REVISED FY25 LDWI DISTRIBUTION Revenues and Expenditures

Local DWI Distribution Program Budget Roll Up – Exhibit J

County/Municipality	
	Revenue Breakdown
LDWI Distribution Estimate	In-Kind Match:
	Source of in-kind match Program Generated Fees County City Judicial/Courts Other: Other: Total: *Minimum 10% in-kind match required
Exp	enditure Breakdown
LDWI Distribution	In-Kind Match
Line Item	Line Item
Personnel Services	Personnel Services
Employee Benefits	Employee Benefits
Travel (in-state)	
Travel (out-of-state)	Travel (out-of-state)
Supplies	Supplies
Operating Costs	Operating Costs
Contractual Services	Contractual Services
Minor Equipment	Minor Equipment
Capital Purchases	Capital Purchases
Component	Component
Community Wellness & Outreach	Community Wellness & Outreach
Treatment	
Alternative Sentencing	
Program Administration	Program Administration

Distribution 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 Distribution** Amount **Explanation/Justification Line Item 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 Community Wellness & Outreach. Detail expenditures in each line item. **In-Kind Match Line Item Explanation/Justification** Amount **Personnel Services Employee Benefits Travel (In-State) Travel (Out-of-State) Supplies Operating Costs Contractual Services Minor Equipment**

Total:

Capital Purchases

Distribution 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.

Amount	Explanation/Justification
·	
ns for the in-kind ma	tch in Treatment. Detail expenditures in each line item.
ns for the in-kind ma	
ns for the in-kind ma Amount	tch in Treatment. Detail expenditures in each line item. Explanation/Justification
	Explanation/Justification
Amount	Explanation/Justification

Distribution 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 Distribution	ĺ	
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:		
•	s for the in-kind ma	tch in Alternative Sentencing. Detail expenditures in each line item.
In-Kind Match Line Item	Amount	Explanation/Justification
Line item	Amount	Explanation/sustification
Personnel Services		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
Operating Costs		
Contractual Services		
Minor Equipment		
Capital Purchases		
Total:		

Distribution 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 Distribution
Line Item Amount Explanation/Justification

Line Item	Amount	Explanation/Justification
Personnel Services		
E I D 64		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
Operating Costs		
Contractual Services		
Minor Equipment		
Capital Purchases		
Total:		
Provide cost justification In-Kind Match	ns for the in-kind ma	tch in Program Administration. Detail expenditures in each line item.
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		

REVISED FY25 LDWI Grant 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 Budget Poll Up - Exhibit I

Municipality	
	Revenue Breakdown
LDWI Grant Request	In-Kind Match:
	Source of in-kind match Program Generated Fees County City Judicial/Courts Other: Other:
<u>Ex</u> g	*Minimum 10% in-kind match required oenditure Breakdown
<u>Ext</u> LDWI Grant	
	oenditure Breakdown
LDWI Grant	Denditure Breakdown In-Kind Match Line Items
LDWI Grant Line Items Personnel Services	In-Kind Match Line Items Personnel Services
LDWI Grant Line Items Personnel Services Employee Benefits	In-Kind Match Line Items Personnel Services Employee Benefits
LDWI Grant Line Items Personnel Services Employee Benefits	In-Kind Match Line Items Personnel Services Employee Benefits
LDWI Grant Line Items Personnel Services Employee Benefits Travel (in-state)	In-Kind Match Line Items Personnel Services Employee Benefits Travel (in-state)
LDWI Grant Line Items Personnel Services Employee Benefits Travel (in-state) Iravel (out-of-state) Supplies Operating Costs	Personnel Services Personnel Services Employee Benefits Travel (in-state) Travel (out-of-state) Supplies Operating Costs
LDWI Grant Line Items Personnel Services Employee Benefits Travel (in-state) Travel (out-of-state) Supplies Operating Costs	In-Kind Match Line Items Personnel Services Employee Benefits Travel (in-state) Travel (out-of-state) Supplies Operating Costs Contractual Services
LDWI Grant Line Items Personnel Services Employee Benefits Travel (in-state) Travel (out-of-state) Supplies	In-Kind Match Line Items Personnel Services Employee Benefits Travel (in-state) Travel (out-of-state) Supplies Operating Costs Contractual Services

Components

Alternative Sentencing

Treatment

Program Administration

Community Wellness & Outreach

Components

Program Administration

Alternative Sentencing

Treatment

Community Wellness & Outreach

Grant 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 Grant		
Line Item	Amount	Explanation/Justification
Personnel Services		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
Operating Costs		
c Promong a com		
Contractual Services		
Contractual Services		
Minor Equipment		
Capital Purchases		
Capital Purchases Total:		
Capital Purchases Total: Provide cost justification		
Capital Purchases Total:	s for the in-kind ma	
Capital Purchases Total: Provide cost justification In-Kind Match Line Item	s for the in-kind ma	atch in Community Wellness & Outreach. Detail expenditures in each line item. Explanation/Justification
Capital Purchases Total: Provide cost justification In-Kind Match Line Item Personnel Services	s for the in-kind ma	atch in Community Wellness & Outreach. Detail expenditures in each line item.
Capital Purchases Total: Provide cost justification In-Kind Match Line Item	s for the in-kind ma Amount	atch in Community Wellness & Outreach. Detail expenditures in each line item. Explanation/Justification
Capital Purchases Total: Provide cost justification In-Kind Match Line Item Personnel Services	s for the in-kind ma Amount	atch in Community Wellness & Outreach. Detail expenditures in each line item. Explanation/Justification
Capital Purchases Total: Provide cost justification In-Kind Match Line Item Personnel Services Employee Benefits	s for the in-kind ma Amount	atch in Community Wellness & Outreach. Detail expenditures in each line item. Explanation/Justification
Capital Purchases Total: Provide cost justification In-Kind Match Line Item Personnel Services Employee Benefits Travel (In-State)	s for the in-kind ma	atch in Community Wellness & Outreach. Detail expenditures in each line item. Explanation/Justification
Capital Purchases Total: Provide cost justification In-Kind Match Line Item Personnel Services Employee Benefits Travel (In-State) Travel (Out-of-State)	s for the in-kind ma	atch in Community Wellness & Outreach. Detail expenditures in each line item. Explanation/Justification
Capital Purchases Total: Provide cost justification In-Kind Match Line Item Personnel Services Employee Benefits Travel (In-State) Travel (Out-of-State) Supplies	s for the in-kind ma	atch in Community Wellness & Outreach. Detail expenditures in each line item. Explanation/Justification
Capital Purchases Total: Provide cost justification In-Kind Match Line Item Personnel Services Employee Benefits Travel (In-State) Travel (Out-of-State) Supplies Operating Costs	s for the in-kind ma	atch in Community Wellness & Outreach. Detail expenditures in each line item. Explanation/Justification
Capital Purchases Total: Provide cost justification In-Kind Match Line Item Personnel Services Employee Benefits Travel (In-State) Travel (Out-of-State) Supplies Operating Costs Contractual Services	s for the in-kind ma	atch in Community Wellness & Outreach. Detail expenditures in each line item. Explanation/Justification

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 Grant		
Line Item	Amount	Explanation/Justification
Personnel Services		
1 ersonner services		
Employee Benefits		
Tuesval (In State)		
Travel (In-State)		
Travel (Out-of-State)		
g l'		
Supplies		
Operating Costs		
Contractual Services		
Contractual Scr vices		
Minor Equipment		
~		
Capital Purchases		
Total:		
Provide cost justification	ns for the in-kind ma	atch in Treatment. Detail expenditures in each line item.
In-Kind Match		
Line Item	Amount	Explanation/Justification
n ic		
Personnel Services		
Employee Benefits		
1 0		
Travel (In-State)		
Travel (Out-of-State)		
Traver (Out-oi-state)		
Supplies		
Operating Costs		
Contractual Services		
Contractual Scr vices		
Minor Equipment		
C '415 1		
Lanital Purchagas		
Capital Purchases Total:		

Grant 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 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		
Total:		
Provide cost justification [n-Kind Match]	s for the in-kind ma	atch in Alternative Sentencing. Detail expenditures in each 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		

Grant 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 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** Total: Provide cost justifications for the in-kind match in Program Administration. Detail expenditures in each line item. **In-Kind Match** Line Item **Explanation/Justification** Amount **Personnel Services Employee Benefits Travel (In-State) Travel (Out-of-State) Supplies Operating Costs Contractual Services Minor Equipment**

Capital Purchases