

Commission on Drunk Driving Prevention Grant Application					FEIN:
1. Applicant Agency (Name, Address & Phone #):			2. Authorized Official (Name, Address & Phone #):		
3. Project Director (Name, Address & Phone #):			4. Financial Officer (Name, Address & Phone #):		
5. Funding Requested: \$ _____ (Note: Must match "Grant Total")			6. Grant Period Requested (mo day yr): From: _____ To: _____		
7. Grant Purpose and Need:					
8. Use of Grant Funds:					
A. Personal Services (Salaries)					
	<u>Position/Title</u>	<u>Rate Per Pay Period X</u>	<u># of Pay Periods X</u>	<u>% of Time Devotes</u>	<u>Salary Amount</u>
1.					
2.					
3.					
4.					
	Total this Sub-section				\$ _____
B. Employee Benefits (Does not apply to overtime grants)					
	<u>Type</u>	<u>Calculation</u>			<u>Amount</u>
1.	Retirement				
2.	Social Security				
3.	Workers Compensation				
4.	Health & Life Insurance				
5.	Unemployment Compensation				
	Total this Sub-section				\$ _____
C. Equipment					
	<u>Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Amount</u>
1.					
2.					
3.					
4.					
	Total this Sub-Section				\$ _____
D. Other					
	<u>Description</u>	<u>Calculation</u>			<u>Amount</u>
1.					
2.					
3.					
4.					
	Total this Sub-Section				\$ _____
E. Grand Total (Sum of Lines A5, B6, C5 & D5 are to be entered here in block):					\$ _____
9. Certification and Signature of Authorized Official:					
I hereby certify that the information presented in this grant application is true and correct to the best of my knowledge and belief. I further certify that the appropriate governing body has approved this application and has authorized me to execute and submit the application on its behalf. ALL required participation on the part of our law enforcement officers, adjudication through administrative hearings will be adhered to.					
_____ Signature of Authorized Official		_____ Title		_____ Date	

CDDP USE ONLY

Action Taken: _____

Grant No. Assigned: _____

GRANT APPLICATION INSTRUCTIONS:

- FEIN: Enter Federal Employee's Identification Number.
- ITEM 1 - Enter name, address, zip code and telephone number of authorized official. Mayor, city manager, commission president or state agency head.
- ITEM 2 - Enter name, title, address, zip code and telephone number of authorized official. Mayor, city manager, commission president or state agency head.
- ITEM 3 - Enter name, title, address, zip code and telephone number of person who will be responsible for implementing grant project and overseeing daily activities.
- ITEM 4 - Enter name, title, address, zip code and telephone number of person who will be responsible for the financial aspects of grant project.
- ITEM 5 - Enter total amount of funding requested. Must be the same as the amount listed in item 8-E.
- ITEM 6 - Estimate the amount of time needed to complete the grant project and enter the beginning and ending dates. All requests for overtime grants must be for a **period not to exceed 90 days**. Note that the grant period may not be longer than 12 months or go beyond the fiscal year ending June 30.
- ITEM 7 - Briefly describe the purpose of and need for the grant funds requested. If applying for overtime funds, follow the instructions as outlined in "Addendum to Grant Application: and "Guidelines for awarding Overtime Grant Monies" that accompanies all grant requests. Attach continuation sheets as needed.
- ITEM 8 - (A – D) Provide detailed estimates of how the funds are listed in item 5 will be used. **Round all figures to the nearest whole dollar.** For item A the "rate per pay period", the gross should be amount of the salary to be paid. For overtime grants, this shall not exceed the working officer's normal one and one-half his/her rate of pay, regardless of rank. **No sheriff or chief shall receive compensation for overtime grants.** For Item B, show under the heading "Calculation" how each employee benefit was calculated; for example: Retirement 9.5% times total salary, etc. All other items are self-explanatory. Continuation sheets may be attached as needed.
- ITEM 9 - Self-explanatory, Same as Item 2.
- SUBMISSION - Submit original **typed** copy to:

**Commission on Drunk Driving Prevention
701 Jefferson Road
South Charleston, West Virginia 25309
304-746-2805**