

**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

**Expenditure Breakdown**

**LDWI Distribution**

**In-Kind Match**

*Line Item*

*Line Item*

Personnel Services \_\_\_\_\_  
 Employee Benefits \_\_\_\_\_  
 Travel (in-state) \_\_\_\_\_  
 Travel (out-of-state) \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Operating Costs \_\_\_\_\_  
 Contractual Services \_\_\_\_\_  
 Minor Equipment \_\_\_\_\_  
 Capital Purchases \_\_\_\_\_

Personnel Services \_\_\_\_\_  
 Employee Benefits \_\_\_\_\_  
 Travel (in-state) \_\_\_\_\_  
 Travel (out-of-state) \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Operating Costs \_\_\_\_\_  
 Contractual Services \_\_\_\_\_  
 Minor Equipment \_\_\_\_\_  
 Capital Purchases \_\_\_\_\_

*Component*

*Component*

Community Wellness & Outreach \_\_\_\_\_  
     Treatment \_\_\_\_\_  
 Alternative Sentencing \_\_\_\_\_  
 Program Administration \_\_\_\_\_

Community Wellness & Outreach \_\_\_\_\_  
     Treatment \_\_\_\_\_  
 Alternative Sentencing \_\_\_\_\_  
 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

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 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:		

## 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.

### 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	_____	_____

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

### 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

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:

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

Total:

**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 Roll Up – Exhibit J**

County/Municipality \_\_\_\_\_

**Revenue Breakdown**

**LDWI Grant 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 Grant**

*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*

Community Wellness & Outreach \_\_\_\_\_

Treatment \_\_\_\_\_

Alternative Sentencing \_\_\_\_\_

Program Administration \_\_\_\_\_

*Components*

Community Wellness & Outreach \_\_\_\_\_

Treatment \_\_\_\_\_

Alternative Sentencing \_\_\_\_\_

Program Administration \_\_\_\_\_



**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**

<b>Line Item</b>	<b>Amount</b>	<b>Explanation/Justification</b>
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**

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

## 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	_____	_____
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:		

### 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 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:		

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