## Application Cover Sheet FY22 Local DWI Program Distribution and Grant Funding Local Government Division - DFA

Prevention  Law Enforcement  Screening  Treatment  Compl. Mtr./track  Coord/Plan& Eval.  Alt. Sentencing  Total  Total Distrib. Request  Request  Total Grant Request  Certification:  The attached resolution adopted by the governing body of on authorizes the	Prevention  Law Enforcement  Screening  Treatment  Compl. Mtr./track  Coord/Plan& Eval.  Alt. Sentencing  Total  Total Distrib.  Request  Total Grant  Request  Certification:  The attached resolution adopted by the governing body of on authorizes the (Date)	DWI Program Coordinator: Name: Address: City, Zip: Telephone: E-Mail:		Address where p Contact Person: Mailing Address: City, Zip: Telephone: E-Mail:		received as listed on
Prevention  Law Enforcement  Screening  Treatment  Compl. Mtr./track  Coord/Plan& Eval.  Alt. Sentencing  Total  Total Distrib. Request  Request  Total Grant Request  Certification:  The attached resolution adopted by the governing body of on authorizes the	Prevention  Law Enforcement  Screening  Treatment  Compl. Mtr./track  Coord/Plan& Eval.  Alt. Sentencing  Total  Total Distrib. Request  Total Grant Request  Certification:  The attached resolution adopted by the governing body of	Ind	icate amounts budget	ed for each c	ompone	ent area.
Law Enforcement  Screening  Treatment  Compl. Mtr./track  Coord/Plan& Eval.  Alt. Sentencing  Total  Total Distrib. Total Grant Request  Request  Total Program Request  Certification:  The attached resolution adopted by the governing body of on authorizes the	Law Enforcement  Screening  Treatment  Compl. Mtr./track  Coord/Plan& Eval.  Alt. Sentencing  Total  Total Distrib. Request  Request  Total Grant Request  Certification:  The attached resolution adopted by the governing body of on authorizes the (Applicant) (Date)  applicant to file this application for assistance from the State of New Mexico. To the best of my knowledge,		<u>Distribution</u>	<u>Grant</u>		Component Total
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applicant to file this application for assistance from the State of New Mexico. To the best of my knowledge,	applicant to file this application for assistance from the State of New Mexico. To the best of my knowledge,	The attached resolution adopte	d by the governing body of _			
the information presented in this application is true and correct.				e of New Mexico.		

Signature of County Commissioner/Mayor

Printed Name/Title