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	
Expe	enditure Breakdown	
LDWI Distribution	In-Kind Match	
Line Item	Line Item	
Personnel Services	Personnel Services	
Employee Benefits	Employee Benefits	
Travel (in-state)	Travel (in-state)	
Travel (out-of-state)	T	
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	Treatment	
Alternative Sentencing	Alternative Centenging	
8 <u></u>	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:	<u> </u>	
Provide cost justification	is for the in-kind m	atch in Treatment. 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		
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		1
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	atch 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 justification	s for the in-kind m	atch in Program Administration. Detail expenditures in each line item.
n-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/Muni	cipality	

	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
	enditure Breakdown
LDWI Distribution	In-Kind Match
Line Items	Line Items
Personnel Services	Personnel Services
Employee Benefits	Employee Benefits
Travel (in-state)	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
Capitai r uicilases	Capitai i dichases
Components	Components
Community Wellness & Outreach	Community Wellness & Outreach
Treatment	Treatment
Alternative Sentencing	Alternative Sentencing
Program Administration	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
Sinc Item	rimount	Explanation/oustineation
Personnel Services		
Employee Donofite		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
••		
Operating Costs		
Contractual Services		
Minor Equipment		
C : ID I		
Capital Purchases		
Total:		
Provide cost justification	s for the in-kind ma	atch in Community Wellness & Outreach. Detail expenditures in each line item.
In-Kind Match		
Line Item	Amount	Explanation/Justification
Personnel Services		
Employee Benefits		
Employee Bellenes		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
Supplies		
Operating Costs		
Contractual Services		
Minor Equipment		
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		
El D64		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
,		
Supplies		
Supplies		-
Operating Costs		
Contractual Services		
Minor Equipment		
Minor Equipment		
Capital Purchases		
Total:		
Provide cost justification	s for the in-kind m	natch in Treatment. Detail expenditures in each line item.
In-Kind Match		
Line Item	Amount	Explanation/Justification
Personnel Services		
Tersoniae Services		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Traver (Out-or-State)		
Supplies		
Operating Costs		
Contractual Services		
Minor Equipment		
Minor Equipment Capital Purchases		

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 In-Kind Match	s for the in-kind ma	tch in Alternative Sentencing. Detail expenditures in each line item.
Line Item	Amount	Explanation/Justification
Personnel Services		
Employee Benefits		
Travel (In-State)		
Travel (Out-of-State)		
Supplies		
Supplies		
Supplies Operating Costs		
Supplies Operating Costs Contractual Services		

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		
i ersonner services		
Employee Benefits		
Travel (In-State)		
Traver (In-State)		
Travel (Out-of-State)		
Supplies		
бирриез		
Operating Costs		
Contractual Services		
Minor Equipment		
Capital Purchases		
Total:		
	s for the in-kind m	atch in Program Administration. Detail expenditures in each line item.
In-Kind Match Line Item	Amount	Explanation/Justification
Line Item	Amount	Explanation/Justineation
Personnel Services		
Employee Benefits		
Travel (In-State)		
Traver (III-State)		
Travel (Out-of-State)		
Supplies		
Operating Costs		
operating costs		
Contractual Services		
Minou Equipment		
Minor Equipment		
Capital Purchases		
Total:		