



COUNTY: \_\_\_\_\_

How will you spend your GTSC-awarded money in the amount of \$6,465.52? This is your portion of the funds awarded in fiscal year 2019.

COMPONENT

TOTALS

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

Subtotal Estimated Fine Revenues for year 2019: \_\_\_\_\_

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**

<b>Funded Position(s):</b>	Percent Full Time	
List Job Title, Agency, Full or Part Time Status	Equivalent	Total
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
Overtime Funding		_____
Fringes		_____
<b>Total Personal Services</b> (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>	_____
<b>Total Other Than Personal Services</b>	_____
<b>TOTAL LAW ENFORCEMENT BUDGET (i) + (ii)</b>	_____

**ENFORCEMENT ACTIVITY (PERSONAL SERVICES/EQUIPMENT) BUDGET**

NAME OF AGENCY	AMOUNT PERSONAL SERVICES FOR DWI PATROLS (A)*	AMOUNT FOR OTHER THAN PERSONAL SERVICES (B)**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

\*Subtotal (A) is the overtime funding for each agency  
\*\*Subtotal (B) is the equipment amount for each agency

**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:

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

**BUDGET SUMMARY of PROSECUTION**

**(i) PERSONAL SERVICES**

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

**(ii) OTHER THAN PERSONAL SERVICES**

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

**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**

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

**(ii) OTHER THAN PERSONAL SERVICES**

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

**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**

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

**(ii) OTHER THAN PERSONAL SERVICES**

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

**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**

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

**(ii) OTHER THAN PERSONAL SERVICES**

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



**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**

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

**(ii) OTHER THAN PERSONAL SERVICES**

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

**PUBLIC INFORMATION/EDUCATION 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]

**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**

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

**(ii) OTHER THAN PERSONAL SERVICES**

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

**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:

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