



COUNTY: _____

Name: _____

Title: _____

Phone number: _____

Email address: _____

Additional comments:

COMPONENT

TOTALS

I. Enforcement	_____
II. Prosecution	_____
III. Court Related	_____
IV. Probation	_____
V. Rehabilitation	_____
VI. Public Information/Education	_____
VII. Administration	_____
TOTAL STOP-DWI BUDGET	_____

Subtotal Estimated Fine Revenues for year 2021: _____

Enter Amount of Rollover/Fund Balance: _____

Subtotal Other Source(s) of Revenue*: _____

Total Estimated Revenues: _____

Are you planning to use any of your Rollover? YES NO

* List other sources of revenue.

BUDGET SUMMARY of LAW ENFORCEMENT

(i) PERSONAL SERVICES

Funded Position(s):	Percent Full Time	
List Job Title, Agency, Full or Part Time Status	Equivalent	Total
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
Overtime Funding		_____
Fringes		_____
Total Personal Services (Subtotal (A) on next page)		_____

(ii) OTHER THAN PERSONAL SERVICES

Equipment (Subtotal (B) on next page)	_____
Vehicle	_____
Vehicle Maintenance	_____
Supplies	_____
Training/Travel	_____
Overhead: Office Rent, Telephone, and Utilities	_____
Indirect Cost Charge(s)	_____
Contractual Services	_____
<i>Must describe in detail below the contractor and services to be provided</i>	_____
Total Other Than Personal Services	_____
TOTAL LAW ENFORCEMENT BUDGET (i) + (ii)	_____

ENFORCEMENT ACTIVITY BUDGET (Description)

Describe in detail / explain vehicle purchase, including the name of the agency that will be obtaining the vehicle:

Describe in detail / list the equipment to be purchased:

Describe in detail / explain Contractual Services:

ENFORCEMENT ACTIVITY BUDGET (Description), Cont'd

Describe in detail / explain "other" items listed:

[Empty box for describing "other" items listed]

Please provide specific detail of the activities that will be funded in this area.

[Empty box for providing specific detail of activities to be funded]

BUDGET SUMMARY of PROSECUTION

(i) PERSONAL SERVICES

Funded Position(s):	Percent Full Time	
List Job Title, Agency, Full or Part Time Status	Equivalent	Total
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
Overtime Funding		_____
Fringes		_____
Total Personal Services		_____

(ii) OTHER THAN PERSONAL SERVICES

Equipment		_____
Supplies and Materials		_____
Training/Travel		_____
Contractual Services		_____
Other (describe in detail below)		_____
Total Other Than Personal Services		_____
TOTAL PROSECUTION BUDGET (i) + (ii)		_____

PROSECUTION ACTIVITY BUDGET (Description)

Describe in detail / list the equipment to be purchased:

Describe in detail / explain Contractual Services:

PROSECUTION ACTIVITY BUDGET (Description), Cont'd

Describe in detail / explain "other" items listed:

Please provide specific detail of the activities that will be funded in this area.

BUDGET SUMMARY of COURT RELATED

(i) PERSONAL SERVICES

Funded Position(s):	Percent Full Time	
List Job Title, Agency, Full or Part Time Status	Equivalent	Total
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
Overtime Funding		_____
Fringes		_____
Total Personal Services		_____

(ii) OTHER THAN PERSONAL SERVICES

Equipment		_____
Supplies and Materials		_____
Training/Travel		_____
Contractual Services		_____
Other (describe in detail below)		_____
Total Other Than Personal Services		_____
TOTAL COURT BUDGET (i) + (ii)		_____

COURT RELATED ACTIVITY BUDGET (Description)

Describe in detail / list the equipment to be purchased:

Describe in detail / explain Contractual Services:

COURT RELATED ACTIVITY BUDGET (Description), Cont'd

Describe in detail / explain "other" items listed:

Please provide specific detail of the activities that will be funded in this area.

BUDGET SUMMARY of PROBATION

(i) PERSONAL SERVICES

Funded Position(s):	Percent Full Time	
List Job Title, Agency, Full or Part Time Status	Equivalent	Total
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
Overtime Funding		_____
Fringes		_____
Total Personal Services		_____

(ii) OTHER THAN PERSONAL SERVICES

Equipment		_____
Supplies and Materials		_____
Training/Travel		_____
Contractual Services		_____
Other (describe in detail below)		_____
Total Other Than Personal Services		_____
TOTAL PROBATION BUDGET (i) + (ii)		_____

PROBATION ACTIVITY BUDGET (Description)

Describe in detail / list the equipment to be purchased:

Describe in detail / explain Contractual Services:

PROBATION ACTIVITY BUDGET (Description), Cont'd

Describe in detail / explain "other" items listed:

Please provide specific detail of the activities that will be funded in this area.

BUDGET SUMMARY of REHABILITATION

(i) PERSONAL SERVICES

Funded Position(s):	Percent Full Time	
List Job Title, Agency, Full or Part Time Status	Equivalent	Total
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
Overtime Funding		_____
Fringes		_____
Total Personal Services		_____

(ii) OTHER THAN PERSONAL SERVICES

Equipment		_____
Supplies and Materials		_____
Training/Travel		_____
Contractual Services		_____
Other (describe in detail below)		_____
Total Other Than Personal Services		_____
TOTAL REHABILITATION BUDGET (i) + (ii)		_____

REHABILITATION ACTIVITY BUDGET (Description)

Describe in detail / list the equipment to be purchased:

Describe in detail / explain Contractual Services:

REHABILITATION ACTIVITY BUDGET (Description), Cont'd

Describe in detail / explain "other" items listed:

[Empty box for describing "other" items listed]

Please provide specific detail of the activities that will be funded in this area.

[Empty box for providing specific detail of activities to be funded]

BUDGET SUMMARY of PUBLIC INFORMATION/EDUCATION

(i) PERSONAL SERVICES

Funded Position(s):	Percent Full Time	
List Job Title, Agency, Full or Part Time Status	Equivalent	Total
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
Overtime Funding		_____
Fringes		_____
Total Personal Services		_____

(ii) OTHER THAN PERSONAL SERVICES

Equipment		_____
Supplies and Materials		_____
Training/Travel		_____
Contractual Services		_____
Other (describe in detail below)		_____
Total Other Than Personal Services		_____
TOTAL PUBLIC INFORMATION/EDUCATION BUDGET (i) + (ii)		_____

PUBLIC INFORMATION/EDUCATION ACTIVITY BUDGET (Description)

Describe in detail / list the equipment to be purchased:

Describe in detail / explain Contractual Services:

PUBLIC INFORMATION/EDUCATION ACTIVITY BUDGET (Description), Cont'd

Describe in detail / explain "other" items listed:

Please provide specific detail of the activities that will be funded in this area.

BUDGET SUMMARY of ADMINISTRATION

(i) PERSONAL SERVICES

Funded Position(s):	Percent Full Time	
List Job Title, Agency, Full or Part Time Status	Equivalent	Total
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
Overtime Funding		_____
Fringes		_____
Total Personal Services		_____

(ii) OTHER THAN PERSONAL SERVICES

Equipment		_____
Supplies and Materials		_____
Training/Travel		_____
Contractual Services		_____
Other (describe in detail below)		_____
Total Other Than Personal Services		_____
TOTAL ADMINISTRATION BUDGET (i) + (ii)		_____

ADMINISTRATION ACTIVITY BUDGET (Description)

Describe in detail / list the equipment to be purchased:

Empty box for describing equipment to be purchased.

Describe in detail / explain Contractual Services:

Empty box for describing contractual services.

ADMINISTRATION ACTIVITY BUDGET (Description), Cont'd

Describe in detail / explain "other" items listed:

[Empty box for describing "other" items listed]

Please provide specific detail of the activities that will be funded in this area.

[Empty box for providing specific detail of activities to be funded]