

**Department of Finance and Administration
Local Government Division - DWI Grant Program
Distribution Reversion Funding Application**

County / Municipality: _____

Program Coordinator: _____

FY22 Grant Budget Overview:

	<u>Current Grant Budget</u>	<u>Distribution Reversion Amount Request</u>	<u>Total Grant Budget with Request</u>
Prevention	_____	_____	_____
Enforcement	_____	_____	_____
Screening	_____	_____	_____
Treatment	_____	_____	_____
Compl. Mtr/track	_____	_____	_____
Coord/Plan& Eval.	_____	_____	_____
Alt. Sentencing	_____	_____	_____
Total	_____	_____	_____

**Complete the Exhibit J for each component with a reversion request.*

Describe the circumstances that led to Distribution funds being reverted. Identify the gaps in services you intend to fill.

Certification:

The resolution (see FY22 application) adopted by the governing body of _____ on _____
(Applicant) (Date)

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 and the DWI distribution reversion check shall be submitted to Local Government Division by September 30, 2021.

Printed Name/Title Signature of County/City Manager Date

For DFA Use Only	
Is the county eligible? Y/N	Are the expenses appropriate and allowable, per guidelines? Y/N
Comments: <div style="text-align: right; margin-top: 10px;">Reviewed By: _____</div>	

Local DWI Grant Program - Reversion Funds Revenue/Expenditure Roll Up

County/Municipality _____

Revenue Breakdown

Local DWI Reversion Funds _____

In-Kind Match:

Program Generated Fees

County

City

Judicial/Courts

Other: _____

Other: _____

*Minimum 10% in-kind match required

Expenditure Breakdown

LDWI Reversion Funds

Program

Personnel Services

Employee Benefits

Travel (in-state)

Travel (out-of-state)

Supplies

Operating Costs

Contractual Services

Minor Equipment

Capital Purchases

Component

Prevention

Enforcement

Screening

Treatment

Compl. Mtr/track

Coord/Plan & Eval.

Alt. Sentencing

In-Kind Match

Administrative

Personnel Services

Employee Benefits

Program

Personnel Services

Employee Benefits

Travel (in-state)

Travel (out-of-state)

Supplies

Operating Costs

Contractual Services

Minor Equipment

Capital Purchases

Component

Prevention

Enforcement

Screening

Treatment

Compl. Mtr/track

Coord/Plan & Eval

Alt. Sentencing

Reversion Funds Exhibit J1 - Prevention

Request Amount: _____

In-Kind Match: _____

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

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Reversion 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	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

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

Reversion Funds Exhibit J2- Law Enforcement

Request Amount: _____

In-Kind Match: _____

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

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Reversion 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	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

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

Reversion Funds Exhibit J3 - Screening

All spent screening fees must be reported as in-kind match.

Request Amount: _____

In-Kind Match: _____

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

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Reversion 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	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

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

Reversion Funds Exhibit J4 - Treatment

Request Amount: _____

In-Kind Match: _____

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

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Reversion 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	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

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

Reversion Funds Exhibit J5 - Compliance Monitoring/Tracking

Request Amount: _____

In-Kind Match: _____

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

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Reversion 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	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

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

Reversion Funds Exhibit J6 - Coordination, Planning & Evaluation

Request Amount: _____

In-Kind Match: _____

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

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Reversion 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	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

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

Reversion Funds Exhibit J7 - Alternative Sentencing

Request Amount: _____

In-Kind Match: _____

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

Provide detailed cost explanation/justification for the amount requested in each line item.

LDWI Reversion 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	_____	_____

Provide cost explanation/justification for the amount in each line item.

In-Kind Match

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