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. Estimate the amount of time needed to complete the grant project and enter the ITEM 6 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 -Provide detailed estimates of how the funds are listed in item 5 will be used. (A - D)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.

> Commission on Drunk Driving Prevention 701 Jefferson Road South Charleston, West Virginia 25309-1698 304-746-2121

Submit original **typed** copy to:

SUBMISSION -

COMMISSION ON DRUNK DRIVING PREVENTION SOUTH CHARLESTON, WEST VIRGINIA

Guidelines for DUI Patrols of Grant Agencies

Thank you for applying to receive a DUI enforcement grant from the Commission on Drunk Driving Prevention. By taking the time to apply, your agency has demonstrated its desire to assist the commission and the citizens of West Virginia in our efforts to reduce the number of drunk drivers on our highways. This information is being enclosed to advise you agency and its members of the guidelines that you be required to follow should your grant be approved by the Commission.

- Your grant application must be completed in its entirety and submitted to the CDDP before the listed deadline. The deadline for filing this grant application is ______. PLEASE READ AND FOLLOW THE INSTRUCTIONS PRINTED ON THE BACK OF EACH APPLICATION! Failure to do so may result in your agency's grant not being considered.
- Any funds issued to your agency by the CDDP must be used for DUI patrols or checkpoints only! Your officers may not perform normal police activities under this grant. Should your officers be required to perform normal police activities such as accident investigation, warrant service; etc., they must be paid from your department's budget or that time. Officers of your agency shall only perform police service relating to DUI enforcement under the CDDP grant.
- 3) Patrols are limited to no more than one six (6) hour shift during any continuous 24 hour period. This time limit may only be exceeded to complete processing of any DUI arrest made prior to the completion of the assigned shift.
- 4) Your officers are required to complete a DUI Road Patrol Reporting form at the completion of each patrol shift. The officer must attached photostatic copies of any tickets issued during this patrol. The Project Director must mail a copy of the DUI Road Patrol Reporting form with all citations or warning tickets attached to the form to Rosann Brooks at the address listed. These activity sheets must be mailed weekly. Failure to attach the copy of the citation or warning ticket to the form will result in the contact not being counted toward your agency's activity for the grant period. The Project Director must ensure the forms are accurate and legible.
- Your agency must have a mandatory DMV Administrative Hearing Policy with penalties included, i.e., 1st OFFENSE: Verbal Warnings; 2nd OFFENSE: Letter of Reprimand; and 3rd OFFENSE: Suspension. Your officers must appear at all DMV administrative hearings. This is mandatory regardless whether the DUI arrest was made under CDDP grant activity or regular departmental patrols. Plea bargaining will not be accepted as an excuse for failure to attend DMV hearings. Failure of your officers to appear at any DMV administrate hearing will have a negative effect upon future grant requests by your agency.
- It is imperative that the Project Director and Agency Head read the approval letter in its entirety. This letter explains the grant agreement and reimbursement form, as well as providing instructions or the completion of the UDI Road Patrol Reporting Form and or the Sobriety checkpoint Grant Project Report Form.

GUIDELINES FOR AWARDING OVERTIME GRANT MONIES

FIRST-TIME GRANT REQUEST (To be included in "Addendum").

- 1. Indicate legitimate need for funding.
- 2. Indicate specific problem being targeted.
- 3. Media involvement required.
- 4. DMV Administrative Hearing Attendance Policy required, including penalties for officers failing to appear.

NOTE: Plea bargaining will not be accepted as a reason for officers not appearing for DMV Administrative Hearings.

REPEAT REQUEST (Check Previous Grant Activity)

- 1. Same as No. 1 thru No. 4 under First-Time Grant Request.
- 2. Was there adequate arrests made during last grant(s)?
- 3. Was there a reduction in accidents?
- 4. Did they have a commitment to the DUI problems?

MULTI-AGENCY GRANT REQUEST

1. CDDP encourages the use of multi-agency grants. Agencies can work closer together toward a common goal, thus having a stronger impact in problem areas.

DOLLAR AMOUNT LIMITS OF GRANT AWARDS

- 1. Class I City/County OR Multi-Agency Grants No more than \$15,000 per grant request.
- 2. Class II City/County No more than \$10,000 per grant request.
- 3. Class III City/County No more than \$5,000 per grant request.

FORMS TO BE SUBMITTED WITH GRANT REIMBURSEMENT REQUEST

- 1. DUI ROAD PATROL REPORTING FORM To be completed by each officer for each patrol worked.
- 2. SOBRIETY CHECKPOINT GRANT PROJECT REPORT To be completed for each sobriety checkpoint.
- 3. PROOF OF PUBLIC AWARENESS Newspaper clippings, press releases, etc.
- 4. ADDITIONAL FORMS REQUIRED Copies of times sheets, citation, warning tickets, etc.

AUDITS

1. ALL RECORDS SUBJECT TO REVIEW – Each grantee will be required to maintain a file of expenditures and activity generated in regard to DUI overtime grant monies. Representative(s) of the Commission on Drunk Driving Prevention may conduct on-site spot checks of grantee's paperwork, files, activity, etc.

COMMISSION ON DRUNK DRIVING PREVENTION ADDENDUM TO GRANT APPLICATION

This addendum is supplied to assist you with your grant application. Taking the time to read and understand these instructions will aid in the efficient processing of your grant application. In recent years, the Commission Office has most graciously contacted the agencies that fail to submit the information required by this addendum. Due to the increased number of grant applications, we will not be able to continue this procedure. It will be the responsibility of the project director to assure that all required documentation has been submitted. Failure to adhere to the requirements of the addendum or any areas omitted from the items listed on the back of the grant application may result in failure of the Commission to consider your request.

Following Section 7 of the Grant Application, please complete the following information <u>only</u> when applying for overtime monies. <u>Using additional sheets</u>, present and explain clearly and in detail the aims of the grant; precisely what will be done, who will be involved and what is expected to result. The following areas must be included:

PROBLEM STATEMENT:

- a. Identification of specific problem to be addressed.
- b. The proposed solution summarized as to who does what, when, where and how.

GOALS:

A prioritized list of all substantial and concrete goals this project will attempt to achieve and the reasons why each of these goals can be met.

OBJECTIVES:

A statement of desired achievements that are clearly qualified, time framed and measurable.

IMPLEMENTATION:

The major activities necessary to implement the grant, an operational schedule, services and procedures to be followed and how it will be documented.

ASSESSMENT:

Specify the indicators and measures to be used to assess the results of said grant and what means will be used to collect data.

MATCHING FUNDS:

What types of soft match, i.e., benefits, equipment, gas/oil, overtime monies for court/administrative hearings, will be used by requesting agency and the source of said matching funds.

All overtime grants shall be for a period of <u>not more than 90 consecutive days</u>. When applying for a grant, please allow ample time for all paperwork to clear, approximately 45 days are required. All overtime rates shall be at time and one-half of an officer's normal rate, not to exceed the rate of that of a Sergeant.

ADDITIONAL REQUIREMENTS:

- If the requesting agency has been awarded a previous grant, it will be necessary to submit with this request
 the activity generated from their last grant, i.e., number of DUI arrests, number of citations and warnings
 issued, etc.
- If Sobriety Checkpoints are to be utilized during the grant period, the agency must submit a copy of the
 policy governing such checkpoints.
- 3. A copy of the agency's attendance policy relating to DMV administrative hearings, including penalties for not appearing, must be attached along with a brief explanation as to how an agency tracks their officers court appearances.
- 4. Requesting agency must indicate whether or not they are seeking or receiving additional monies for highway safety projects. If answer is "yes", agency must designate type and amount of funding.

| 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: | 6. Grant Period Requested (r | no day yr): |
| \$ | From: To: | |
| (Note: Must match "Grant Total") | 1011 | |
| 7. Grant Purpose and Need: | | |
| | | |
| | | |
| 8. Use of Grant Funds: | | |
| A. Personal Services (Salaries) | CD 0/ CT: | 0.1 |
| | of Pay % of Time riods X Devotes | Salary Amount |
| 1. | <u> Bevotes</u> | <u>rmoun</u> |
| 2. | | |
| 3. 4. | | |
| Total this Sub-section | | \$ |
| | | · |
| B. Employee Benefits (Does not apply to overtime grants) Type | | |
| Type <u>Calcu</u> 1. Retirement | <u>nation</u> | <u>Amount</u> |
| 2. Social Security | | |
| 3. Workers Compensation | | |
| 4. Health & Life Insurance | | |
| 5. Unemployment Compensation | | |
| Total this Sub-section | | \$ |
| | | |
| C. Equipment Item Description Qua | ntity Unit Price | Amount |
| 1. <u>Beseription</u> Qua | mitty Sint Titles | <u>raniount</u> |
| 2. | | |
| 3. 4. | | |
| Total this Sub-Section | | \$ |
| | | |
| D. Other | Calculation | A |
| <u>Description</u> 1. | <u>Calculation</u> | <u>Amount</u> |
| 2. | | |
| 3. | | |
| 4. Total this Sub-Section | | \$ |
| Total tills Suo-Section | | Φ |
| 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, | | |
| | | |
| Signature of Authorized Official | Title | Date |
| Signature of Authorized Official | THE | Date |

CDDP USE ONLY

Action Taken:____

Grant No. Assigned:__