

FY26 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

Line Item

Personnel Services _____

Employee Benefits _____

Travel (in-state) _____

Travel (out-of-state) _____

Supplies _____

Operating Costs _____

Contractual Services _____

Minor Equipment _____

Capital Purchases _____

In-Kind Match

Line Item

Personnel Services _____

Employee Benefits _____

Travel (in-state) _____

Travel (out-of-state) _____

Supplies _____

Operating Costs _____

Contractual Services _____

Minor Equipment _____

Capital Purchases _____

Component

Community Wellness & Outreach _____

Treatment _____

Alternative Sentencing _____

Program Administration _____

Component

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:		

FY26 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 Distribution

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

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:		

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:		