Postal Code/Zip

Phone*:
Phone Ext.
####

Fax:
####

Copy Personnel Information to Organization?:

Organization Information

IMPORTANT: Check YES that you are affiliated with an Organization and enter the details for the Organization you represent which intends to apply for grant funds. Your profile will be linked to that Organization so you can conduct business on its behalf within this grant system.

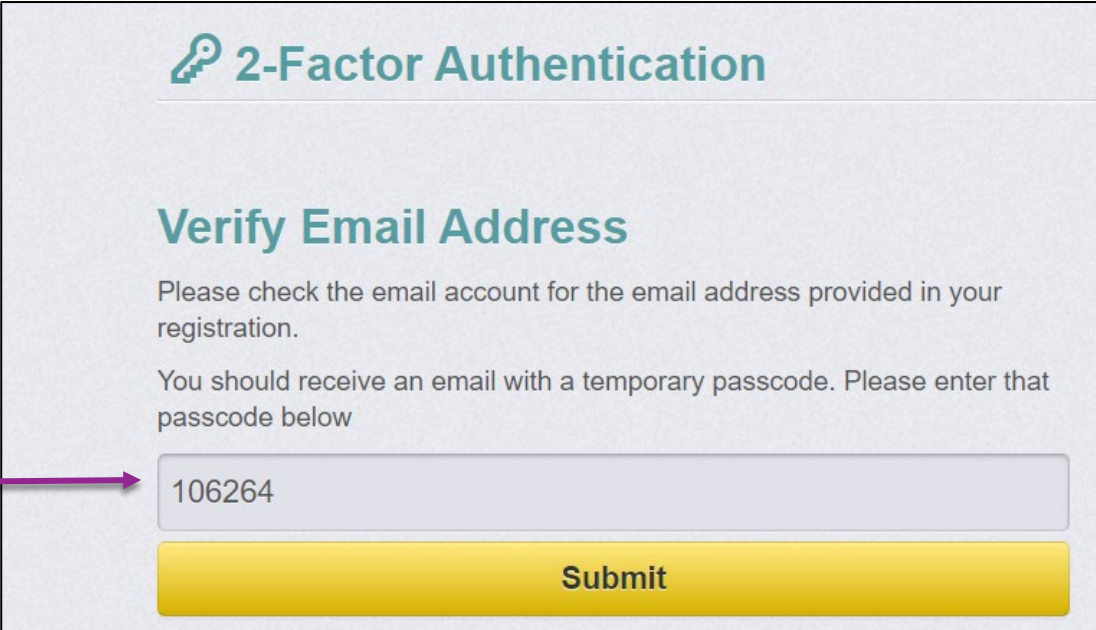
Are you Affiliated with an Organization*:

Applicant Agency*:

Organization Type*:

Two Step Verification

- ▶ Type in the One-Time Passcode that was sent to the email address that is associated to the User



The screenshot shows a web interface for 2-Factor Authentication. At the top, there is a teal key icon followed by the text "2-Factor Authentication". Below this is a section titled "Verify Email Address" in teal. The text below the title reads: "Please check the email account for the email address provided in your registration. You should receive an email with a temporary passcode. Please enter that passcode below". There is a text input field containing the number "106264". A purple arrow points from the left towards the input field. Below the input field is a yellow "Submit" button.

2-Factor Authentication

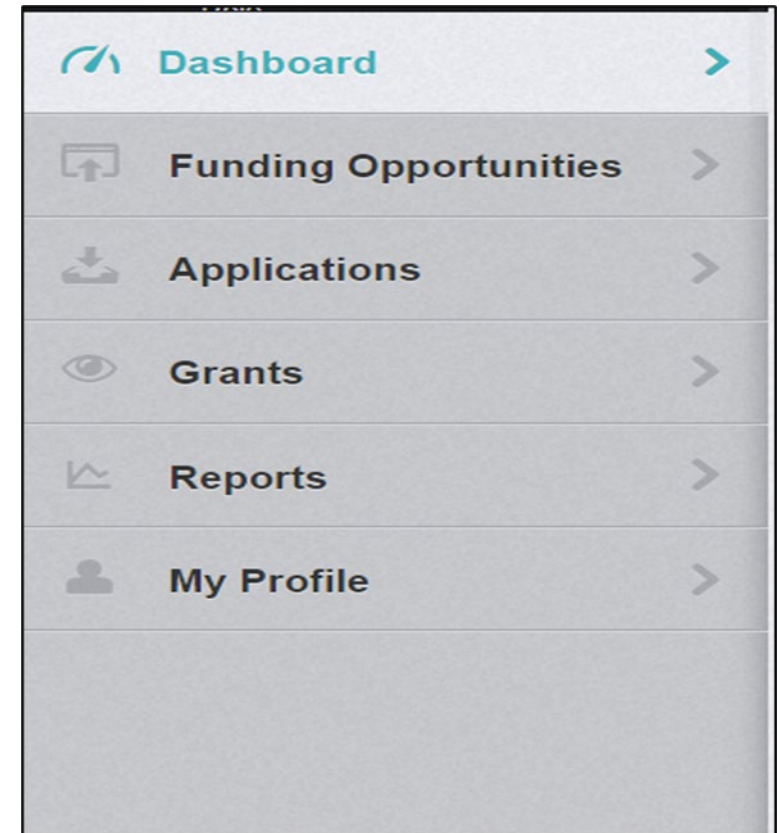
Verify Email Address

Please check the email account for the email address provided in your registration.
You should receive an email with a temporary passcode. Please enter that passcode below

Submit

DSSSF Application

- ▶ Select “Funding Opportunities” from the “Main Menu”



Funding Opportunity

- ▶ Select the “#28094 DSSSF” Funding Opportunity

28295	Editing	2025 Deputy Sheriff Salary Supplementation Grant (DSSSF)	DSSSF-Deputy Sheriff Salary Supplementation Fund	May 31, 2024 4:00 PM
-------	---------	--	--	----------------------

- ▶ Review the Funding Opportunity details:
 - ▶ Description
 - ▶ Attachments
 - ▶ 2025 DSSSF Certified Assurances
 - ▶ 2025 DSSSF Notice of Funding Opportunity
 - ▶ Website Links
 - ▶ DPS DSSSF Website

Funding Opportunity, cont.

- ▶ After reviewing all the information select, “Start a New Application”



- ▶ The forms for this grant have changed, so selecting “Copy Application” will not save time, as forms will be blank

General Information

- ▶ Complete the entire form as indicated:
 - ▶ **Application Title:** Enter “2025 DSSSF [County Name] County Sheriff's Office”
(i.e. 2025 DSSSF Test County Sheriff's Office)
 - ▶ **Primary Contact:** Select from the drop down, who will be the Primary Contact for the application
 - ▶ When complete, select “Save Form Instructions”

Application - General Information Save Form Information

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application. Select the organization, if you belong to more than one, for which you will be submitting this application.

Application Title*: 2025 DSSSF Whoville County Sheriff's Office

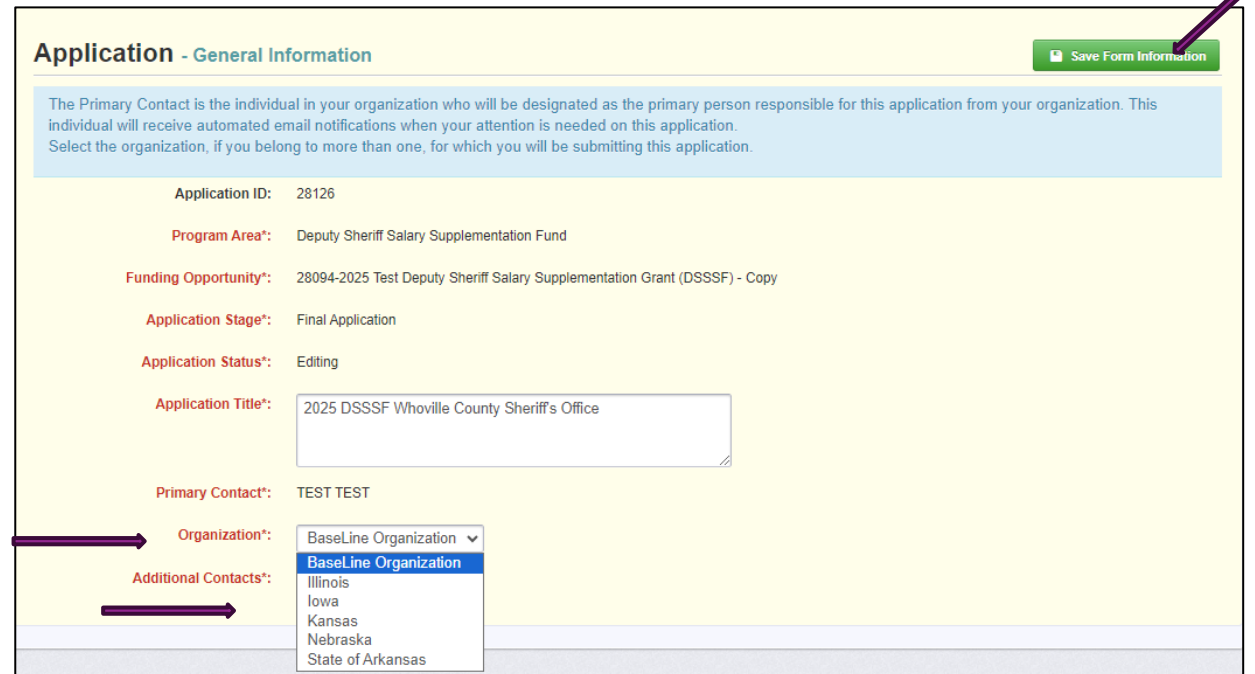
Primary Contact*: TEST TEST

Organization*: Audit OVC
Cassie Tester
Chelse Dowell
System Administrator
Tena Malone
TEST TEST
Tester2 Tester2

Additional Contacts*:

General Information, cont.

- ▶ Select from the “Organization” drop-down, which organization is applying
- ▶ Select any “Additional Contacts”, if needed
- ▶ Select, “Save Form Information” when completed



The screenshot shows a web form titled "Application - General Information". At the top right, there is a green button labeled "Save Form Information". Below the title, a light blue box contains instructions: "The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application. Select the organization, if you belong to more than one, for which you will be submitting this application." The form fields are as follows:

- Application ID:** 28126
- Program Area:** Deputy Sheriff Salary Supplementation Fund
- Funding Opportunity:** 28094-2025 Test Deputy Sheriff Salary Supplementation Grant (DSSSF) - Copy
- Application Stage:** Final Application
- Application Status:** Editing
- Application Title:** 2025 DSSSF Whoville County Sheriff's Office
- Primary Contact:** TEST TEST
- Organization:** A dropdown menu is open, showing "BaseLine Organization" selected. A purple arrow points to this dropdown.
- Additional Contacts:** A list of states: Illinois, Iowa, Kansas, Nebraska, and State of Arkansas. A purple arrow points to this list.

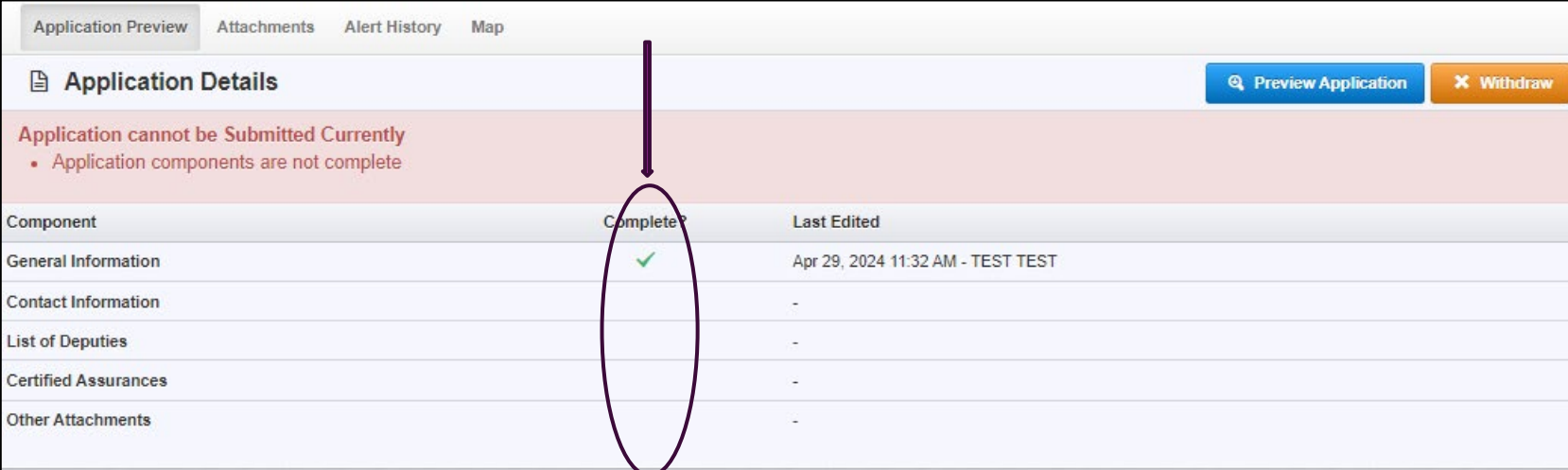
A purple pencil icon is visible in the top right corner of the form area.

SFY 2025 DSSSF Application Forms

- ▶ The FY 2025 DSSSF Application will include 5 forms:
 - ▶ General Information
 - ▶ Contact Information
 - ▶ List of Deputies
 - ▶ Certified Assurances
 - ▶ Other Attachments

Application Forms

- ▶ Once the General Information component has been completed, the Application Forms will appear
 - ▶ Each form must be completed and “checked marked” complete before the application can be submitted
 - ▶ Each form can be edited, after it has been marked complete, by selecting it

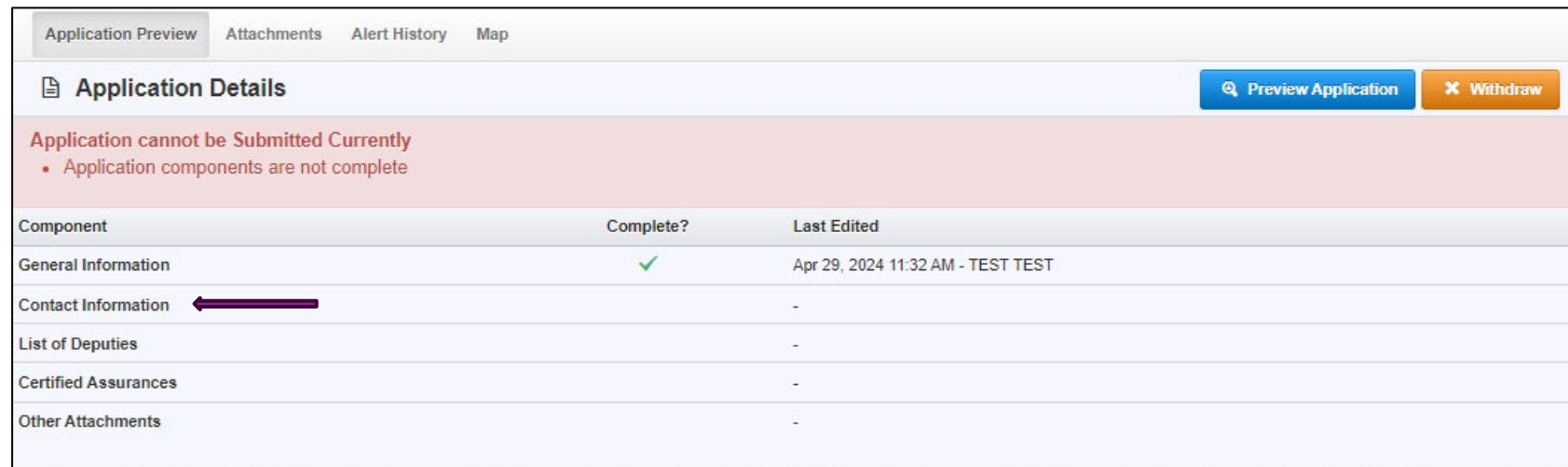


The screenshot shows a web interface for application management. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs is a section titled 'Application Details' with a document icon. To the right of this section are two buttons: 'Preview Application' (blue) and 'Withdraw' (orange). A red banner below the title reads 'Application cannot be Submitted Currently' with a sub-bullet 'Application components are not complete'. Below this is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. A purple arrow points to the 'Complete?' column, and a purple oval highlights the green checkmark in the 'Complete?' column for the 'General Information' row.

Component	Complete?	Last Edited
General Information	✓	Apr 29, 2024 11:32 AM - TEST TEST
Contact Information	-	-
List of Deputies	-	-
Certified Assurances	-	-
Other Attachments	-	-

Contact Information

- ▶ Select “Contact Information”
- ▶ Complete each section of the Contact Information form
 - ▶ Authorized Official
 - ▶ Project Director
 - ▶ Fiscal Officer
 - ▶ Officer in Charge

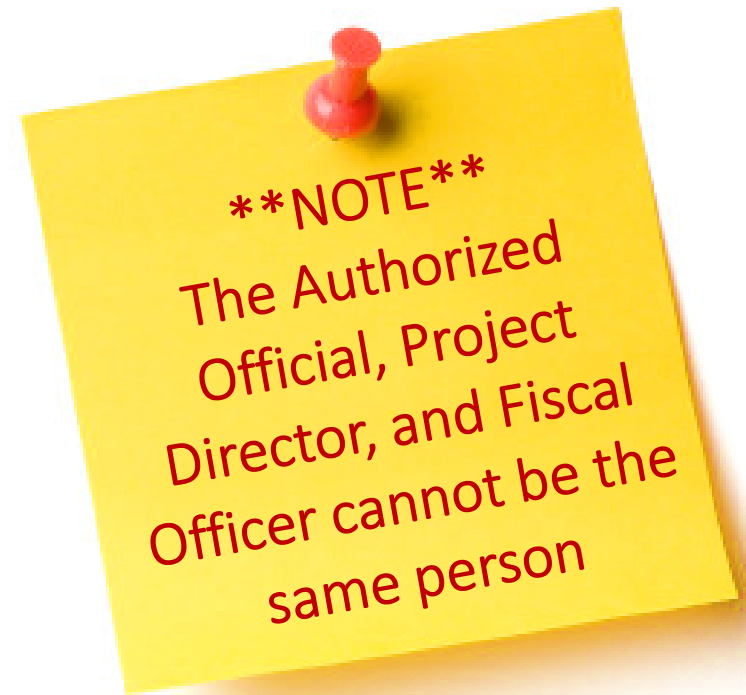


The screenshot shows a web application interface with a navigation bar at the top containing 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the navigation bar is a section titled 'Application Details' with two buttons: 'Preview Application' and 'Withdraw'. A red error message states 'Application cannot be Submitted Currently' with a sub-message 'Application components are not complete'. Below this is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. The 'Contact Information' row is highlighted with a purple arrow pointing to it.

Component	Complete?	Last Edited
General Information	✓	Apr 29, 2024 11:32 AM - TEST TEST
Contact Information		-
List of Deputies		-
Certified Assurances		-
Other Attachments		-

Contact Information Form, cont.

- ▶ Should reflect county contact information
- ▶ Authorized Official - Presiding Commissioner, County Executive
 - ▶ Exception - St. Louis City, should be Mayor
- ▶ Project Director - Sheriff
 - ▶ Exception - County Police Department, should be Chief of Police/Colonel
- ▶ Fiscal Officer - County Treasurer, Director of Finance, or person of similar duty
- ▶ Point of Contact - primary contact for day-to-day questions



Contact Information, cont.

Contact Information

Save Form

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. 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 the applicant agency is under the supervision of a board, the Board Chair or Board President shall be the Authorized Official
- If the applicant agency is a special district, such as Fire Protection District or Ambulance District, the Board Chair/President shall be the Authorized Official

****THIS IS NOT AN ALL-INCLUSIVE LIST. IF YOUR AGENCY DOES NOT FALL INTO ONE OF THE CATEGORIES LISTED ABOVE OR YOU ARE UNSURE OF WHO THE AUTHORIZED OFFICIAL SHOULD BE FOR YOUR AGENCY, PLEASE CONTACT THE MISSOURI OFFICE OF HOMELAND SECURITY DPS GRANTS AT (573) 522-3455****

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.

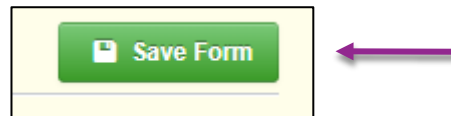
Street Address 1:

If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

Contact Information, cont.

- ▶ Select “Save Form,” when the form has been completed



- ▶ If edits are needed, select “Edit Form”

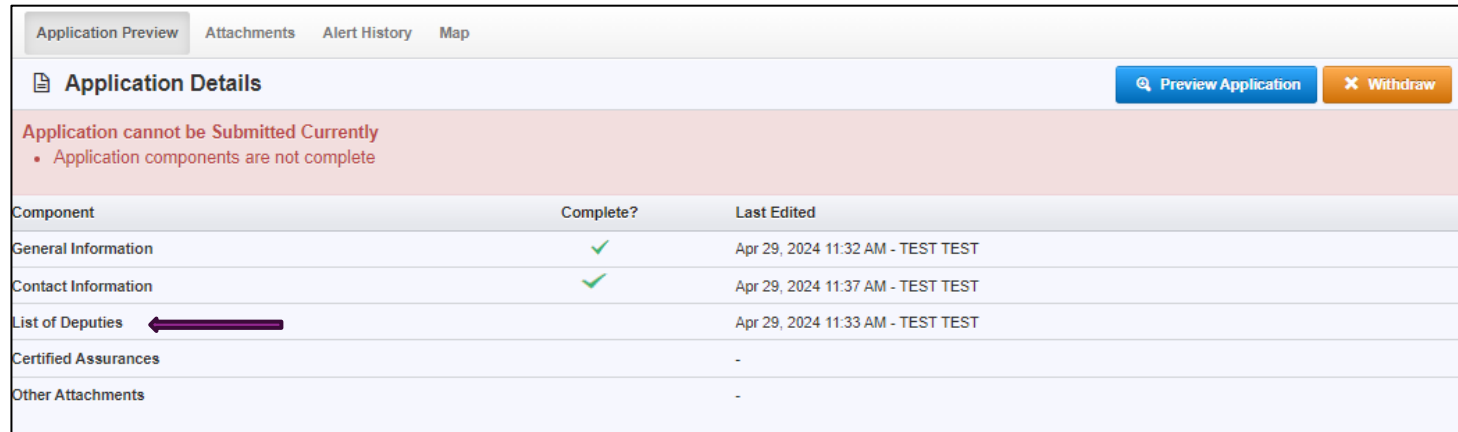


- ▶ Select “Mark as Complete”



Application Forms

- ▶ Select “List of Deputies”



The screenshot shows a web interface for an application form. At the top, there are tabs for 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below the tabs is the title 'Application Details' and two buttons: 'Preview Application' and 'Withdraw'. A red error message states 'Application cannot be Submitted Currently' with a sub-message 'Application components are not complete'. Below this is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. The 'List of Deputies' row is highlighted with a purple arrow pointing to it.

Component	Complete?	Last Edited
General Information	✓	Apr 29, 2024 11:32 AM - TEST TEST
Contact Information	✓	Apr 29, 2024 11:37 AM - TEST TEST
List of Deputies		Apr 29, 2024 11:33 AM - TEST TEST
Certified Assurances	-	
Other Attachments	-	

- ▶ The form will open in “Editing” status

List of Deputies

- ▶ Scroll to the benefit category and add each benefit percentage
 - ▶ Enter only costs incurred by the county, not employee – contact the Fiscal Officer for benefit rate percentages
 - ▶ Contact DPS with any additional questions
 - ▶ Entered as a percentage of the salary
 - ▶ Once the benefits have been entered, select “Save Form”

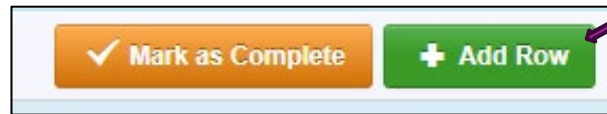
The screenshot shows a web form titled "Benefits" with a yellow background. At the top right is a green "Save Form" button. Below the title is a light blue instruction box: "Enter the percentage amount for each benefit. Example FICA/Medicare enter as 7.65". Below this is a red warning: "DO NOT INCLUDE BENEFITS THAT ARE PAID FOR BY THE EMPLOYEE, ONLY THOSE PAID BY THE COUNTY". There are four input fields with labels: "FICA/Medicare*" (7.65), "LAGERS*" (14.6), "CERF*" (4), and "Workers Comp*" (3.96). A purple arrow points to the "Save Form" button at the top right, and another purple arrow points to the input fields.

FICA/Medicare*	<input type="text" value="7.65"/>
LAGERS*	<input type="text" value="14.6"/>
CERF*	<input type="text" value="4"/>
Workers Comp*	<input type="text" value="3.96"/>

Save Form

List of Deputies, cont.

- ▶ List of Deputies
 - ▶ Select “Add Row” to enter each Deputy separately



- ▶ Enter deputy specific information as requested
 - ▶ If to be hired positions (TBH) are not listed on the budget, they will not be funded
 - ▶ TBH positions may be included **only** if listed on the agency’s budget
 - ▶ Answer each of the REQUIRED questions
 - ▶ When done, select “Save Row”



List of Deputies, cont.

► Example:

Personnel Save Row

Definition: Full-time is defined as averaging at least 30 hours of service per week (if paid weekly or bi-weekly), or 130 hours of service in a calendar month (if paid semi-monthly or monthly).
If the position is vacant use TBH (To be hired) in the Name field.

Name of full time deputy*:

Pay Period Cycle*:

For TBH positions, respond based on whether the individual hired to fill the position will be a licensed Peace Officer.

Is the individual a licensed Peace Officer*?:

For TBH positions, respond based on whether the individual hired to fill the position will be commissioned as a deputy sheriff.

Is the individual commissioned as a Deputy Sheriff*?:

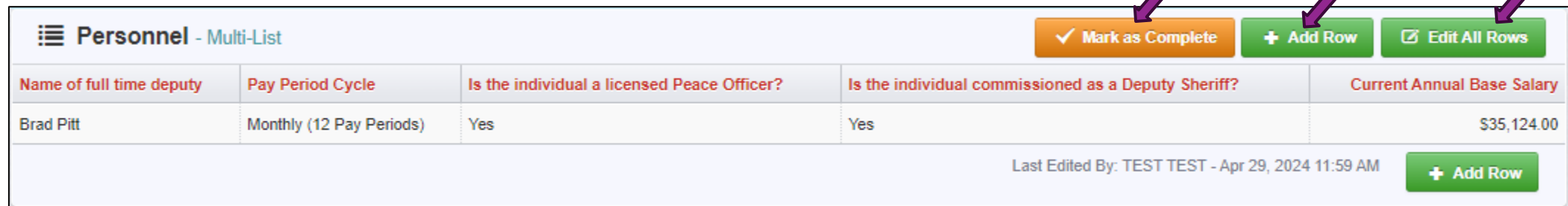
Provide the total annual salary for this employee, not to include supplements such as cell phone allowance.

Current Annual Base Salary*:

Save Row

List of Deputies, cont.

- ▶ Continue to “Add Row” for each desired deputy



Personnel - Multi-List					✓ Mark as Complete	+ Add Row	✎ Edit All Rows
Name of full time deputy	Pay Period Cycle	Is the individual a licensed Peace Officer?	Is the individual commissioned as a Deputy Sheriff?	Current Annual Base Salary			
Brad Pitt	Monthly (12 Pay Periods)	Yes	Yes	\$35,124.00			
Last Edited By: TEST TEST - Apr 29, 2024 11:59 AM					+ Add Row		

- ▶ Once all deputies have been entered, you may select, “Edit All Rows” to do a mass edit of the form
- ▶ Select, “Mark as Complete” once the form is completed

Application Forms

- ▶ Select “Certified Assurances”

Application Preview Attachments Alert History Map

Application Details [Preview Application](#) [Withdraw](#)

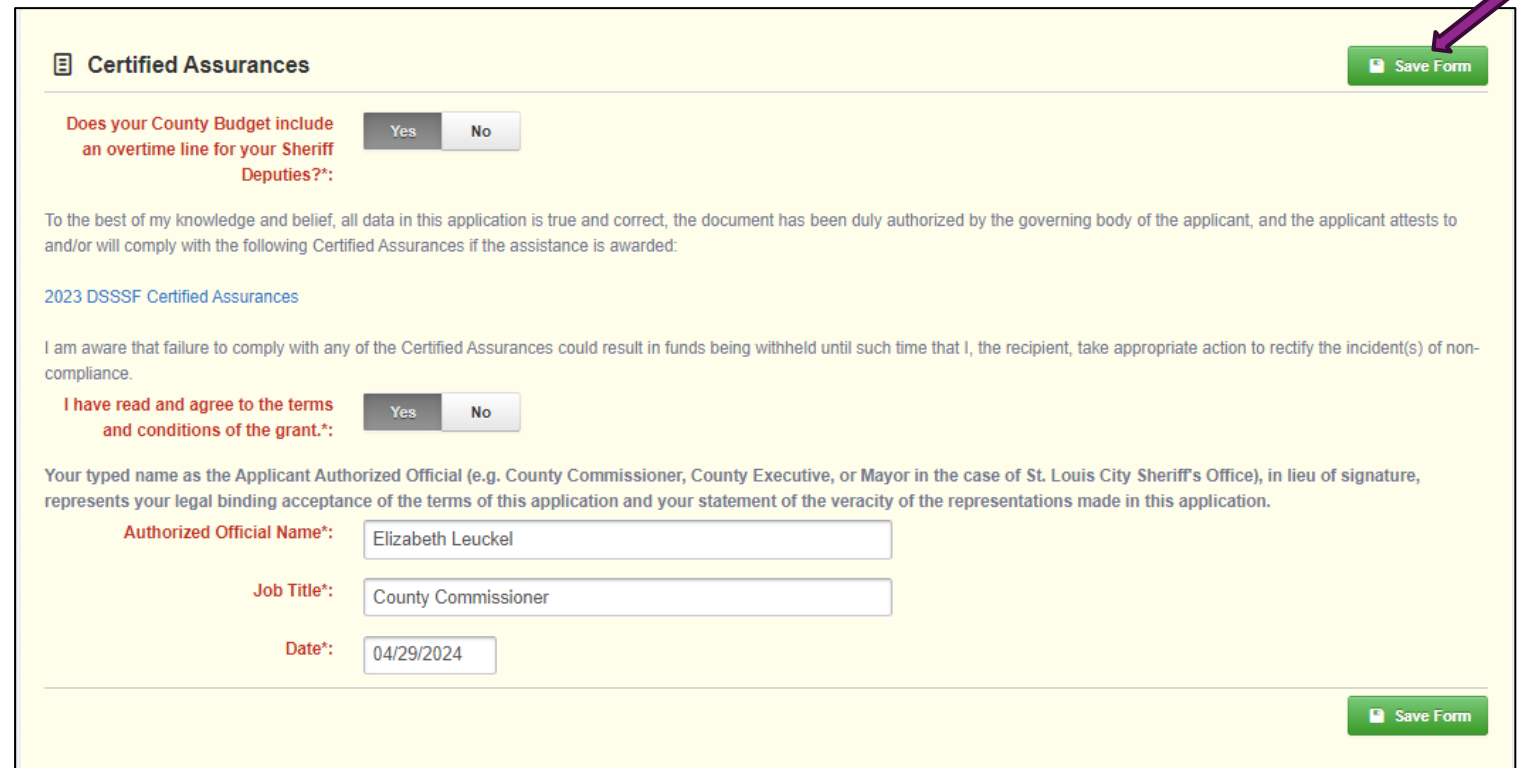
Application cannot be Submitted Currently

- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Apr 29, 2024 11:32 AM - TEST TEST
Contact Information	✓	Apr 29, 2024 11:37 AM - TEST TEST
List of Deputies	✓	Apr 29, 2024 11:59 AM - TEST TEST
Certified Assurances ←	-	-
Other Attachments	-	-

Certified Assurances

- ▶ Used to ensure the appropriate Authorized Official agrees to participate in the program
- ▶ Complete each question
- ▶ Once complete, select “Save Form”



Certified Assurances Save Form

Does your County Budget include an overtime line for your Sheriff Deputies?: Yes No

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:

2023 DSSSF Certified Assurances

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.

I have read and agree to the terms and conditions of the grant.?: Yes No

Your typed name as the Applicant Authorized Official (e.g. County Commissioner, County Executive, or Mayor in the case of St. Louis City Sheriff's Office), in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.

Authorized Official Name*: Elizabeth Leuckel

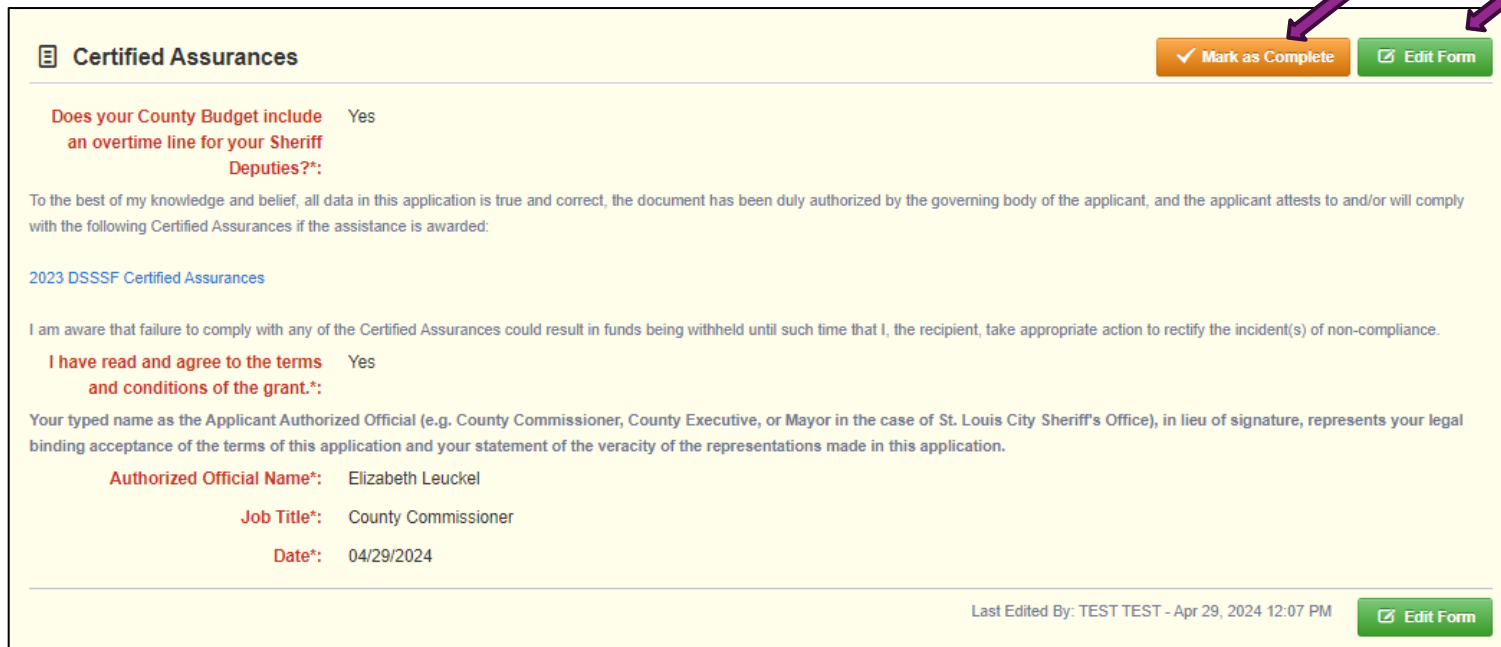
Job Title*: County Commissioner

Date*: 04/29/2024

Save Form

Certified Assurances, cont.

- ▶ If the form needs any edits, select “Edit Form”
- ▶ If the form is correct, select “Mark as Complete”



Certified Assurances ✓ Mark as Complete ✎ Edit Form

Does your County Budget include an overtime line for your Sheriff Deputies?* Yes

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:

[2023 DSSSF Certified Assurances](#)

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.

I have read and agree to the terms and conditions of the grant.* Yes

Your typed name as the Applicant Authorized Official (e.g. County Commissioner, County Executive, or Mayor in the case of St. Louis City Sheriff's Office), in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.

Authorized Official Name*: Elizabeth Leuckel
Job Title*: County Commissioner
Date*: 04/29/2024

Last Edited By: TEST TEST - Apr 29, 2024 12:07 PM ✎ Edit Form

Application Forms

- ▶ Select “Other Attachments”
 - ▶ Attachments are optional (i.e. benefit rate sheet(s))

Component	Complete?	Last Edited
General Information	✓	Apr 29, 2024 11:32 AM - TEST TEST
Contact Information	✓	Apr 29, 2024 11:37 AM - TEST TEST
List of Deputies	✓	Apr 29, 2024 11:59 AM - TEST TEST
Certified Assurances	✓	Apr 29, 2024 12:07 PM - TEST TEST
Other Attachments		-

Application cannot be Submitted Currently

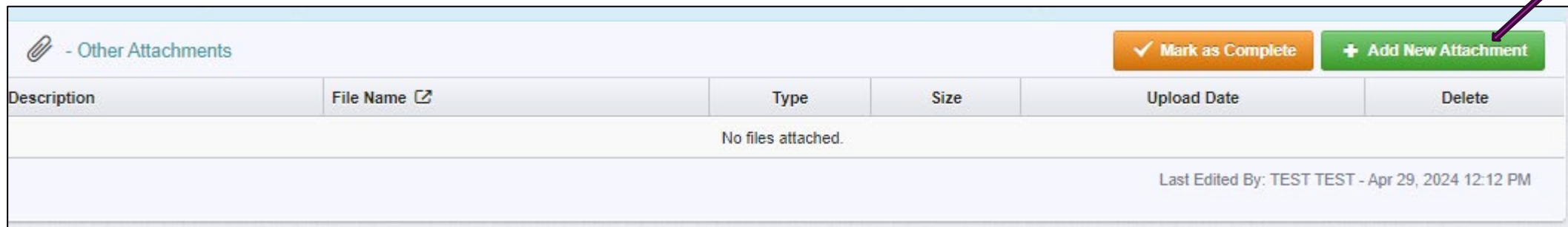
- Application components are not complete

Application Preview Attachments Alert History Map

Preview Application Withdraw

Other Attachments

- ▶ If attachments are desired, select “Add New Attachment”



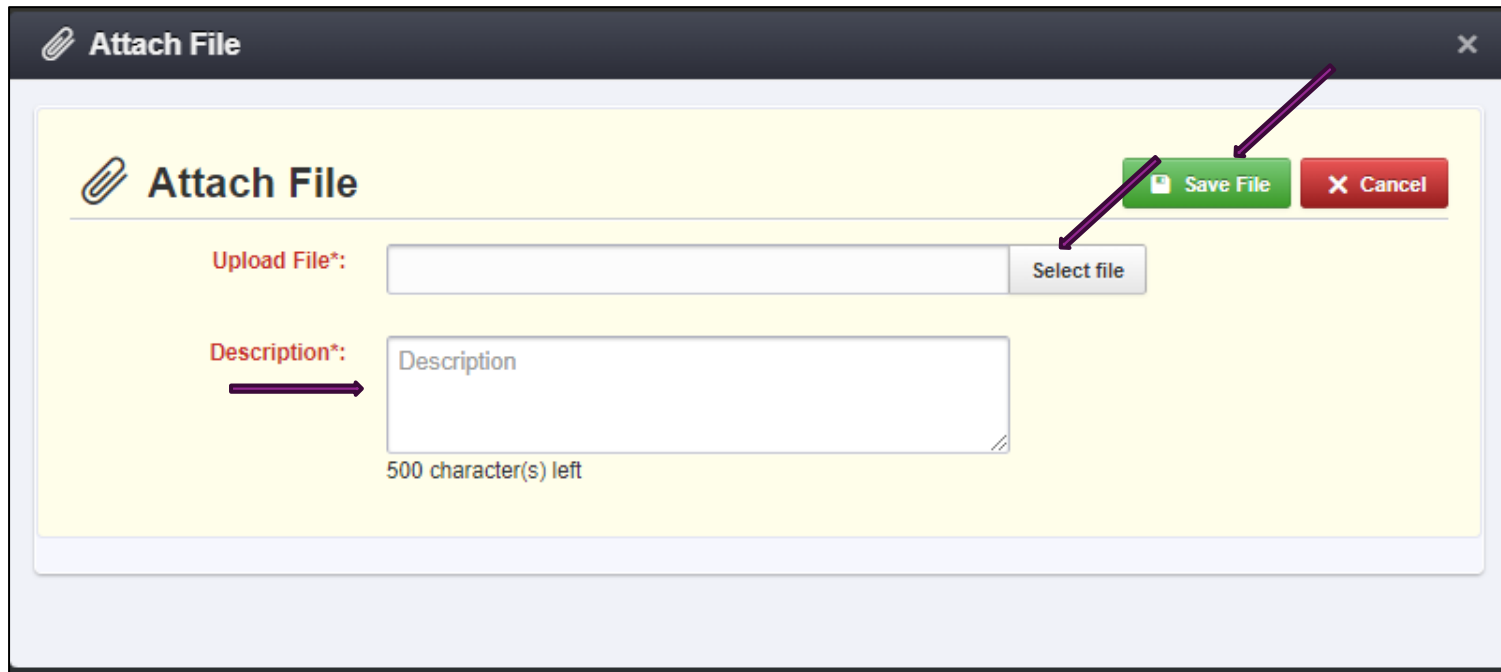
The screenshot displays a user interface for managing attachments. At the top left, there is a paperclip icon and the text "- Other Attachments". To the right of this header are two buttons: an orange "✓ Mark as Complete" button and a green "+ Add New Attachment" button. A purple arrow points to the "Add New Attachment" button. Below the header is a table with the following columns: "Description", "File Name" (with a link icon), "Type", "Size", "Upload Date", and "Delete". The table body contains the text "No files attached." and a footer that reads "Last Edited By: TEST TEST - Apr 29, 2024 12:12 PM".

Description	File Name 🔗	Type	Size	Upload Date	Delete
No files attached.					

Last Edited By: TEST TEST - Apr 29, 2024 12:12 PM

Other Attachments, cont.

- ▶ Browse your computer to select a document, by selecting “Select file”
- ▶ Provide a description and select “Save File”




The screenshot shows a dialog box titled "Attach File" with a close button (X) in the top right corner. The dialog has a yellow background and contains the following elements:

- A paperclip icon and the text "Attach File" at the top left.
- An "Upload File*" label next to a text input field. A grey button labeled "Select file" is positioned to the right of the input field. A purple arrow points to this button.
- A "Description*" label next to a text area containing the word "Description". A purple arrow points to this label.
- A character count "500 character(s) left" below the text area.
- At the bottom right, there are two buttons: a green "Save File" button with a document icon and a red "Cancel" button with an X icon. A purple arrow points to the "Save File" button.


Other Attachments, cont.

- ▶ Even if no attachment was added, the form must be marked as complete

NOTE: Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

 - Other Attachments

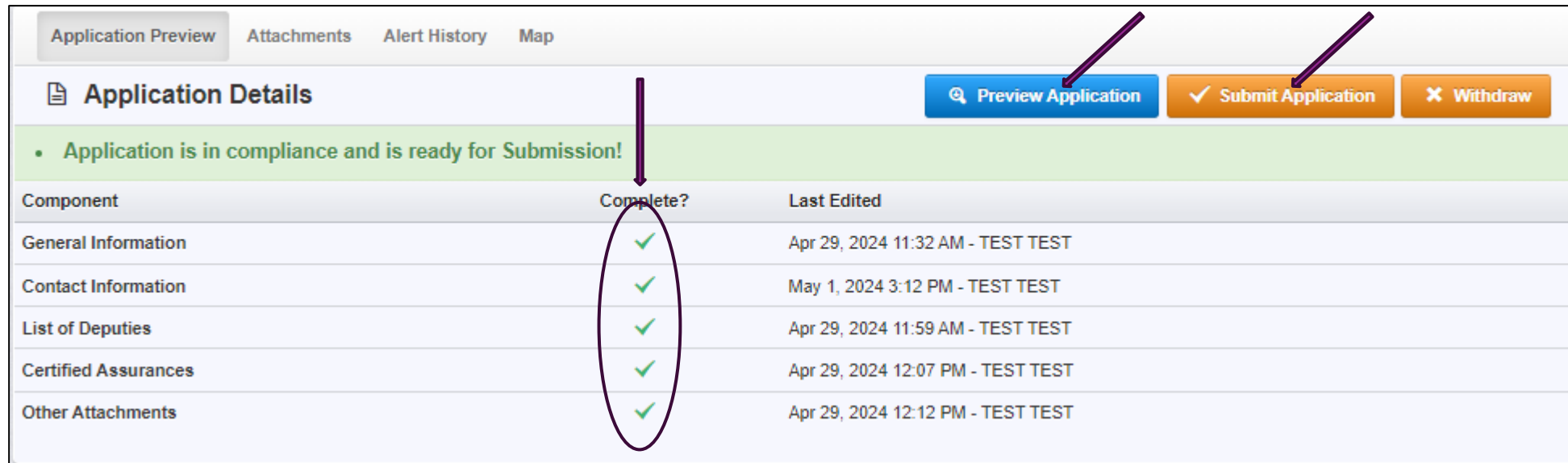
[✓ Mark as Complete](#) [+ Add from Doc Repository](#) [+ Add New Attachment](#)

Description	File Name 	Type	Size	Upload Date	Delete
No files attached.					

Last Edited By: TEST TEST - Apr 29, 2024 12:12 PM

Application submission

- ▶ When all forms have been completed and marked as complete, select “Preview Application” to save hard copy for files and once complete, select “Submit Application” to submit the application



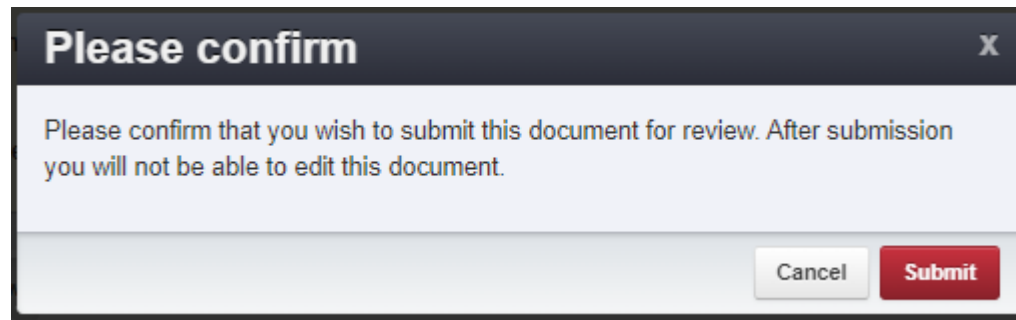
The screenshot displays the 'Application Details' page. At the top, there are navigation tabs: 'Application Preview', 'Attachments', 'Alert History', and 'Map'. Below these are three buttons: 'Preview Application' (blue), 'Submit Application' (orange), and 'Withdraw' (orange). A green banner message states: 'Application is in compliance and is ready for Submission!'. Below this is a table with the following data:

Component	Complete?	Last Edited
General Information	✓	Apr 29, 2024 11:32 AM - TEST TEST
Contact Information	✓	May 1, 2024 3:12 PM - TEST TEST
List of Deputies	✓	Apr 29, 2024 11:59 AM - TEST TEST
Certified Assurances	✓	Apr 29, 2024 12:07 PM - TEST TEST
Other Attachments	✓	Apr 29, 2024 12:12 PM - TEST TEST

Red arrows point from the 'Preview Application' and 'Submit Application' buttons to the text in the list above. A red oval highlights the 'Complete?' column, with a red arrow pointing from the green banner message to the first row of the table.

Application submission, cont.

- ▶ You will then receive a confirmation pop-up



- ▶ You will not be able to edit the application, once it is submitted
- ▶ **Applications must be submitted by May 31, 2024, 4:00 pm CST**

Application submission, cont.

- ▶ The Primary Contact for the application will receive an email from WebGrants confirming the application was submitted

From: dpswebgrants@dps.mo.gov <dpswebgrants@dps.mo.gov>

Sent: Wednesday, May 1, 2024 3:20 PM

To: dpswebgrants <dpswebgrants@dps.mo.gov>

Subject: WebGrants - Missouri Department of Public Safety - Application - #28126 - Submitted

**** DO NOT RESPOND TO THIS EMAIL ****

The following Application has been submitted:

Application Number: 28126

Project Title: 2025 DSSSF Whoville County Sheriff's Office

Program Area: Deputy Sheriff Salary Supplementation Fund

Applicant Agency: BaseLine Organization

Primary Contact: TEST TEST

If this email requires your attention, you may log into the WebGrants grants management system at <https://dpsgrants.dps.mo.gov>. You can view or print a copy of the submitted application under the "My Applications" module.

You may now log into the WebGrants system at the following location:

[https://dpsgrants.dps.mo.gov/](https://dpsgrants.dps.mo.gov)

Important Dates

- ▶ Application Period: May 1, 2024 – May 31, 2024, 4:00 p.m. CST
- ▶ Compliance Workshop: July 2024
- ▶ Program Start Date: July 1, 2024
- ▶ Program End Date: June 30, 2025
- ▶ Status Report Due: July 10, 2025

SFY 2025 DSSSF Contact Information

For any questions, please contact our office

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