

**Local Driving While Intoxicated Grant Fund
Fiscal Year 2022**

**APPLICATION FOR LDWI DISTRIBUTION AND
GRANT FUNDED SERVICES, ACTIVITIES, AND
PROGRAMS**

*The mission of the Local DWI Grant Program is to reduce the
incidence of DWI, alcoholism, alcohol abuse and alcohol
related domestic violence.*

**Local Driving While Intoxicated Bureau
Department of Finance and Administration
Local Government Division
407 Galisteo Street
Bataan Memorial Building
Santa Fe, NM 87501**

Local DWI Distribution and Grant Program

Introduction

The Local DWI Grant Fund is established to support programs, services, or activities to prevent or reduce the incidence of DWI, alcoholism, alcohol abuse and alcohol related domestic violence. Two sources of program funding are available: DWI Distribution and DWI Grants. The funding will support new, innovative or model programs. All FY22 LDWI application forms are located on the Department of Finance and Administration (DFA) website:

<http://www.nmdfa.state.nm.us/fy22-ldwi-application-forms.aspx>

Refer to the LDWI Guidelines, located on the DFA website, for more information regarding program administration: <http://www.nmdfa.state.nm.us/dwi-program-information.aspx>

This application will fund the fiscal year July 1, 2021 through June 30, 2022.

Application Procedures, Forms and Content

Electronic submission:

- One (1) complete LDWI application must be submitted electronically (PDF) to:
Julie.Krupcale@state.nm.us

All electronic applications must be received at the Local Government Division by 4:00 p.m. Thursday, March 4, 2021.

The eligible applicant's governing body must authorize the county (or municipality acting as fiscal agent for the county) to submit the application by resolution.

Application Forms and Content

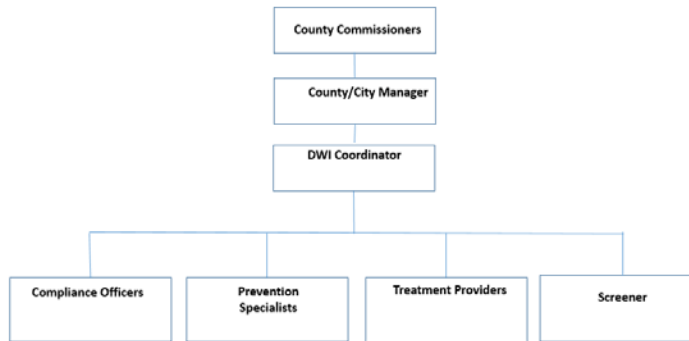
The fiscal year 2022 application includes both distribution and grant funding requests. The application must be organized and indexed with a Table of Contents, which contains all of the items listed below:

1. **Application Cover Sheet** – Includes contact information for the DWI Coordinator and the location where payment is received within the county/municipality. Information must match the county/city W-9 form that is on file with DFA for payments to be processed.
2. **Table of Contents** – Enter page numbers for each form on the Table of Contents
3. **Resolution** – Must be adopted by the County Commission and the City Council of any Municipality acting as fiscal agent for the County.

4. **Statement of Assurances** – Must be signed by the County Commission Chairperson or the Mayor if the municipality acting as a fiscal agent for the County.
5. **Memorandum of Understanding (MOU)** – Must be signed by the County Commission Chairperson or the Mayor if the municipality acting as a fiscal agent for the County.
6. **Personnel Contact Information Forms** - Complete all contact information.
 - Local DWI Program Personnel
 - County/City Personnel
 - Local DWI Voting Planning Council Members
7. **Application Narrative** – Use this section to describe the county program by providing the information requested.
8. **Law Enforcement Funding Request** – Complete one form for each participating agency, if applicable.
9. **Treatment Questionnaire(s)** – Complete one form for in-house treatment services and one for each contracted treatment provider, if applicable.
10. **Licensure and Certificates** - Provide licensures and certificates for any known treatment, prevention or screening providers. If that licensure requires supervision, include the licensure of the required supervisor. To determine whether supervision is required, please refer to the New Mexico Regulation and Licensing Department: [http://www.rld.state.nm.us/uploads/files/Rule%20Book\(1\).pdf](http://www.rld.state.nm.us/uploads/files/Rule%20Book(1).pdf)
11. **Letters of Support** – Include a minimum of three (3) and a maximum of five (5) signed letters of support from local county entities, Native American communities, associations, etc., to show public participation in the planned implementation of the program's efforts. Do not include letters from staff or contractors.
12. **Organizational Chart** – Identify who the DWI Coordinator reports to and who reports to the DWI Coordinator.

Example:

Neverland County DWI Program



13. **Budgets (Exhibits J-J7) – Distribution and grant budgets must be completed individually.** Budgets must reflect reasonable and justified costs appropriate to the proposed activities and demonstrate sound and economical use of resources for the fiscal period of the application. Budgets must identify a minimum of 10% local in-kind match, including screening fees collected to be eligible for LDWI Funds.

Application Review

The Local Government Division (Division) staff shall review all applications for eligibility, completeness, and compliance. If the application is deficient in any of these areas, the Division will promptly notify the applicant. The applicant must immediately submit the information and modification requested to correct the issue no later than 4:00 pm on March 15, 2021.

Applicants that do not respond by the deadline will be disqualified.

If the applicant is not current with screening and tracking data, financial reports, and all other reports, this will be reflected on the Recommendation Summary Sheet for the DWI Grant Council to review.

Review of Applications

Staff recommendations for approval of distribution and grant funding will be made to the DWI Grant Council. The application must be complete, eligible, in compliance with regulations and score a minimum of 70 points when rated according to the criteria set forth in the regulations.

Review Criteria

Maximum rating for an application is 100 Points. Each area of review is rated at the following value:

	Points	Criteria
1.	Verified	The program has a screening process established.
2.	Verified	The program is tracking DWI offenders in the database approved by DFA.
3.	Verified	The program has an established Local DWI Planning Council.
4.	Verified	The application includes letters of support.
5.	Verified	The application includes required licensure, if appropriate.
6.	Verified	The application contains a program organizational chart.
7.	Verified	Capital Purchases and judicial support does not exceed 10%. Teen Court does not exceed \$30,000. Promotional expenditures do not exceed 1% of budget or \$1,000.
8.	20	<ol style="list-style-type: none"> 1. The application contains local statistical data. 2. The application identifies the DWI offender population. 3. The application identifies gaps and needs based on the data. 4. The application contains a narrative to explain the data. 5. The application identifies other challenges/barriers and strategies to address them
9.	18	<ol style="list-style-type: none"> 1. The application contains an overall description of the program and activities. 2. The application describes the reason for component selection. 3. The application provides a description of the proposed activities for each component. 4. The application describes how components are being evaluated.
10.	30	<ol style="list-style-type: none"> 1. The application contains a balanced budget. 2. The application contains a clear breakdown of proposed costs and expenses. 3. The application contains a clear justification of the budget with descriptions of the proposed costs and expenses.
11.	12	<ol style="list-style-type: none"> 1. Program submits documents and reports timely. 2. Program submits documents and reports correctly. 3. The program coordinator is responsive to the DFA program manager.
12.	16	<ol style="list-style-type: none"> 1. The application describes how the local DWI Planning Council represents the community including tribal/pueblo involvement. 2. The application describes the involvement of the DWI Council in developing the application. 3. The application describes community participation and collaboration with other entities, including how collaborative efforts advance the goals of the program. 4. The application describes the referral process between the program and the Courts.
13.	Verified	<ol style="list-style-type: none"> 1. The application clearly identifies screening fees in the in-kind match budget, and where appropriate, explanation for how fees are spent (e.g. salary). 2. The application identifies at least 10% in-kind match, and the funding source (county, city, other). 3. The application explains any screening budget request. (Screening should be self-funded)
14.	4	1. The application identifies new, innovative or model activities for each funded component.

Selection

The DWI Grant Council will review staff recommendations and will make grant program funding decisions and distribution program approvals in an open public meeting held in accordance with the Open Meeting Act. The Council may adjust the scope and dollar amounts of applications for grant programs. The Council will make its grant program funding and distribution program approval determinations by a majority vote of the council. **A representative of the Program/Fiscal Agent which is requesting LDWI funding must attend the Council meeting at which the funding will be considered.**

Once approvals are made by the DWI Grant Council, component funding and program activities are subject to final review by the LDWI program staff. Before LDWI will issue grant agreements, each local DWI Program will be required to submit revised budgets and scopes of work to reflect actual programs, activities, and services to be implemented with the approved funding.

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

County/Municipality: _____

DWI Program Coordinator:

Name: _____
 Address: _____
 City, Zip: _____
 Telephone: _____
 E-Mail: _____

Address where payment is received as listed on current W-9:

Contact Person: _____
 Mailing Address: _____
 City, Zip: _____
 Telephone: _____
 E-Mail: _____

Indicate amounts budgeted for each component area.

	<u>Distribution</u>	<u>Grant</u>	<u>Component Total</u>
Prevention	_____	_____	_____
Law Enforcement	_____	_____	_____
Screening	_____	_____	_____
Treatment	_____	_____	_____
Compl. Mtr./track	_____	_____	_____
Coord/Plan& Eval.	_____	_____	_____
Alt. Sentencing	_____	_____	_____
Total	_____	_____	_____
	Total Distrib. Request	Total Grant Request	Total Program 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,
 the information presented in this application is true and correct.

 Printed Name/Title

 Signature of County Commissioner/Mayor

Table of Contents

Section One: Signed Forms

Page #

Application Cover Sheet	
Resolution	
Statement of Assurances	
Memorandum of Understanding	

Section Two: Application Forms

Local DWI Program Personnel	
County/City Personnel	
Local DWI Planning Council Members	
Application Narrative	
Law Enforcement Funding Request(s), if applicable	
Treatment Questionnaire(s), if applicable	
Licensure and Certificates, if applicable	
Letters of Support	
Organizational Chart	

Section Three: Distribution Budget and Appendices

Distribution Exhibits J - J7	
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Section Four: Grant Budget and Appendices

Grant Exhibit J - J7	
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Local DWI Program Personnel – Complete all contact information.

<p>Coordinator: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____ Cell: _____</p>	<p>Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____</p>
<p>Prevention: Name: _____ Title/Organization: _____ Email: _____</p>	<p>Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____</p>
<p>Screening: Name: _____ Title/Organization: _____ Email: _____</p>	<p>Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____</p>
<p>Treatment: Name: _____ Title/Organization: _____ Email: _____</p>	<p>Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____</p>
<p>Compliance: Name: _____ Title/Organization: _____ Email: _____</p>	<p>Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____</p>
<p>Alternative Sentencing: Name: _____ Title/Organization: _____ Email: _____</p>	<p>Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____</p>
<p>Evaluation: Name: _____ Title/Organization: _____ Email: _____</p>	<p>Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____</p>

County/City Personnel - Complete all contact information.

<p>County/City Manager: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>	<p>Mayor: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>
<p>County Commission Chair: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>	<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>
<p>Finance Director: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>	<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>
<p>County/City Treasurer: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>	<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>
<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>	<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>
<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>	<p>Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____</p>

FOR REFERENCE ONLY

Complete Questions and Narrative in the Word document included with the application.

FY22 LDWI Application Questions & Narrative

Statistical Analysis

1. **Describe the DWI offender population using relevant and current statistical data.** Include characteristics such as: age, gender, employment status, education, etc.

Gaps and Needs

2. **Describe local gaps and needs.** Based on statistical data, describe the gaps and needs as they relate to DWI trends and issues in the county. Identify any additional challenges or barriers to addressing DWI, alcoholism and alcohol abuse, and the existing or proposed strategies to address them.

Reason for Component Selection

Complete the information below for each component based on statistics that describe the local gaps and needs.

3. **Prevention:**
 - a. Explain why this component was selected.
 - b. Discuss the activities, services and programs that will be administered as part of this component. *Identify whether they are new, innovative or model.*
 - c. Describe any changes to activities, services and programs that were implemented as a result of Covid-19.
 - d. Describe how the activities, services, and programs are being evaluated.

If not requesting LDWI funding for Prevention, describe how this component need is met in your county.

4. **Law Enforcement:**
 - a. Explain why this component was selected.
 - b. Discuss the collaboration efforts between law enforcement agencies and the Local DWI Program.
 - c. Identify the activities to be administered by law enforcement agencies.
 - d. Describe any changes to activities that were implemented as a result of Covid-19.

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- e. List any potential equipment requests with justification for their purchase.
- f. Describe how the activities are being evaluated.
- g. If requesting funding for a full-time DWI officer, provide justification.

If not requesting LDWI funding for Enforcement, describe how this component need is met in your county.

5. **Screening:**

- a. Explain the screening process including how clients are referred to the program for screening.
- b. List the tool(s) and database(s) involved in the process.
- c. What is the fee structure imposed by the court?
- d. Describe how the screening process is evaluated.

6. **Outpatient/Jail Based Treatment:**

- a. Explain why this component was selected.
- b. Discuss the services and programs that will be administered as part of this component. *Identify whether they are new, innovative or model.*
- c. Describe any changes to services and programs that were implemented as a result of Covid-19.
- d. List any fees collected by the Local DWI program.
- e. Describe how the services and programs are being evaluated.

If not requesting LDWI funding for Treatment, describe how this component need is met in your county.

7. **Compliance Monitoring/Tracking:**

- a. Explain why this component was selected.
- b. Describe the client referral process between each of the Courts (District, Metro, Magistrate, Municipal or Tribal) in the county.
- c. Describe the services that will be administered as part of this component. *Identify whether they are new, innovative or model.*

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- d. List the tool(s) and database(s) involved in the process.
- e. Describe any changes to services and programs that were implemented as a result of Covid-19.
- f. List any fees collected by the Local DWI program.
- g. Describe how the services are being evaluated.

If not requesting LDWI funding for Compliance, describe how this component need is met in your county.

8. Alternative Sentencing:

- a. Explain why this component was selected.
- b. Discuss the activities, services and programs that will be administered as part of this component. *Identify whether they are new, innovative or model.*
- c. Describe any changes to activities, services and programs that were implemented as a result of Covid-19.
- d. Describe how the activities, services, and programs are being evaluated.

If not requesting LDWI funding for Alternative Sentencing, describe how this component need is met in your county.

Community Participation

9. Local DWI Planning Council:

- a. Describe how the local DWI Planning Council represents the community, including tribal and pueblo representation, and the ongoing community involvement in the planned implementation and evaluation of the program's efforts.
- b. Describe the involvement of the DWI Planning Council in developing the application.

10. Collaboration:

- a. Explain any current or planned collaboration efforts the program has with community members and other agencies/organizations in the county, including the rural, frontier, tribal and pueblo communities.
- b. Describe how these collaborative efforts further advance the goals of the program.

11. Outreach:

- a. Explain the strategies/outreach efforts used to educate community members (including county/city officials, legislators, and stakeholders) about the activities, services and programs provided by the Local DWI program.
- b. How are those outreach efforts measured?

Complete Questions and Narrative in the Word document included with the application.

Law Enforcement Funding Request FY22

COMPLETE ONE FORM FOR EACH PARTICIPATING AGENCY

Law Enforcement Agency: _____							
Activity	Check all that apply	Number of planned activities	Number of anticipated DWI / alcohol related arrests	Number of officers required for each activity	Estimated number of hours for each activity	Estimated total cost	
Checkpoints							
Directed patrols							
Shoulder taps							
Underage drinking							
Other							
Total							
		Type of Equipment – Please include name and description			Cost per unit	Number of units	Total cost
*Equipment							
*Must be related to DWI enforcement/activities.							
TOTAL COSTS:							
By signing below, agencies agree that participating enforcement officers will have and maintain law enforcement certifications in all areas necessary to conduct checkpoint and directed patrol activities.							
Authorized Signature of Law Enforcement Agency: _____ Date: _____ Printed name: _____ Title: _____							
Other information (optional):							

FY22 Mandatory Treatment Questionnaire – Complete one form for in-house treatment services and one for each contracted treatment provider.

<p>Provider Name: _____</p> <p>Can this provider bill Medicaid or any other medical insurance:</p> <p> Yes</p> <p> No</p> <p>If No, is there a plan in place to become a Medicaid provider:</p>	
1	<p>Please describe what treatment service(s) the program will provide:</p> <p> Intensive Outpatient Services (IOP)</p> <p> Outpatient treatment/therapy</p> <p> Peer Support</p> <p> Comprehensive Community Support Services (CCSS)</p> <p> Psychoeducation</p> <p> AccuDetox</p> <p> Other treatment/therapy. Please describe:</p>
2	<p>Which evidence-based program(s) (EBP) or promising practice will be used in the treatment program such as Moral Reconciliation Therapy (MRT), Stages of Change, Community Reinforcement and Family Training (CRAFT), etc.? Please list all:</p>

3	Briefly describe how the treatment component functions, from intake to discharge, including intensity and duration of services:
4	Will you refer to a less intensive level of care when the individual completes the treatment program provided? No Yes If Yes, list available options:
5	a. How often will you report attendance and treatment progress for clients served to the DWI Coordinator and/or Compliance staff? b. Please describe how the progress is reported

6	<p>List cost per client per program component:</p> <p>Intensive Outpatient Services (IOP): _____</p> <p>Outpatient treatment/therapy: _____</p> <p>Peer Support: _____</p> <p>CCSS: _____</p> <p>Psychoeducation: _____</p> <p>AccuDetox: _____</p> <p>Other treatment/therapy. Please describe:</p>
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FY22 LDWI Distribution Application
Revenues and Expenditures

**Local DWI Distribution Program
Revenue/Expenditure Roll Up – Exhibit J**

County/Municipality _____

Revenue Breakdown

Local DWI Program _____	In-Kind Match:	
	Program Generated Fees	_____
	County	_____
	City	_____
	Judicial/Courts	_____
	Other:	_____
	Other:	_____
	Other:	_____
	Total:	_____

Expenditure Breakdown

LDWI Distribution		In-Kind Match	
<u>Program</u>		<u>Administrative</u>	
Personnel Services	_____	Personnel Services	_____
Employee Benefits	_____	Employee Benefits	_____
Travel (in-state)	_____		
Travel (out-of-state)	_____	<u>Program</u>	
Supplies	_____	Personnel Services	_____
Operating Costs	_____	Employee Benefits	_____
Contractual Services	_____	Travel (in-state)	_____
Minor Equipment	_____	Travel (out-of-state)	_____
Capital Purchases	_____	Supplies	_____
		Operating Costs	_____
		Contractual Services	_____
		Minor Equipment	_____
		Capital Purchases	_____
		Total	_____

Distribution Exhibit J1 - Prevention

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Prevention, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide detailed cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Distribution Exhibit J2 - Law Enforcement

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Enforcement, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide detailed cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Distribution Exhibit J3 - Screening

All spent screening fees must be reported as in-kind match.

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Screening, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide detailed cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Distribution Exhibit J4 - Treatment

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Treatment, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide detailed cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Distribution Exhibit J5 - Compliance Monitoring/Tracking

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Compliance Monitoring/Tracking, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide detailed cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Distribution Exhibit J6 - Coordination, Planning & Evaluation

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Coordination, Planning & Evaluation, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide detailed cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Distribution Exhibit J7 - Alternative Sentencing

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Alternative Sentencing, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Distribution

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide detailed cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

FY22 LDWI Grant Application

Revenues and Expenditures

11-6A-3.G. Sixty-five percent of the DWI grants awarded to local communities shall be used for alcohol-related treatment and detoxification programs.

**Local DWI Grant Program
Revenue/Expenditure Roll Up - Exhibit J**

County/Municipality _____

Revenue Breakdown

Local DWI Program _____	In-Kind Match:	
	Program Generated Fees	_____
	County	_____
	City	_____
	Judicial/Courts	_____
	Other:	_____
	Other:	_____
	Other:	_____
	Total:	_____

Expenditure Breakdown

LDWI Grant		In-Kind Match	
<u>Program</u>		<u>Administrative</u>	
Personnel Services	_____	Personnel Services	_____
Employee Benefits	_____	Employee Benefits	_____
Travel (in-state)	_____		
Travel (out-of-state)	_____	<u>Program</u>	
Supplies	_____	Personnel Services	_____
Operating Costs	_____	Employee Benefits	_____
Contractual Services	_____	Travel (in-state)	_____
Minor Equipment	_____	Travel (out-of-state)	_____
Capital Purchases	_____	Supplies	_____
		Operating Costs	_____
		Contractual Services	_____
		Minor Equipment	_____
		Capital Purchases	_____
		Total	_____

Grant Exhibit J1 - Prevention

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Prevention, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Grant

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Grant Exhibit J2- Law Enforcement

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Law Enforcement, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Grant

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Distribution Exhibit J3 - Screening

All spent screening fees must be reported as in-kind match.

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Screening, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Grant

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Grant Exhibit J4 - Treatment

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Treatment, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Grant

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Grant Exhibit J5 - Compliance Monitoring/Tracking

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Compliance Monitoring/Tracking, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Grant

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Grant Exhibit J6 - Coordination, Planning & Evaluation

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Coordination, Planning & Evaluation, you must complete the following

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Grant

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Grant Exhibit J7 - Alternative Sentencing

Request Amount: _____ **In-Kind Match:** _____

If funding is requested or you are reporting in-kind match for Alternative Sentencing, you must complete the following:

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Grant

Line Item	Amount	Explanation/Justification
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

Line Item	Amount	Explanation/Justification
<i>ADMINISTRATIVE</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
<i>PROGRAM</i>		
Personnel Services	_____	_____
Employee Benefits	_____	_____
Travel (In-State)	_____	_____
Travel (Out-of-State)	_____	_____
Supplies	_____	_____
Operating Costs	_____	_____
Contractual Services	_____	_____
Minor Equipment	_____	_____
Capital Purchases	_____	_____

FY22 LDWI Application Completeness Checklist

Submission: Electronic - One (1) application emailed to Julie Krupcale

Application Cover Sheet – with wet or electronic signatures

Table of Contents – with page numbers

Resolution – with wet or electronic signatures

Statement of Assurances – with wet or electronic signatures

MOU – with wet or electronic signatures

Application Forms, including:

Local DWI Program Personnel

County/City Personnel

Local DWI Voting Planning Council Members

Application Narrative

Law Enforcement Funding Request – if applicable

Treatment Questionnaire(s) – if applicable

Licensure and Certificates

Letters of Support – At least 3

Organizational Chart – Clearly identifies DWI coordinator and staff

Budget and Justification (Exhibits J-J7) forms:

Distribution Grant

Roll-Up (Exhibit J)

Prevention (J1)

Enforcement (J2)

Screening (J3)

Outpatient/Jail-Based Treatment (J4)

Compliance Monitoring/Tracking (J5)

Coordination, Planning & Evaluation (J6)

Alternative Sentencing (J7)

Indirect administrative Costs are budgeted as In-Kind Match (if applicable)

Teen Court funding is limited to \$30,000 (if applicable)

Judiciary costs are limited to 10% (if applicable)

In-Kind Match from County/Municipality is at least 10% of request:

Distribution

Grant

Screening Fees collected are included as In-Kind Match: Distribution Grant