

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):							