Department of Finance and Administration
Local Government Division - DWI Grant Program
FY27 Special Application

County / Municipality: Select Item **Program Coordinator:** _____

	Current FY27 Grant Budget	Special Application Request	Total Amended Grant Request
Community Wellness & Outreach		0.00	0.00
Treatment		0.00	0.00
Alternative Sentencing		0.00	0.00
Program Administration		0.00	0.00
Total	**0.00**	**0.00**	**0.00**

The resolution adopted in the FY27 LDWI application by the governing body authorizes the 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.

_____ _____
Signature of County/City Manager Date

_____
Printed Name/Title

For DFA Use Only

Is the county eligible? Are the expenses appropriate and allowable, per guidelines?

Application rating: Recommended Funding : $_____

Comments:

Reviewed By:_____

Identify the gaps or needs in programs/services you intend to fill with the special application funding request. Detail how these funds will be used to meet the gaps and needs identified.

Local DWI Special Application

Budget Roll Up – Exhibit J

County/Municipality _____

Revenue Breakdown

LDWI Special Application Request 0.00

In-Kind Match: 0.00

Source of in-kind match

Program Generated Fees	
County	
City	
Total:	0.00

***Minimum 10% in-kind match required**

Expenditure Breakdown

LDWI Funds		**In-Kind Match**	
Line Items		***Line Items***	
Personnel Services	0.00	Personnel Services	0.00
Employee Benefits	0.00	Employee Benefits	0.00
Travel (in-state)	0.00	Travel (in-state)	0.00
Travel (out-of-state)	0.00	Travel (out-of-state)	0.00
Supplies	0.00	Supplies	0.00
Operating Costs	0.00	Operating Costs	0.00
Contractual Services	0.00	Contractual Services	0.00
Minor Equipment	0.00	Minor Equipment	0.00
Capital Purchases	0.00	Capital Purchases	0.00
Components		***Components***	
Community Wellness & Outreach	0.00	Community Wellness & Outreach	0.00
Treatment	0.00	Treatment	0.00
Alternative Sentencing	0.00	Alternative Sentencing	0.00
Program Administration	0.00	Program Administration	0.00

Special Application Exhibit J1 – Community Wellness & Outreach

If funding is requested or you are reporting in-kind match for Community Wellness & Outreach you must complete the following:

Provide cost justifications for the amount requested in Community Wellness & Outreach. Detail expenditures in each line item.

LDWI Funds

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		
Total:	0.00	

Provide cost justifications for the in-kind match in Community Wellness & Outreach. Detail expenditures in each line item.

In-Kind Match

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		
Total:	0.00	

Special Application Grant Exhibit J2 – Treatment

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

Provide cost justifications for the amount requested in Treatment. Detail expenditures in each line item.

LDWI Fund

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		
Total:	0.00	

Provide cost justifications for the in-kind match in Treatment. Detail expenditures in each line item.

In-Kind Match

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		
Total:	0.00	

Special Application Exhibit J3 – Alternative Sentencing

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

Provide cost justifications for the amount requested in Alternative Sentencing.. Detail expenditures in each line item.

LDWI Fund

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		
Total:	0.00	

Provide cost justifications for the in-kind match in Alternative Sentencing. Detail expenditures in each line item.

In-Kind Match

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		
Total:	0.00	

Special Application Exhibit J4 – Program Administration

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

Provide cost justifications for the amount requested in Program Administration. Detail expenditures in each line item.

LDWI Fund

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		
Total:	0.00	

Provide cost justifications for the in-kind match in Program Administration. Detail expenditures in each line item.

In-Kind Match

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		
Total:	0.00	