

**Department of Finance and Administration
Local Government Division - DWI Grant Program
FY24 Special Application**

County / Municipality: _____ Program Coordinator: _____

	<u>Current FY24 Grant Budget</u>	<u>Special Application Request</u>	<u>Total Amended Grant Request</u>
Prevention	_____	_____	_____
Enforcement	_____	_____	_____
Screening	_____	_____	_____
Treatment	_____	_____	_____
Compl. Mtr./Track.	_____	_____	_____
Coord./Plan. & Eval.	_____	_____	_____
Alt. Sentencing	_____	_____	_____
Total	=====	=====	=====

The resolution adopted in the FY24 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.

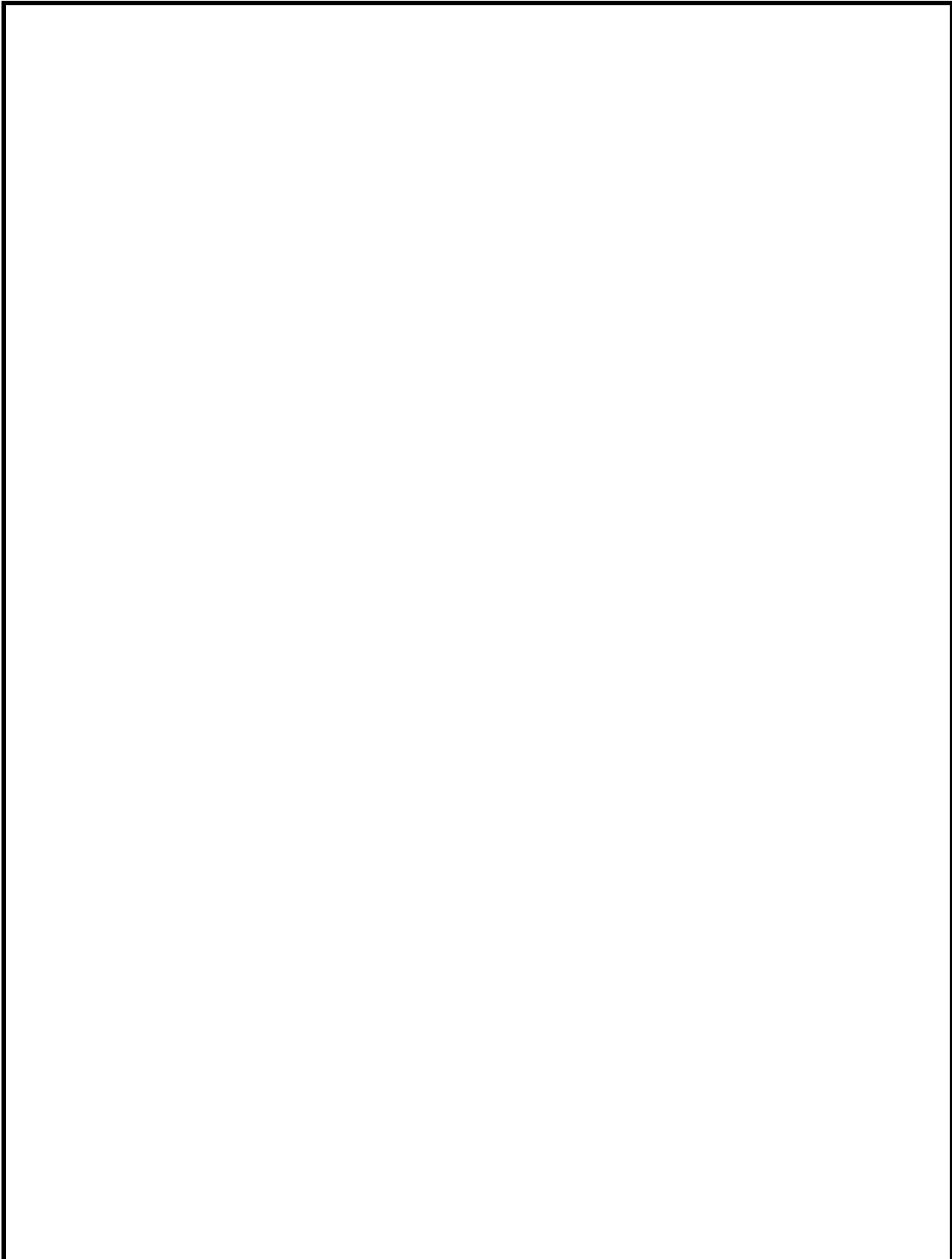
Signature of County/City Manager

Date

Printed Name/Title

For DFA Use Only	
Is the county eligible?	Are the expenses appropriate and allowable, per guidelines?
Application rating:	Recommended Funding : \$ _____
<u>Comments:</u>	
Reviewed By: _____	

1. Describe the circumstances that led to any Grant funds not being spent. (If all Grant funds were expended, skip to question 2.)

A large, empty rectangular box with a black border, intended for the user to provide a written response to the question above. The box is currently blank.

2. Describe the circumstances that led to any budgeted Distribution funds not being spent.
(If all budgeted Distribution funds were expended, skip to question 3.)

3. Identify the gaps or needs in programs/services you intend to fill with this funding. Detail how these funds will be used to meet the gaps and needs identified. (Funding will be prioritized for prevention, treatment and/or evaluation.)

Local DWI Special Application
Budget Roll Up – Exhibit J

County/Municipality _____

Revenue Breakdown

LDWI Funding Request _____

In-Kind Match: _____

Source of in-kind match

Program Generated Fees _____

County _____

City _____

Judicial/Courts _____

Other: _____

Other: _____

Total: _____

*Minimum 10% in-kind match required

Expenditure Breakdown

LDWI Funds

Line Items

Personnel Services _____

Employee Benefits _____

Travel (in-state) _____

Travel (out-of-state) _____

Supplies _____

Operating Costs _____

Contractual Services _____

Minor Equipment _____

Capital Purchases _____

In-Kind Match

Line Items

Personnel Services _____

Employee Benefits _____

Travel (in-state) _____

Travel (out-of-state) _____

Supplies _____

Operating Costs _____

Contractual Services _____

Minor Equipment _____

Capital Purchases _____

Components

Prevention _____

Enforcement _____

Screening _____

Treatment _____

Compl. Mtr/track _____

Coord/Plan & Eval. _____

Alt. Sentencing _____

Components

Prevention _____

Enforcement _____

Screening _____

Treatment _____

Compl. Mtr/track _____

Coord/Plan & Eval _____

Alt. Sentencing _____

Exhibit J1 – Prevention

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

Provide cost justifications for the amount requested in Prevention. 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:		

Provide cost justifications for the in-kind match in Prevention. 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:		

Exhibit J2 – Enforcement

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

Provide cost justifications for the amount requested in Enforcement. 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:		

Provide cost justifications for the in-kind match in Enforcement. 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:		

Exhibit J3 – Screening

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

Provide cost justifications for the amount requested in Screening. 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:		

Provide cost justifications for the in-kind match in Screening. 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:		

Exhibit J4 – 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 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:		

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:		

Exhibit J5 - Compliance Monitoring/Tracking

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

Provide cost justifications for the amount requested in Compliance Monitoring/Tracking. 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:		

Provide cost justifications for the in-kind match in Compliance Monitoring/Tracking. 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:		

Exhibit J6 - Coordination, Planning & Evaluation

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

Provide cost justifications for the amount requested in Coordination, Planning & Evaluation. 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:		

Provide cost justifications for the in-kind match in Coordination, Planning & Evaluation. 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:		

Exhibit J7 - 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 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:		

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:		